

# **Orland School District 135**

This summary is designed to give you an outline of the health benefit programs offered through Orland School District 135. Contained in the summary are tips for you on using the plans.

2025

# Your 2025 Benefit Summary provides information on your district's benefit plans, including: BCBS Member ResourcesVision Plan

- Medical HDHP HSA (New Classified Employee) or PPO (Grandfathered/Admin. or Certified Employee)
- Dental Plan

- Blue365 Discount Programs

# **BCBS** Member Resources

#### **Blue Access for Members**

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

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

#### **Blue Access Features**

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

#### Blue Cross Blue Shield Global Core

Global Core provides members with access to medical assistance service, doctors and hospitals in nearly 200 countries and territories around the world.

To take advantage of the Global Core program, contact BCBSIL for coverage details. The Global Core Service Center is available 24 hours a day, 7 days a week, toll-free at 800.810.BLUE (2583) or by calling collect at 804.673.1177.

## **Wellbeing Management**

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

#### Resources include:

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

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

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

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

#### **Diabetes Program**

Complimentary Glucose Meters: BCBSIL offers glucose meters to members with diabetes at no additional charge to help you manage your condition.

#### **CONTOUR®NEXT Blood Glucose Monitoring Systems**

To order a CONTOUR NEXT meter to be shipped directly to you, call 800.401.8440. Be sure to identify yourself as a BCBSIL member and mention ID code "BDC-BIL." Or you can visit https://ContourNextFreeMeter.com.

# Well on Target®

#### A Dynamic Wellness Program

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

## Well on Target features:

### Well on Target Member Wellness Portal

The heart of Well on Target is the member portal. It uses the latest technology to offer you an enhanced online experience. This engaging portal links you to a suite of innovative programs and tools.

- onmytime self-directed courses on topics such as healthy eating, stress, weight management and fitness
- · Health and wellness content
- · Tools and trackers, such as a food diary
- · Blue Points program

#### **Blue Points**

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

Blue Points offers you many features:

- Instant recognition of points. Real-time granting of points gives you instant notice of your healthy efforts.
- Easily manage your points. The interactive portal makes it easy to understand how many points are available to be earned. You can also track the total number of points earned year-to-date. All of your point data will be displayed
- Get more Blue Points. The Blue Points program gives you the option to supplement your Blue Points balance using a credit card to redeem your points for a larger reward.
- Expanded selection of rewards. Redeem your hard-earned points in an expanded online Shopping Mall.

# **Orland School District 135**

# Your Medical Options

## Blue Cross and Blue Shield of Illinois

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

Contact Blue Cross for questions regarding:

 Plan benefits Eligibility

· Status of claim payments

Please remember to present your insurance ID card to your healthcare provider at your appointment. This informs providers where they need to send your claims and identifies you as a Blue Cross member. Of special note—your doctor must call Blue Cross and Blue Shield for any hospital stay that you have. A call must be made one business day before a planned hospital admission or within two hospital days after an emergency admission. This would also apply to private duty nursing, skilled nursing facilities, and home care.

#### PPO and HDHP Medical Plan

To find a contracting doctor or hospital, just go to www.bcbsil.com and use the Provider Finder. PPO Customer Service: 800.828.3116 (8 a.m. to 6 p.m. Monday through Friday). IL Network Provider Search: 800.826.8551 (8 a.m. to 6 p.m. Monday through Friday). In-Patient hospitalization: 800.826.8551 (8 a.m. to 6 p.m. Monday through Friday).

#### PPO and HDHP Rx Information

Prime Therapeutics is the retail and mail-order vendor (90-day supply) for members. Your medical card also serves as your prescription ID card. For PPO members, a 90-day supply of maintenance medications can also be purchased through a network of contracting extended (90) day supply retail pharmacies or by mail through PrimeMail by Express Scripts Pharmacy To find a participating retail pharmacy or for more information, log in to BlueAccess for Members and click on the Prescription Drugs link or visit www.bcbsil.com.

#### Prescription Drug Inquiry Unit

Phone: 800.423.1973 (8 a.m. to 6 p.m. Monday through Friday.)

## **Express Scripts Mail Customer Service**

#### Phone: 833.715.0942 | Website: www.esrx.com/BCBSIL

In an effort to provide members with quality and cost-effective pharmacy care, BCBS has a prior authorization program to manage the use of specific medications. Certain drugs have been targeted for prior authorization due to their high cost or their potential for misuse.

## Dental Plan

## Blue Cross and Blue Shield Dental Coverage

Your district offers a dental plan through Blue Cross Blue Shield of Illinois. Please visit BCBS at www.bcbsil.com to conduct a provider search to locate a dentist, or contact Customer Service: Dental PPO members: 800.367.6401.

