



MINOOKA CCSD #201

EMPLOYEE HEALTH & BENEFITS
OVERVIEW
2024

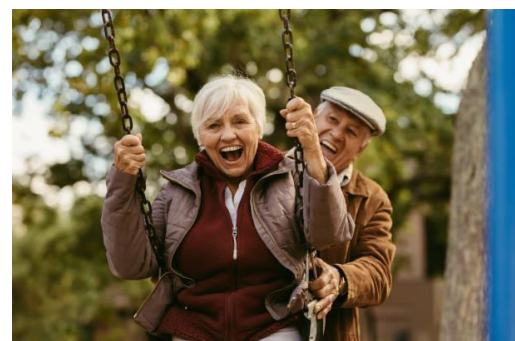


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INTRODUCTION

Minooka CCSD #201 is pleased to offer you a comprehensive suite of benefits to help support the physical and financial health of you and your family. These benefits help you pay for health care and provide financial protection.

Please read this guide carefully to fully understand your benefits and how they work to make the best decision for you and your family. Being thoughtful about your benefits is a good thing—it's the first step to ensuring your family has the protection needed to be healthy throughout the year.

This guide provides highlights of your benefits programs; you may want to keep this with your other important papers so you can refer to it as needed. However, this guide is not a complete description of your benefits. For more detailed information, please refer to your benefit plan certificates or SBC's (summary of benefits and coverage).

Our Mission Statement

Inspire learners to be responsible, confident and successful. Home of the Indians!



ENROLLMENT

New Employee Enrollment: As a newly hired, full-time employee of Minooka CCSD #201, you are eligible to participate in our benefit programs on your date of hire. You have the option of delaying the start of your benefits to the first day of the following month.

Existing Employee Enrollment: There is an annual open enrollment period beginning on November 1st and ending on November 15th for benefits beginning on January 1st. During your open enrollment period, you may drop, add or change your benefits.

If you wish to apply for, or makes changes to benefits outside of your initial eligibility or open enrollment period, you may do so within 31 days of an IRS recognized life change event, as defined below:

- Employee's legal marital status changes, such as marriage, divorce, separation or the death of a spouse.
- A change in the number of dependents, such as birth, adoption or death.
- Changes in employment status of the employee, spouse or dependents, which affects benefit eligibility status. This includes beginning or ending employment, new or different work hours, a change due to a strike, a change from full-time to part-time or vice versa, or beginning or ending an unpaid leave of absence.
- A dependent becoming eligible or ineligible for coverage due to age, obtaining other group coverage, or any similar circumstance.

Benefit changes due to a life change event must satisfy a consistency rule. That is, an election of benefits or change in coverage must be on account of, and correspond with, the change in status that affects eligibility for coverage under the medical and dental plan.

Voluntarily terminating existing benefits does not qualify as a life change event. You have the right to terminate your benefits during the open enrollment period. Benefit termination will be effective January 1st; you may not rejoin the plan until the next open enrollment period or within 31 days of a life change event, as detailed above.

It is your responsibility to notify the Benefits Coordinator in the Business Office within 31 days of a life change event. Any misrepresentations, inaccurate information, or failure to provide information could result in the loss of your coverage. If you cover an individual who is not eligible for benefits, you will be required to reimburse the plan for any expenses incurred as a result and further disciplinary actions may be taken.

Divorced or legally separated spouses are ineligible for coverage as of the day of the divorce or legal separation. Dependent children are ineligible for coverage as of age "26". It is essential to notify the Administrative Center of ineligibility within a timely manner to ensure your dependent's right to COBRA Continuation.

YOUR MEDICAL PLAN

Medical Insurance is one of your most important benefits. Minooka CCSD #201 offers two different health plans, a Traditional PPO and a Value HSA (HDHP), through Blue Cross Blue Shield of IL, giving you the choice to pick the best medical plan for you and your family. Both plans offer in-network preventive care services at no cost to you, but differ in other plan features such as deductible, out-of-pocket maximum and prescription drug coverage. Under both plans you have coverage whether you seek care from in-network providers or out-of-network providers. However, your out-of-pocket expenses are dramatically reduced if you seek care in-network. To find a provider in Blue Cross Blue Shield of IL's network, **visit BCBSIL.com or call (800) 810-2583 or (800) 458-6024.**

Be A Smart Health Care Consumer...being a smart health care consumer doesn't mean you should avoid trips to the doctor—it means making the best decisions about when and why to go to the doctor. Regular checkups can improve your health and extend your life. Through recommended exams and tests, you increase your chances of discovering problems before an illness significantly affects your health. Preventive care is beneficial not only to your physical well-being, it also makes sense for your financial health because it is generally covered by your medical plan.

Please Note: Preadmission Review is required for the following services: Inpatient Hospital (including Emergency and Maternity Admission), Skilled Nursing Facility, Coordinated Home Care Program, Private Duty Nursing, Mental Illness, and Substance Abuse Rehabilitation. Failure to notify the Medical Services Advisory Program of admission in a timely fashion (at least one business day prior or two days after in case of emergency) may result in a \$1,000 reduction in benefits.

The charts on the next page highlight some of the plan features. Please see the benefit plan certificates for full coverage information.

**Minooka 201's medical plan has contracted with certain pharmacies for in-network coverage. This "Advantage Network" includes 55,000+ pharmacies but excludes CVS Pharmacies. Log in to myprime.com and select "Find a Pharmacy" to see a list of in-network providers. The formulary list associated with our Plan is the "Performance Formulary," which can be accessed through Blue Cross. The formulary list is updated on a quarterly basis.*

Traditional PPO			Value HSA (HDHP)		
Plan Features	In-Network Provider	Out-of-Network Provider	Plan Features	In-Network Provider	Out-of-Network Provider
Calendar Year Deductible			Calendar Year Deductible		
Individual	500		Individual	3,200	
Family	1,000		Family	6,400	
Medical Out-of-Pocket Maximum (Includes Deductible)			Out-of-Pocket Maximum		
Individual	1,875	3,375	Individual	3,200	6,000
Family	3,750	6,750	Family	6,400	12,000
Plan Maximum	Unlimited	Unlimited	Plan Maximum	Unlimited	Unlimited
Co-Insurance Coverage	90%	80%	Co-Insurance Coverage	100%	100%
Services			Services		
Preventive Care Routine Physical Exam, Pap Smear, Mammogram, Prostate Exam, Immunizations	100%	80% after deductible	Preventive Care Routine Physical Exam, Pap Smear, Mammogram, Prostate Exam, Immunizations	100%	70% after deductible
Office Visit	\$20 copay, then 100%	80% after deductible	Office Visit	100% after deductible	70% after deductible
Inpatient Hospital Services	90% after deductible	80% after deductible	Inpatient Hospital Services	100% after deductible	70% after deductible
Outpatient Surgical Services	90% after deductible	80% after deductible	Outpatient Surgical Services	100% after deductible	70% after deductible
Outpatient Lab & X-ray	90% after deductible	80% after deductible	Outpatient Lab & X-ray	100% after deductible	100% after deductible
Emergency Room Care	90% after deductible		Emergency Room Care	100% after deductible	
Ambulance	80% after deductible		Ambulance	100% after deductible	
Prescription Drug*	5/25/50/50 copay, then 100%	5/25/50/50 copay, then 75%	Prescription Drug*	100% after deductible	
Prescription Drug OoP Maximum			Prescription Drug OoP Maximum		
Individual	2,000		Individual	N/A	
Family	4,000		Family	N/A	
*Prescription Drug Tiers	Generic Preferred Brand (Formulary) Non-Preferred Brand (Non-Formulary) Specialty		Preventive Generic Drugs (IRS Approved)	Certain Preventive Generic Drugs are available with no deductible, check with BCBSIL Member Services	

HEALTH SAVINGS ACCOUNT

When you enroll in the Value HSA (HDHP) plan offered by Minooka CCSD #201, you are also enrolled in a Health Savings Account (HSA) to help you save pre-tax dollars to pay for out-of-pocket health care expenses. The funds in your HSA belong to you and may be used for current or future qualified medical expenses or may be left to accumulate for use during retirement. You may elect to make contributions to your HSA through pre-tax payroll deductions. HSA contributions are limited by the U.S. Internal Revenue Service based on the calendar year. The maximum amount that can be contributed to an HSA for 2024 is \$4,150 for employee only coverage and \$8,300 for family coverage. Individuals over age 55 may make an additional “catch-up” contribution of \$1,000 annually.

Please note that you may not contribute to an HSA if you are enrolled in Medicare Part A or B or if you are covered under a non-HSA qualified medical plan. You may also not contribute to an HSA if you are currently participating in a Flexible Savings Account (FSA) unless it is a “limited purpose” FSA which allows payouts for only dental and vision expenses.

USING YOUR MONEY

Funds from your HSA can be withdrawn at any time, but may be assessed taxes and a penalty if you are under age 65 and the funds are not used for qualified medical expenses. After age 65, there is no penalty for non-qualified withdrawals but the amounts withdrawn are taxable.

Funds may be withdrawn tax and penalty free at any age to cover qualified expenses for yourself or any IRS-eligible dependents (even if you have employee only coverage and your dependents are not covered under your plan):

- Out of Pocket expenses including deductibles and coinsurance
- Dental Care Services
- Vision Care Services
- Prescription drugs
- Over-the-counter (OTC) medications
- COBRA premiums

A full list of qualified medical expenses can be found in Publication 502 at www.irs.gov.

**Make sure that you keep records of your receipts in case of an IRS audit.*

Minooka CCSD #201 makes contributions to employees' Health Savings Accounts:

\$1,600 annually for individual coverage

\$3,200 annually for family coverage

Prescriptions

Mail-Order Program

Express Scripts Pharmacy, the mail-order pharmacy, provides safe, fast and cost-effective pharmacy services that can save you time and money. With this program, you can obtain up to a 90-day supply of long-term (or maintenance) medications through Express Scripts Pharmacy. Maintenance medications are those drugs you may take on an ongoing basis to treat conditions such as high cholesterol, high blood pressure or diabetes.

You have more than one option to fill or refill a mail order prescription:

- Visit [express-scripts.com/rx](https://www.express-scripts.com/rx). Follow the instructions to register and create a new profile.
- Log in to [myprime.com](https://www.myprime.com) and follow the links to Express Scripts Pharmacy.
- Call 1-833-715-0942, 24/7, to refill or transfer a current prescription or get started with home delivery.

Specialty Pharmacy Program

Members using a specialty drug to treat a complex or rare condition may need to follow the specialty pharmacy program requirements.

Specialty prescriptions need to be filled through Accredo to be eligible for coverage.

Accredo has the medicines and support you need to help you manage complex conditions. They offer:

- Specialty-trained staff to help answer questions about your specialty medicine(s) or condition
- 24/7 support
- Free shipping with safe, on-time delivery
- Refill reminders and other digital tools



TELADOC

Minooka CCSD #201 offers all benefit eligible employees who select one of our health insurance plans access to Teladoc. Teladoc is a convenient and affordable option that allows you to talk to a doctor who can diagnose, recommend treatment and prescribe medication, when appropriate, for many of your medical issues. Board-certified physicians in internal medicine, family practice, and pediatrics are available 24/7/365 by web, phone, or app. With your consent, Teladoc will provide information about your consult to your primary care physician.

What can the Doctor treat you for?

Teladoc Doctors can treat you for many conditions, including:

- Cold & Flu Symptoms
- Allergies
- Bronchitis
- Urinary Tract Infection
- Respiratory Infection
- Sinus Problems
- And More!

When can I use Teladoc?

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

Who are the Doctors at Teladoc?

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years of experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA Standards

Teladoc Rates	
PPO Plan	\$5 Copay
Value HSA (HDHP) Plan	\$55 (goes towards deductible)

Download the app to talk to a doctor

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (835-2362)



Teladoc member

Frequently Asked Questions

What is Teladoc?

Teladoc is a healthcare service that offers convenient, confidential access to quality doctors 24/7, anytime, anywhere.

By scheduling a visit with one of our U.S. board-certified and licensed medical doctors, you can be diagnosed, treated and prescribed medication, if necessary.

What can I use Teladoc for?

Teladoc can help you with every day, non-emergency healthcare issues, including sinus problems, allergies, flu symptoms, and much more. Skip the waiting room and the trip to ER. We're here to help you feel better, faster, and get you back to living your life.

Does Teladoc replace my doctor?

No. Teladoc doesn't replace your primary care doctor. Teladoc should be used for non-emergency illnesses when it is not convenient to get to the doctor or it is outside of regular office hours.

How do I set up my account?

Download the Teladoc app, visit the website, or call 1-800-TELADOC to set up your account.

Do I need to have my insurance information available?

No. Teladoc is a separate benefit, and your insurance information is not required to have a visit.

How do I pay for the visit?

If there is a fee, you can pay with your HSA (health savings account card, credit card, prepaid debit card, or by PayPal.

Is there a time limit when talking to the doctor? And am I charged more for taking longer?

There is no time limit for visits, and there is no extra charge for longer doctor visits.

How do I access Teladoc?

The service can be accessed by app, web, or phone, and visits are available by phone or video.

If the Teladoc doctor recommends that I see my primary care doctor or a specialist, do I still have to pay the Teladoc visit fee?

Just like any doctor appointment, there is a fee for the consulting doctors' time. However, your plan covers this cost.

Can my family use Teladoc?

This varies depending on your specific Teladoc plan. Most plan designs allow you to use the Teladoc service for you, your spouse, and your dependents. Dependents over 18 years old must call our service center to request a visit. For dependents under 18 years old, the primary account holder must request a visit on their behalf through the app, website, or by phone.

Can I use Teladoc while traveling?

Teladoc is available in all 50 states, so you can use the service while traveling within the U.S. Some restrictions may apply.



How much does it cost?

The cost of a Teladoc visit varies depending on the type of visit you are requesting and your plan design. Please refer to your welcome letter or call 1-800-TELADOC (835-2362) if you wish to confirm pricing prior to requesting a visit. You will also see the visit fee during the visit request process.

Who are the Teladoc doctors?

Teladoc doctors are U.S. board-certified internists, and pediatricians. They average 20 years of experience and are licensed to practice in your state.

Can Teladoc physicians prescribe medications?

Yes, when medically appropriate, doctors can prescribe medications. If a prescription is not required, the doctor may provide the member with instructions for managing symptoms or following up with their primary care doctor.