PPO Group Number: 242675			
Benefit	In-Network	Out-of-Network*	
<b>Deductibles</b> (calendar year)	\$50 Individual \$150 per Family	\$50 Individual \$150 per Family	
Class I Preventive Services: Oral Exams, Cleanings, X-rays, Fluoride treatments (under age 19) Sealants (under age 19)	100% (No deductible)	90% (No deductible)	
Class II Basic Services: Fillings, Simple extractions, Consultations, Crown/Bridge repair Space maintainers (under age 19)	80% after deductible	70% after deductible	
Class III Major Services: Bridges, Crowns, Dentures, Endodontics, Periodontics, Oral Surgery	50% after deductible	40% after deductible	
Dental Calendar Year Maximum	\$2,000 per person	\$1,500 per person	

PPO Group Number: 242675			
Benefit	In-Network	Out-of-Network*	
Class IV Orthodontic Services: Bands, Appliances, Cephalometric x-rays, Treatment study models (Dependent Adults, and Children to age 26)	50% (No deductible)	50% (No deductible)	
Orthodontic Lifetime Maximum	\$1,500 per person	\$1,500 per person	

<sup>\*</sup>All out-of-network benefits are based on usual and customary charges.

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

# EyeMed

VICTORI CARE CERVICES	IN NETWORK MENABER COST
VISION CARE SERVICES	IN-NETWORK MEMBER COST
Exam (Once every plan year)	\$10 copay
Retinal Imaging	Up to \$39
CONTACT LENS FIT AND FOLLOW-UP	
Fit and Follow-up - Standard	\$40
Fit and Follow-up - Premium	10% off retail price
FRAME (Once every other plan year)	\$0 copay; 20% off balance over
Any available frame at provider location	\$140 allowance
STANDARD PLASTIC LENSES	
Single Vision	\$25 copay
Bifocal	\$25 copay
Trifocal	\$25 copay
Lenticular	\$25 copay
Progressive - Standard	\$80 copay
Progressive - Premium Tier 1	\$110 copay
Progressive - Premium Tier 2	\$120 copay
Progressive - Premium Tier 3	\$135 copay
Progressive - Premium Tier 4	\$200 copay
LENS OPTIONS	
Anti Reflective Coating - Standard	\$45 copay
Anti Reflective Coating - Premium Tier 1	\$57 copay
Anti Reflective Coating - Premium Tier 2	\$68 copay
Anti Reflective Coating - Premium Tier 3	\$85 copay
Photochromic - Non-Glass	\$75
	440
Polycarbonate Standard	\$40
Polycarbonate - Std - Dep. Children	\$0 copay
Scratch Coating - Standard Plastic	\$15
Tint - Solid or Gradient	\$15
UV Treatment	\$15
All Other Lens Options	20% off retail price
CONTACT LENSES	
Contacts - Conventional	\$0 copay; 15% off balance over
	\$120 allowance
Contacts - Disposable	\$0 copay; \$120 allowance
Contacts - Medically Necessary	\$0 copay; Paid-In-Full

#### Your Coverage with Out-of-Network Providers

Visit www.eyemed.com for details, if you plan to see a provider other than an Eyemed network provider.

**Exam:** up to \$40 Frame: up to \$98

Lined Trifocal Lenses: up to \$70 Progressive Lenses: up to \$50 Contacts: up to \$84

Single Vision Lenses: up to \$30 Lined Bifocal Lenses: up to \$50

# Medical Plans Comparison

	Blue Cross Blue Shield PPO Plan	
Deductible	In-Network	Out-of-Network
Individual combined	\$500	
Family (Aggregate)	\$1,000	
Out-of-pocket limit (deductible included)		
Individual	\$1,500	\$2,500
Family (Aggregate)	\$3,000	\$5,000
Lifetime Maximum	Unlimited	
Covered Expenses		
Hospital		
Inpatient Services	90%	60% after \$300 per adms. ded.
Outpatient Surgery	90%	60%
Emergency Room	90% after \$300 copay	
Physician		
Inpatient Services	90%	60%
Outpatient Surgery	90%	60%
Office Visits	90%	60%
Specialist Office Visits	90%	60%
Other		
X-ray and Lab	90%	60%
Therapy-Speech, occupational, physical therapy	90%	60%
Mental/Nervous-Inpatient	90%	60% after \$300 per adms. ded.
Mental/Nervous – Outpatient	90%	60%
Substance abuse-Inpatient	90%	60% after \$300 per adms. ded.
Substance abuse – Outpatient	90%	60%
Preventive Care	100%, deductible does not apply	80%
Prescription Drugs	Blue Cross and Blue Shield— Prime Therapeutics	
Certified Staff	Retail \$10 Generic/\$20 Formulary Brand/\$30 Non-Formulary Mail order (90 day supply) — same copay as retail	
All Others	<b>Retail</b> \$5 generic and brand with no generic equivalent/\$10 brand with generic available. <b>Mail order</b> (90 day supply) — \$3 copay for all drugs	

 $Limiting \ age \ to \ 26 \ for \ all \ dependents \ and \ to \ 30 \ for \ all \ unmarried, military \ veterans \ who \ are \ Illinois \ residents.$ 

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

Orland SD 135 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **708.364.3320**. UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **708.364.3320**.