Can my primary care doctor get a record of my Teladoc visit?

With your consent, we'll send an electronic copy of your Teladoc visit to your primary care doctor.

Who should I contact if I have questions or encounter an issue?

We aim to make your experience with us as possible. If you have any further questions or encounter an issue, please visit our website at Teladoc.com or call our member services team at 1-800-TELADOC (835-2362).

Access to doctors on your schedule

- ✓ 24/7 access to U.S.-licensed doctors
- ✓ Connect by phone, web, or app from anywhere
- ✓ Get medical treatment for non-emergency conditions



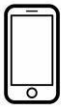




GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Skin problems
- Respiratory infection
- And more!

KNOW WHERE TO GO

Knowing where to get medical treatment can have a significant impact on the cost. Below is a quick chart to help you “know where to go” based on your condition, budget and time.

TYPE OF VISIT	APPROPRIATE FOR	EXAMPLES	ACCESS	AVERAGE COST*
NURSELINE 	Quick answers from a trained nurse	<ul style="list-style-type: none"> Identify symptoms Help decide whether ER or Urgent care is needed Home treatment advice 	24/7	\$0
VIRTUAL VISIT 	Minor Illness	<ul style="list-style-type: none"> Cold & Flu Symptoms Allergies Bronchitis Sinus Problems 	24/7	Traditional PPO \$5 Value HSA (HDHP) \$55
OFFICE VISIT 	Routine medical care and health management	<ul style="list-style-type: none"> Preventive Care Illness, Injuries Manage existing conditions 	Office Hours	\$100 +
URGENT CARE 	Non-Life threatening medical issues requiring prompt attention	<ul style="list-style-type: none"> Stitches Blood work X-rays 	Hours depend on location	\$125
EMERGENCY ROOM 	Life-threatening medical issues requiring immediate attention	<ul style="list-style-type: none"> Broken bones Heart attack/Stroke Difficulty breathing Severe pain 	24/7	\$1,000 +

*Average costs. Your cost may vary depending on the plan and location.

YOUR DENTAL PLAN

Minooka CCSD #201 provides dental benefits through BlueCross BlueShield’s BlueCare Dental PPO network. Regular dental checkups are important to your overall health and can reveal early indications of serious conditions like osteoporosis and cardiovascular disease. An oral exam can help keep your teeth and gums healthy throughout your life. Minooka CCSD #201’s dental plan allows you to see any dentist. However, you will maximize your benefits by visiting a Dentist in BlueCare Dental PPO Network.



To find a provider in BlueCare Dental PPO Network, visit www.bcbsil.com

The chart below highlights some of the plan features. Please see the benefit plan certificate for full coverage information.

Plan Features		BlueCare Dental	
Annual Maximum		\$1,500 / person	
Lifetime Ortho Maximum		\$1,000	
Services	In-Network Provider	Out-of-Network Provider	
Preventive Services	100%	100%	
Basic Services	80%	80%	
Major Services	50%	50%	
Orthodontia (under age 19)	60% subject to lifetime max	60% subject to lifetime max	

Please Note: Out-of-Network dentists are reimbursed the lesser of the submitted fee or the 90th percentile Reasonable and Customary fee. These dentists may balance bill you for charges in excess of BlueCare Dental reimbursement.

Preventive Services Include: Oral Evaluations (2 per year), X-rays (bitewings - 2 per year; full mouth – once every 3 years), Prophylaxis (cleaning; 2 per year), Fluoride Treatment (1 per year for children under age 19), Space Maintainers, Sealants, Harmful Habit Appliances

Basic Services Include: Fillings, Oral Surgery, Periodontics, Endodontics, General Anesthesia (in conjunction with oral surgery), Emergency Exams and Palliative Treatment, Stainless Steel and Prefabricated Resin Crowns

Major Services Include: Crowns, Jackets, Cast Restorations, Fixed/Removable Bridges, Partial/Full Dentures, Repair/Reline/Rebase and Adjustments to Dentures

YOUR VISION PLAN

Minooka CCSD #201 provides a vision care plan through Eye Med. Vision health impacts your overall health. Routine eye exams can lead to early detection of vision problems and diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis and rheumatoid arthritis. It is recommended that you have an eye exam once every 12 months. To find a provider, [visit Eyemed.com](http://www.eyemed.com) or call 1-866-804-0982.

Plan Feature	Participating Provider	Non-Participation Provider
Eye Examinations	100%, no copay	\$40 allowance
Lenses (1x every 12 months)		
Single	100% after \$20 copay	\$30 allowance
Bifocal	100% after \$20 copay	\$50 allowance
Trifocal	100% after \$20 copay	\$70 allowance
Lenticular	100% after \$20 copay	\$70 allowance
Frames (1x every 24 months)	\$120 retail allowance	\$84 retail allowance
Contact Lenses (1x every 12 months)		
Elective (conventional & disposable)	\$150 allowance	\$150 allowance
Medically Necessary	100%	\$210 allowance

Additional Plan Discounts:

- Fixed copayments on lens options including: anti-reflective and scratch-resistant coatings, UV Treatment, Tint, Photochromic/Transitions
- 20% discount off balance of frames over \$120
- After copay, standard polycarbonate available at no charge



PAYROLL CONTRIBUTIONS

Bi-Monthly Employee Premium Contributions

Coverage Tier	Medical	Dental	Vision	Total Bi-Monthly Premium Contributions
Employee Only				
Traditional PPO (without Wellness)	\$52.00	\$1.70	\$0.21	\$53.91
Traditional PPO (with Wellness)*	\$42.00	\$1.70	\$0.21	\$43.91
Value HSA - HDHP (without Wellness)	\$44.03	\$1.70	\$0.21	\$45.94
Value HSA - HDHP (with Wellness)*	\$34.03	\$1.70	\$0.21	\$35.94
Employee & Family - New Hire				
Traditional PPO (without Wellness)	\$293.25	\$11.00	\$1.39	\$305.64
Traditional PPO (with Wellness)*	\$273.25	\$11.00	\$1.39	\$285.64
Value HSA - HDHP (without Wellness)	\$240.90	\$11.00	\$1.39	\$253.29
Value HSA - HDHP (with Wellness)*	\$220.90	\$11.00	\$1.39	\$233.29
Employee & Family *after paying into the plan for 5 years.				
Traditional PPO (without Wellness)	\$126.11	\$4.28	\$0.54	\$130.93
Traditional PPO (with Wellness)*	\$106.11	\$4.28	\$0.54	\$110.93
Value HSA - HDHP (without Wellness)	\$105.85	\$4.28	\$0.54	\$110.67
Value HSA - HDHP (with Wellness)*	\$85.85	\$4.28	\$0.54	\$90.67

****With Wellness rates only apply to those who participate in the annual Wellness Screenings during the Open Enrollment period.***

REQUIRED DOCUMENTS FOR DEPENDENTS

To finalize your benefit choices, you must submit the required documentation upon enrollment or qualifying event date.

Participant being added	Document(s) Needed
Spouse	<ul style="list-style-type: none"> ✓ An original certified marriage ✓ Social Security Card
Dependent Child (0-26 yrs)	<ul style="list-style-type: none"> ✓ An original certified birth certificate ✓ Social Security Card <p><i>*Benefits terminate at the end of the month that the dependent turns 26</i></p>
Disabled Dependent	<ul style="list-style-type: none"> ✓ An original certified birth certificate ✓ Completed Disabled Dependent Certification ✓ Social Security Card
Unmarried Military Dependent Children (ages 26-30) Who Are Residents of Illinois	<ul style="list-style-type: none"> ✓ An original certified birth certificate ✓ Military discharge paperwork ✓ Social Security Card <p><i>*Benefits terminate at the end of the month that the dependent turns 30</i></p>
Adopted Children	<ul style="list-style-type: none"> ✓ An original certified birth certificate ✓ Social Security Card ✓ Court issued documents
Legal Dependents (Court Appointed)	<ul style="list-style-type: none"> ✓ An original certified birth certificate ✓ Social Security Card ✓ Court issued documents
Civil Union Partner	<ul style="list-style-type: none"> ✓ An original certified civil union certificate ✓ Social Security Card



YOUR LIFE AND AD&D PLAN

Planning your financial security is a challenging task under the best of circumstances, but what happens if you die or are sidelined due to a severe injury? How will your family pay the monthly bills? That's where income protection benefits such as life insurance come into play.

Minooka CCSD #201 provides basic life insurance and accidental death and dismemberment (AD&D) insurance through Voya Financial at no cost to you. The information below highlights some of the plan features; please refer to your benefit plan certificate for full coverage information.

- **Life Insurance:** \$40,000 or other amount specified in your employment contract.
- **Accidental Death & Dismemberment (AD&D):** AD&D provides benefits for an accidental bodily injury that directly causes dismemberment. You will receive 50% of your life insurance amount for the loss of one member (hand, foot, eye) and 100% for the loss of two or more members. In the event that death occurs from a covered accident, both the Life and AD&D benefit would be payable.
- **Accelerated Benefit:** If you have been diagnosed with a terminal illness and life expectancy is 12 months or less, you can receive up to 75% of the life benefit in advance. You can utilize this money for expenses incurred that are not covered by other insurance for your care. Please note that your death benefit would be reduced by the amount taken through the accelerated benefit (ex: \$15,000 provided through accelerated benefit and \$5,000 provided upon death for a total benefit of \$20,000).
- **Conversion:** If you terminate your employment or become ineligible for coverage, you have the option to convert all or part of your coverage in force to an individual whole life policy without Evidence of Insurability. Conversion election must be made within 31 days of the date of termination. You also have an option for Portability. Please refer to your Voya Life Benefits Summary for further detail or inquire with your Insurance Coordinator.



YOUR SUPPLEMENTARY LIFE INSURANCE PLAN

Should you feel the need to increase coverage on yourself or your dependents, Minooka CCSD #201 provides all eligible employees with the opportunity to purchase additional life insurance at group rates through Voya Financial. You pay the full cost of this coverage through after-tax payroll deductions. The information below highlights some of the plan features; please refer to your benefit plan certificate for full coverage information.

Insured	Benefit	Guaranteed Issue Amount
Employee	Up to 5x annual salary, maximum of \$150,000 (\$50,000 for employees age 70 & over), in increments of \$10,000	\$100,000
Spouse	Up to 2.5x employee's salary (not to exceed 50% of employee's elected benefit), maximum of \$75,000 in increments of \$5,000	\$30,000
Dependent Children	Live Birth to age 26 years: \$2,500, \$5,000, \$7,500 or \$10,000	\$10,000

***An employee must be insured through this supplementary policy for a spouse or dependent children to be insured.**

Employee & Spouse Rate Per Person Per \$1,000

Employee's Age	Rate/\$1,000/Month	Employee's Age	Rate/\$1,000/Month
Under 25	\$0.06	50 – 54	\$0.33
25 – 29	\$0.06	55 – 59	\$0.48
30 – 34	\$0.08	60 – 64	\$0.74
35 – 39	\$0.09	65 – 69	\$1.27
40 – 44	\$0.14	70 – 74	\$2.06
45 – 49	\$0.20	75+	\$3.43

Dependent Children Rate – Covers all dependent children regardless of the number of children

<p>\$2,500 = \$0.50 monthly \$5,000 = \$1.00 monthly \$7,500 = \$1.50 monthly \$10,000 = \$2.00 monthly</p>
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CRITICAL ILLNESS INSURANCE

Critical Illness Insurance through Voya Financial is designed to protect your income and personal assets when your out-of-pocket expenses increase as a result of an illness. The benefit pays a lump sum that can be used in any way you choose and benefits are paid in addition to any other insurance coverage you may have. The information below highlights some of the plan features; please refer to your benefit plan certificate for full coverage information.

Feature	Benefit
Employee Benefit Options	\$5,000 to \$20,000
Employee Guarantee Issue	\$20,000
Spouse Benefit Options	\$2,500 to \$10,000
Spouse Guarantee Issue	\$10,000
Child(ren) Benefit Options	\$2,500 to \$10,000
Child(ren) Guarantee Issue	\$10,000

- **Covered Critical Illnesses include but are not limited to:** heart attack, stroke, loss of sight, major organ transplant, end-stage renal failure, cancer and many more illnesses.
- **Portability:** Portable upon insurance termination.
- **Wellness Screening Benefit:** of **\$75** for Employees, Spouses, and Child(ren) upon eligible health screening.
- **Benefit Amounts - \$5,000, \$10,000, \$15,000, \$20,000**

Employee and Spouse Rate Per Person

Employee's Age*	Rate/\$1,000/Month TOBACCO**	Rate/\$1,000/Month NON-TOBACCO**
Under 30	\$0.40	\$0.38
30 - 39	\$0.54	\$0.48
40 - 49	\$1.18	\$0.88
50 - 59	\$3.12	\$1.89
60 - 69	\$6.76	\$3.59
70+	\$7.41	\$4.27

*Employee's age is used to determine rates for both Employee & Spouse.

**Rates are based upon each individual's tobacco use.

Child Rate

\$0.40/\$1,000/MONTH
MAX BENEFIT \$10,000

BENEFICIARY ASSIST, WILL PREP, CONCIERGE

Funeral Planning, Will Prep, & Concierge Services



Funeral Planning, Will Prep and
Concierge Services provided by
Everest Funeral Package, LLC, Houston, TX.

Everest's services include:

Pre-planning services

24/7 advisor assistance

- To discuss funeral planning issues

PriceFinderSM research reports

- The only nationwide database of funeral home prices
- Detailed, local funeral home price comparisons

Online planning tools

Includes:

- Personal profile
- "10 key decisions" planner
- "My Wishes" planning guide
- Reference guide

Information stored and maintained in a secure
data warehouse

Online Will Prep

- Online tool allows users to create customized legal documents such as a Will, Health Care Directive, Power of Attorney, and more
- Users are asked a series of easy-to-answer questions with helpful explanations and examples
- Based on responses, a customized legal document unique to the individual's situation is created

At-need services

At-need family support

- Family assistance and plan implementation
- Communicate the personal funeral plan to the funeral home, thus removing the family from a sales-focused environment
- Provide 24-hour assistance throughout the funeral process
- Expedited life insurance claim process.
Eligible beneficiaries may have access to a portion of the life insurance funds in as little as two business days following receipt of the claim form.**

Negotiation assistance

- Gather pricing information and present it to the family in an easy-to-read format
- Negotiate funeral service pricing with local funeral homes
- Help the family compare prices of caskets and other products

Getting started

Create an online profile and use Everest's planning tools visit everestfuneral.com/voya

- Enter your email address and your employer's name
- Create a password and complete your online profile
- Access "Planning Tools"

If you do not have access to a computer, Everest advisors are available 24/7 by calling 1-800-913-8318.

TRAVEL ASSISTANCE



Security when you travel

Voya Travel Assistance



Emergency Medical Transport Services

- Dispatch of a Physician
- Emergency Medical Evacuation
- Medical Repatriation
- Return of Dependent Children
- Return of Travel Companion
- Vehicle Return Services
- Visit of a Family Member or Friend
- Repatriation of Remains



Medical Assistance Services

- Convalescence Arrangements
- Outpatient & Inpatient Care
- Interpretation Services
- Medical Monitoring
- Medical & Dental Referrals
- Prescription Transfer & Shipping
- Replacement of Medical Devices



Travel Assistance Services

- Emergency Cash Transfer
- Consulate and Embassy Location
- ID Theft Assistance
- Legal Referrals
- Lost Luggage and/or Document Assistance
- Pet Housing and Return
- Pre-Trip Informational Services
- Urgent Message Relay



Security Assistance Services

- Emergency Political Evacuation/Repatriation
- Location Intelligence App
- Natural Disaster Evacuation

If you need emergency or pre-trip services...

...use the contact information on the reverse and identify yourself as an eligible participant in the Voya Travel Assistance program.

You will be asked to provide some additional information in order to confirm your eligibility under this program. Once your eligibility has been verified, Voya Travel Assistance will arrange and provide the emergency transportation services previously described.

Please note: Services are only eligible for payment through Voya Travel Assistance if Voya Travel Assistance was contacted at the time of service and arranged for the service. If costs are incurred for other services, you are responsible for those costs or reimbursement of those costs if initially paid by Voya Travel Assistance; Voya Travel Assistance will ask for your credit card and debit your account for the required amount.

Voya Travel Assistance

Contact Voya Travel Assistance 24 hours a day, 365 days a year for: Emergency Medical Transport, Medical Assistance, Travel Assistance, and Security Assistance Services.

From anywhere in the world: +1 (317) 659-5841

Email: assist@imglobal.com

Visit Online and Register: imglobal.com/member


- Select "Create an account"
- Enter referral code: **VOYATRAVEL**
- Click "continue" to enter your personal information, email address, and create your password.





EMPLOYEE ASSISTANCE PROGRAM


Employee Assistance Program (EAP)



 **Confidential Emotional Support**
Our highly trained clinicians are available for counseling, in person or via telehealth sessions up to 3 visits. Find assistance for anxiety, depression, grief and life adjustments, relationship conflicts, and more.

 **FamilySource®**
Receive qualified referrals and resources from our specialists for finding child and elder care, hiring movers or home repair contractors, planning events, locating pet care, and more.

 **LegalConnect®**
Talk to our attorneys for practical assistance with your most pressing legal issues, including divorce, adoption, family law, wills, trusts and more. Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

 **FinancialConnect®**
Our financial experts can assist with a wide range of topics such as retirement and tax planning, mortgages, budgeting, debt, bankruptcy, and more.

Support anywhere, anytime

To access your EAP services 24/7, as well as articles, podcasts, and videos, you can visit: guidanceresources.com and use Web ID: My5848i

Download the mobile app from the Apple App Store or Android Google Play Store by searching Guidance NowSM.

For assistance, please call 877-533-2363 or 800-697-0353 for TTY

WHAT YOU SHOULD KNOW ABOUT YOUR RETIREMENT PLAN

TRS (Teachers' Retirement System) www.trsil.org

The Teachers' Retirement System of the State of Illinois (TRS) provides a retirement pension, disability and death benefits through a defined benefit plan for certified teacher and administrators in public common and charter school districts located outside of Chicago.

457(b) Retirement Savings Plan www.trsilssp.voya.com

The TRS Supplemental Savings Plan (SSP) is an optional retire savings plan offered by TRS and Voya Financial. The SSP adds to your existing TRS pension – it does not replace it.

IMRF (Illinois Municipal Retirement Fund) www.imrf.org

The IMRF pension fund administers a program of disability, retirement, and death benefits for employees of local government in Illinois (excluding the City of Chicago and Cook County). Government types include cities (not Chicago), villages, townships, school districts (not the certified staff), counties (not Cook), fire protection districts, library districts, park districts, and more.

IMRF's VAC Program (Voluntary Additional Contributions) www.imrf.org

VAC is a unique savings program only for IMRF members.

403(b) www.omni403b.com

A 403(b) plan is voluntary retirement plan for certain employees of public schools, tax exempt organizations and ministries.

The next few pages provide additional informational fliers on each plan listed above.



TRS Benefits

Welcome to the Teachers' Retirement System

As a TRS-covered employee, your salary isn't the only thing to consider — start thinking about these important benefits you receive as a member.

Who We Are

The Teachers' Retirement System of the State of Illinois (TRS) provides a **retirement pension, disability and death benefits** through a defined benefit plan for certified teachers and administrators in public common and charter school districts located outside of Chicago. As a new TRS member, you're automatically enrolled in the TRS defined benefit plan.

Bring More to your retirement with the SSP

The TRS Supplemental Savings Plan (SSP) is an **optional 457(b)** retirement savings plan offered by TRS and Voya Financial. The SSP adds to your existing TRS pension – it does not replace it. It's easy to start saving because your contribution is directly taken out of your paycheck and invested via your TRS SSP account. As a full-time or part-time contractual TRS-covered employee of a participating employer, you can start contributing to the SSP.

Enrollment in the SSP

You will receive PIN information and a separate packet in the mail from Voya Financial after you receive your first paycheck. Information for enrolling yourself in the SSP will be in that packet. Questions? Visit trsilssp.voya.com or contact TRS SSP Service Center at **844-877-4572**.



Learn more about the SSP.



Start Preparing for Retirement

After you're provided your TRS member ID (generally after your first paycheck):

- Activate your TRS online member account.
- Designate your beneficiaries.
- Upload your proof of birth documentation.
- Join the Supplemental Savings Plan.



Learn how.

Remember: the longer you save and invest, the richer your retirement savings will be when you're ready to retire.

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

2815 W. Washington | P.O. Box 19253 | Springfield, IL 62794-9253 | 877-927-5877(877-9-ASK-TRS) | FAX: (217) 753-0964 | members@trsil.org | <https://www.trsil.org>

JWS81-8/22



Create an account today to access your personalized TRS information.

Set up your account and you will have access to create a personalized benefit estimate; upload documents; view your TRS Benefits Reports; keep your address, phone and email information current and complete your personal retirement interview at retirement.

How to Create an Account

Log on to <https://www.trsl.org>. Select the Member Login button on the top right of the page.



The following option will appear on the opening page. Select the "New User" button.



Next, complete the required fields.

Enter your Social Security number, birth date and TRS Member ID. Your Member ID is on your TRS Membership Card, which TRS sends to every member, via either U.S. Mail or email. You also can call TRS at 877-927-5877 (877-9-ASK-TRS) for your Member ID.

If the Social Security number, birth date and Member ID you entered matches those we have on file for you, a new page will open that will instruct you to create a username.

Immediate Access

Your username and password will be immediately established with the proper information. You may enter the secure area the same day.

Additional sign-in screens are also part of the process. With your personalized answers in place, future visits to the area will confidently assure you that you are visiting the official TRS website.

If you forget your username or password before your next sign in, you will need to enter your Member ID to gain access to your account.

Protecting Your Information

Keeping your online record confidential is important to you and TRS. After you have set up your account, personalized sign-in screens make it difficult for someone else to log on to your account. Also, an email will automatically be sent to you when any changes are made to your online account.

How to Create a Personalized Benefit Estimate

Login to your member account. From the opening demographic information screen, select the Benefit Estimate link located on the bottom of the left navigation bar to begin.

Required Information

The welcoming screen lists the order of the following requirements that will be requested during your estimate. It also informs you about the types of estimates that can be calculated online. Please review this list carefully and have the following information ready before you begin.

1. **Retirement date:** For most members, your retirement date will be the day following your last day of work. However, the retirement date may be your birthday if you have to meet age eligibility requirements.

2. **Current salary:** This screen explains definitions of salary and earnings. A history of all your years of service and salaries will be displayed. You will be allowed to enter your actual salary from your salary schedule. If your retirement date occurs after the expiration of your salary schedule, you can also project salaries based on a percentage of increase or a dollar amount.

Helpful hint: if the salary schedule amount is lower than the previous year's salary, it probably does not include the TRS contributions. Please make sure that you include TRS contributions in your salary rate. Additionally, include any bonuses or severance payments. Another possible cause for a lower salary rate is cessation of an extra duty such as coaching, summer school or activity sponsorship.

3. **Projected salaries:** The estimate will assume that you maintain the same work schedule until your retirement date. If you are planning on changing from teaching to administration, your number of work days may change. You will be allowed to make those changes on the estimate system.

4. **Unused uncompensated sick leave days:** These days also count as service credit. If you have any sick leave days that were reported by previous employers, they will be listed. Enter the number of sick leave days that you have accrued with your current employer. If you have service in other districts that have not reported unused sick leave days for you, please request a Former Employee Sick Leave Certification form by calling us at 888-678-3675.

Once all the required information is entered, you will be allowed to review it on a summary screen. If you entered any data incorrectly, you may change it at this point. When you are finished, press the "Save and View Estimate" button to view your benefit estimate. The final estimate may be printed for your records.

The web estimates are in exactly the same format as estimates received from a TRS counselor or member service representative. If you have questions about a web estimate, we call us at 877-927-5877 (877-9-ASK-TRS). We can view your web estimate to help you.

(more)

Uploading Documents to TRS

Birth certificates and all other TRS forms can be completed and then uploaded directly to the Springfield office. It's easy to do and direct transmission decreases the paper mail that TRS receives daily and must scan by hand into the computer system.

How to Upload

- Login to your member account.
- Locate "Member Services" from the choices on the left navigation bar.
- Under "Member Services," select "Document Upload."
- Select the specific form name or "Other" and complete your upload.

TRS Benefits Report

The TRS Benefit Report is available only through your online TRS member account. A TRS Benefits Report is prepared annually for each active member. This report will be available in late November and you will be notified via email when it is ready for viewing. The statement covers the previous fiscal year, July 1 through June 30.

The statement provides information about service credit, contributions and beneficiaries. It also lists your earnings' history and outlines pending and most types of terminated service credit.

Keep Your Contact Information Current

You no longer need to pick up the phone or have to fill out a form to let us know if your contact information changes.

Simply change your mailing address, email address and/or phone number on the opening demographic screen.

Reasons to Provide Email

Communicate more efficiently with us. Provide us with your personal email address (not work) to:

- electronically receive the Topics & Report newsletter (a printed copy is not mailed),
- keep you informed of the progress of a benefit claim or for the purchase of optional service, and
- stay informed about new web features, legislative changes or read TRS press releases.

Your email address will always remain confidential. Additionally, we will never send confidential information online.

Personalized Retirement Interview (PRI)

Your online Personalized Retirement Interview (PRI) will help you make choices while providing us with the information we need to personalize your retirement application forms and ready them for your signature. Please use this online service only when you are **within six months** of retirement and know when your last day of work will be or your last paid day. Plan on the process taking 30 minutes.



ACCESSING YOUR TRS ACCOUNT ONLINE



Teachers' Retirement System of the State of Illinois
2815 W. Washington | P.O. Box 19233 | Springfield, IL 62794-0433
members@trsi.org | <http://www.trsi.org>

877-307-5877 | 877-6-A-S-K-7-R-S | FAX: (217) 753-0854
Printed by the authority of the State of Illinois.
PRSI/4/20



TEACHERS' RETIREMENT SYSTEM
OF THE STATE OF ILLINOIS



Welcome to IMRF!

To get the most out of your IMRF membership, you need to know how it benefits you—both in retirement and right now. See what your IMRF benefits are all about; visit www.imrf.org/new-member today!

What is IMRF?

IMRF is a defined benefit plan that provides a lifetime of income protection. This includes retirement, disability, and death benefits.

Learn more about your benefits at www.imrf.org!

Click on your plan and tier...

...and then click on the benefit you want to know more about.



Want to save more for retirement?

IMRF's Voluntary Additional Contributions (VAC) program is a unique savings program only for IMRF members. Go to www.imrf.org, select your plan/tier in the menu, and click Voluntary Additional Contributions. There you'll find the current interest rate, how interest accrues, your options for receiving your VAC at retirement—including converting them into an additional annuity, payable for life—and all the info you'll need to sign up.



Learn about your benefits at this free workshop

If you want to better understand the nature of IMRF and why you are making contributions, sign up for *Your Glass is Half Full!* This workshop will explain how your pension is funded, your benefits as an IMRF member, and the importance of having more than one savings vehicle as you prepare for your eventual retirement. Visit www.imrf.org/glass-half-full for the current schedule.



IMRF Member Access: Sign up for your account today!

Your Member Access account lets you keep track of your benefits and contributions at your convenience.

1 Go to www.imrf.org and click "MEMBER LOGIN" at the top right of the page.



2 Then, click the yellow "Click here to register for Member Access" graphic and activate your account using the registration key provided in your welcome letter.

WITH A MEMBER ACCESS ACCOUNT, YOU CAN SAFELY AND SECURELY...

- Sign up for a "Your Glass is Half Full" workshop
- File for IMRF disability or apply to reinstate past service
- Estimate your future IMRF pension
- Make sure your IMRF contributions were reported correctly
- Ask us a question day or night and hear back in two business days

View your annual Member Statement

Your Member Statement is a little like a bank statement for your IMRF account. Take a minute to look it over and make sure your member contributions and other information is correct—it will save you time and trouble down the road. You can view it in Member Access starting in February.

Make sure you get your Fundamentals e-newsletter

Your periodic *Fundamentals* e-newsletter includes important information about your benefits and the latest IMRF news. To get this newsletter, you need to provide us with your email address. You can quickly update this information in Member Access.



Protect your loved ones by updating your beneficiaries

By keeping your beneficiary information up to date through Member Access, you ensure that your death benefits will go to the recipient you choose if you should pass away.



Update your contact information with IMRF

Make sure you receive important communications from IMRF, whether electronically or by mail—keep your contact information up to date in Member Access.

Join the IMRF community!

Follow IMRF on Facebook, Twitter, LinkedIn, and Vimeo.



FMLA (FAMILY AND MEDICAL LEAVE ACT)

The [Family and Medical Leave Act \(FMLA\)](#) provides certain employees with up to 12 weeks of unpaid, job-protected leave per year. It also requires that their group health benefits be maintained during the leave.

FMLA is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons. It also seeks to accommodate the legitimate interests of employers and promote equal employment opportunity for men and women.

What is FMLA?

FMLA (Family and Medical Leave Act) provides unpaid, job-protected leave for up to 12 weeks per 12 month period for qualified employees, with the continuation of health insurance coverage, if applicable. Under FMLA, the employee is guaranteed the same or similar position when they return.

Qualifying Leave Entitlements

- The birth of a child or placement of a child for adoption or foster care;
- To care for the employee's spouse, child or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform their job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

FMLA & Sick time

While FMLA leave is typically unpaid, the District will substitute an employee's accrued sick, personal and vacation for unpaid FMLA leave.

**Certain qualifying events may limit the number of paid time off days that can be used.*

***Current school year allotment of sick and personal days are subject to proration.*



Other Important Information

- For maternity/paternity leave requests a doctor's note with expected delivery date is required.
- All medical leave requests require medical certification from a Health Care Provider.
- The district will inform the employee of any changes that may alter anticipated wages, health insurance benefits, and/or the number of prorated sick and personal days, if applicable.

FMLA/LOA PROCESS

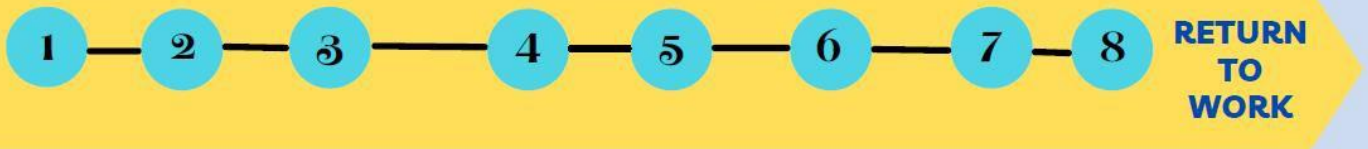
1. FMLA/Leave of Absence is requested by employee and/or the District is notified by an administrator that the employee is absent for a qualifying reason for more than 5 days

3. Required medical documentation is submitted to the District

6. Employee Out on Leave
CONTINUOUS LEAVE - Employee remains in contact with District and Building Administrator regarding return to work.

INTERMITTENT LEAVE - Employee schedules absences in advance with District/Building Administrator in advance whenever possible.

8. Notify the District if there are any life event changes that would result in adjustments to health insurance plans and completing all necessary forms.



2. FMLA/Leave of Absence eligibility is determined by the District and notice of rights & responsibilities sent to employee

4. Leave request presented at Board of Education meeting for approval.

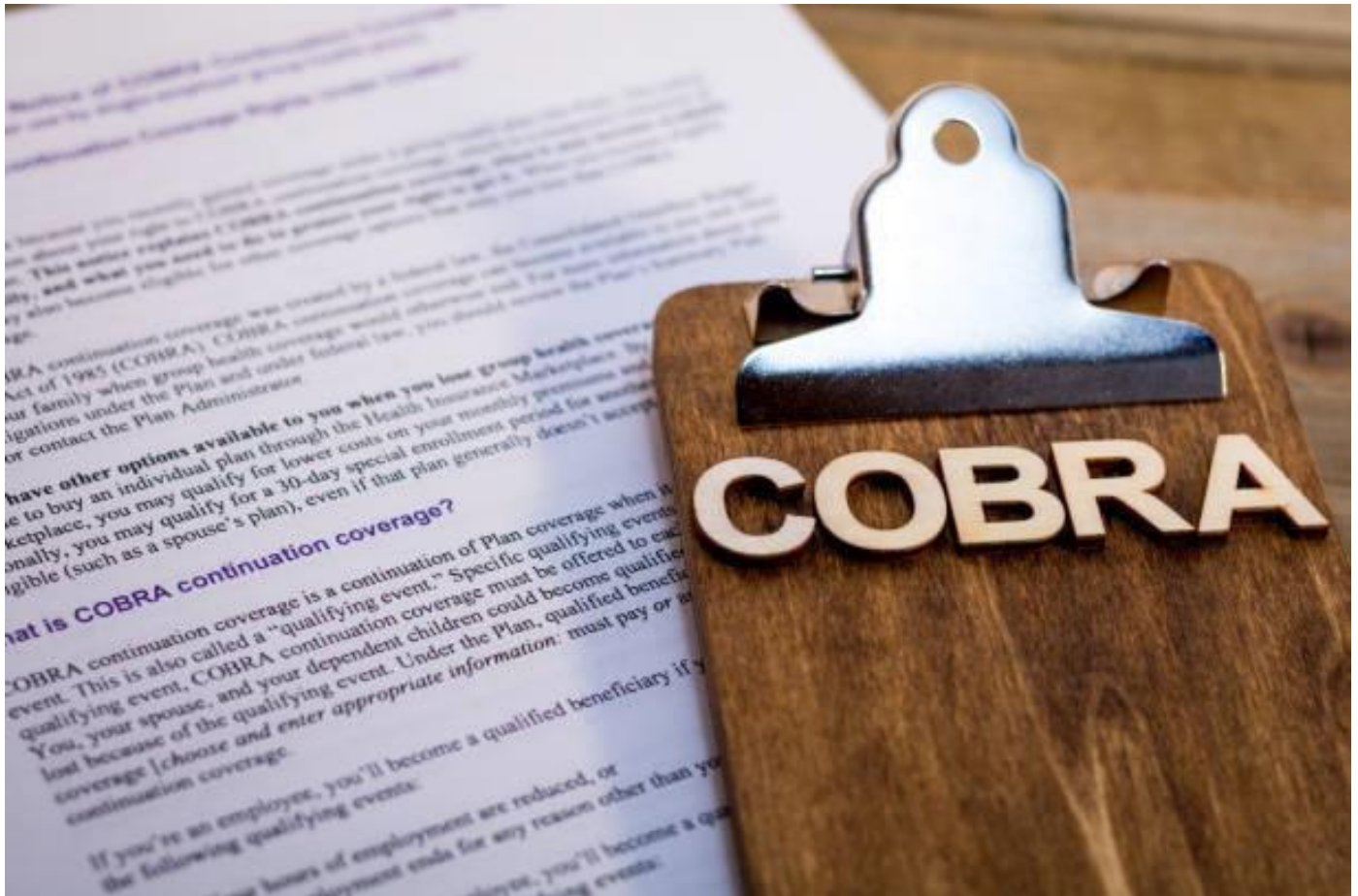
5. Leave designation sent to employee.

7. Medical release required to be sent to the District BEFORE returning to work.

COBRA

COBRA gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances, such as:

- Involuntary job loss
- Reduction in hours worked
- Transition between jobs
- Birth of a child
- Death
- Divorce
- Other Life Events



OTHER EMPLOYEE RESOURCES

Absence Management – Attendance Tracker and Substitute Finder

District 201 uses Eschool Solutions to track attendance and request a substitute, if needed.

<https://minooka.eschoolsolutions.com/logOnInitAction.do> Login information and directions will be provided separately.

Bargaining Agreements – MEEA and MESP

The current bargaining agreements for both unions are listed on the District 201 website -

<https://www.min201.org/departments/human-resources>

Change of Personal Information

Changes in your personal information (name, address telephone number) must be reported in writing to the Business Office/District Office by completing the Name/Address change form located on the 201 website

<https://resources.finalsite.net/images/v1556654047/min201org/n3d85v2mf2vezwcwxbut/Name-Address-Change-Form.pdf>

Course Reimbursement

Per the MEEA bargaining agreement employees can be reimbursed up to fifteen (15) credit hours per fiscal year (last day of class between July 1 and June 30 annually). See the bargaining agreement for specific details and the pre-approval process or

<https://www.min201.org/departments/curriculum/course-request>

Direct Deposit

Employees must complete the Direct Deposit Authorization Form, provide a voided check or a form from your bank verifying the account information, to the Payroll Coordinator.

Drug and Alcohol-Free Workplace; Tobacco Prohibition

All employees are prohibited from engaging in any of the activities listed in Policy 5:50 while on District premises or while performing work for the District.

FMLA/Leave of Absence

Eligible employees may request an FMLA or LOA by contacting the Benefits Coordinator in the Business Office. General information can be found at

<https://www.min201.org/departments/business-office>

Health Insurance (medical, dental, vision)/Life Insurance Questions

Contact the Benefits Coordinator in the Business Office/District Office. Information may also be found at

<https://www.min201.org/departments/business-office>

IMRF Illinois Municipal Retirement Fund

Members can access account information, get an explanation of statements, request a refund, etc.

<https://www.imrf.org/>

OTHER EMPLOYEE RESOURCES CONT'D

Payroll Schedule

Payroll checks are issued on every other Friday or an alternate day of Friday is legal school holiday or school is not in session. Employees are paid 26 times over a 12 month period.

- 10-month employees – September 1st through August 31st
- 12-month employees – July 1st through June 30th

Questions regarding a paycheck should be directed to the Payroll Coordinator in the Business Office/District Office.

Personnel Records

Personnel records for all employees are maintained in the District Office. Each employee has the right to inspect his/her personnel file upon request to the Human Resource Department.

Reporting an Injury

Employees who are injured on the job must report the injury immediately, regardless of severity. Employees/Supervisors must call the **Company Nurse Injury Hotline at 1-855-921-9518**.

Safety

All employees are expected to abide by the safety policies and procedures in their schools and to carry out their job duties in a safe and productive manner. It is the duty of every employee to report and hazard or safety concerns to their building administration.

Separation Procedures

An employee who wishes to retire or resign from District 201 should submit a letter of resignation or letter of intent to retire to the Human Resources Department.

Sick/Personal Days

All full-time employees are provided sixteen (16) sick days and two (2) personal days per year. Part – time employees and employees taking unpaid leave shall receive prorated sick leave as calculated by the Business Office using a Prorated Leave Calculation form. Additional details can be found in the collective bargaining agreements.

TRS Teacher Retirement System

Certified employees can access account information, view benefits, request a refund, etc.

<https://www.trsil.org/>

Wage and Salary Determination

Salaries and Wages are established in the collective bargaining agreements for licensed and non-certified employees. Questions can be directed to either the Business Office or Human Resources.

Working Conditions

Work Day/Work Hours detail can be found in the current collective bargaining agreements found on the District 201 website <https://www.min201.org/departments/human-resources>

Employee Work Calendars can also be found on the District website -

<https://www.min201.org/departments/business-office>

HEALTH CARE TERMS

- **Ambulance**: Most ambulance companies do NOT participate with provider networks. It must be a medical emergency to be covered. You may be required to pay the entire cost over the allowable amount.
- **Co-Insurance**: The percentage of medical costs that a member shares with the insurance company after the deductible is met.
- **Copay**: The amount a member pays for a specific treatment or prescription drug. This is usually payable at the time of service.
- **Deductible**: The amount a member pays out-of-pocket for services before plan co-insurance is applied.
- **Emergency Room vs. Urgent/Immediate Care**: Emergency rooms are meant for life threatening illnesses or emergency accidents. They are for things like Chest Pain, Breathing Problems and Excessive Bleeding. If you need to be seen by a doctor for something other than an emergency but can't wait for an appointment with your regular physician, try using an Urgent/Immediate Care Center. These centers are designed to treat you in an office visit setting. The cost to you will be less than using an emergency room.
- **Employee Contribution**: The amount of money the employee contributes towards their insurance from their paycheck.
- **Generic Drugs**: Generic drugs have the same active ingredients as their brand name counterparts with no compromise in quality, yet they are 40% to 60% less expensive. Generic drugs cost less because they don't require the same costly research, development and sales expenses associated with brand name drugs.
- **In-network**: You are considered to be in-network if you visit providers that participate with your health plan. In-Network coverage means the plan will pay a higher percentage of benefits and you have lower out-of-pocket costs. Participating providers have signed contracts to accept discounted or negotiated fees as payment in full.
- **Out-of-Network**: You are considered to be out-of-network if you visit providers that have chosen not to participate with your health plan (non-participating providers). Non-participating providers do not have contractual arrangements with the insurance carrier and can bill for charges in excess of your plan's maximum allowable fee. These charges are in addition to the higher deductibles and co-insurance amounts that apply to your out-of-network benefits.
- **Out-of-Pocket Maximum**: The total a member will pay in deductible and co-insurance in the calendar year.
- **Preventive Services**: Physicals and eligible non-diagnostic tests, well baby/child exams, eligible immunizations and well visits as defined by the plan.

CONTACT INFORMATION

If you have questions about plan benefits, claims, or other information covered in this packet, or if you need a form or assistance filling out a form, please contact:

Eva Medrano
Minooka CCSD #201
305 West Church Street, Box 467
Minooka, Illinois 60447
(815) 467-0595



Carrier Contact Information	Phone	Website
Medical Carrier – BlueCross BlueShield of IL	(800) 828-3116	www.bcbsil.com
Provider Locator	(800) 810-2583	www.bcbsil.com/find-a-doctor-or-hospital
Preauthorization - Medical	(800) 635-1928	
Preauthorization – Mental Health / Substance Abuse	(800) 851-7498	
Pharmacy Line – BlueCross BlueShield of IL	(800) 423-1973	www.myprime.com
Pharmacy Mail Order – Express Scripts	(800) 282-2881	Express-scripts.com
Specialty Pharmacy - Accredo	(833) 721-1619	Accredo.com/bcbsil
Teladoc	(800) 835-2362	www.teladoc.com
Dental Carrier - BlueCare Dental	(800) 367-6401	www.bcbsil.com
Vision Carrier – Eye Med	(866) 804-0982	www.eyemed.com
Life Insurance – Voya Financial	(800) 955-7736	www.voya.com
Employee Assistance Program – Voya Financial (ComPsych) 24/7 assistance	(800) 697-0353	www.guidanceresources.com Web ID My5848i
Travel Assistance	(877) 236-7564	www.voya.com
Beneficiary Assist, Will Prep, Concierge Svc (Everest Advisors)	(800) 913-8318	www.everestfuneral.com/voya
Critical Illness – Voya Financial	(800) 955-7736	www.voya.com