# Medical Plans Comparison

	Blue Cross Blue Shield HDHP Plan	
Deductible	In-Network	Out-of-Network
Individual combined	\$3	3,300
Family (Aggregate)	\$6,600	
Out-of-pocket limit (deductible included)		
Individual	\$3,200	\$6,400
Family (Aggregate)	\$6,400	\$12,800
Lifetime Maximum	Unlimited	
Covered Expenses		
Hospital		
Inpatient Services	100% after ded.	80% after ded.
Outpatient Surgery	100% after ded.	80% after ded.
Emergency Room	100% after ded.	
Physician		
Inpatient Services	100% after ded.	80% after ded.
Outpatient Surgery	100% after ded.	80% after ded.
Office Visits	100% after ded.	80% after ded.
Specialist Office Visits	100% after ded.	80% after ded.
Other		
X-ray and Lab	100% after ded.	80% after ded.
Therapy-Speech, occupational, physical therapy	100% after ded.	80% after ded.
Mental/Nervous-Inpatient	100% after ded.	80% after ded.
Mental/Nervous – Outpatient	100% after ded.	80% after ded.
Substance abuse – Inpatient	100% after ded.	80% after ded.
Substance abuse – Outpatient	100% after ded.	80% after ded.
Preventive Care	100%, deductible does not apply	80% after ded.
Prescription Drugs	Blue Cross and Blue Shield— Prime Therapeutics	
Certified Staff	100% after ded.	
All Others	100% after ded.	

 $Limiting \ age \ to \ 26 \ for \ all \ dependents \ and \ to \ 30 \ for \ all \ unmarried, \ military \ veterans \ who \ are \ Illinois \ residents.$ 

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

# \*Board HSA Contribution:

Single = \$1,500 per year with 50% paid by January 31, 2025 50% paid by September 30, 2025 Family = \$3,000 per year with 50% paid by January 31, 2025 50% paid by September 30, 2025

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<sup>\*</sup>Board share contribution for active employees only.

<sup>\*\*</sup>Board share contribution prorated based on hired date.

# **Orland School District 135**

# Blue365 Discount Programs

## **Dental Program**

Procter & Gamble (P&G) Dental Products: Get savings on dental packages containing the latest in Oral B® power toothbrushes and Crest® products. The dental packages from P&G can help you improve the health of your teeth and gums. Packages may contain items such as an electric toothbrush, mouth rinse, floss and many more. 877.333.0121

# **Fitness Program**

The Fitness Program is a flexible membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 8,000 participating gyms on hand, you can work out at any place or at any time. Choose a gym close to home and one near your office. To search for a gym, please log in to Blue Access for Members or call 888.762.2583.

Other program perks are:

- No long-term contract required. Membership is month to month. Monthly fees are \$25 per month per member, with a onetime enrollment fee of \$25.
- · Automatic withdrawal of monthly fee.
- Online tools for locating gyms and tracking visits.
- · Earn bonus Life Points for joining the Fitness Program. Rack up more points with weekly visits.

## **Hearing Aid Program**

**TruHearing:** Blue Cross and Blue Shield of Illinois (BCBSIL) has arranged a discount program through TruHearing that offers digital hearing aids at a reduced price. This program is available to BCBSIL health plan members, as well as parents and grandparents who are not enrolled in a BCBSIL plan.

Contact: To learn more about TruHearing or to find a location, visit their website at www.truhearing.com or call 800.687.4796 and identify yourself as a BCBSIL member.

#### SeniorLink Care™

It's important to find skilled, compassionate care for the elderly individuals we love—but it's not always easy. With SeniorLink Care™ you'll find just the right level of expert support to help your aging family members or friends lead fulfilling and comfortable lives. From coordinating care to assisting caregivers, SeniorLink connects seniors and their families to the programs and services they need most.

Access helpful information about eldercare and caregiver and find out more about caregiver options, professional advisory services and more with a three-month premium membership for \$32.17 (that's 17% off) or a 12-month premium membership for \$74.25 (for a 25% discount).

#### **Vision Program**

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

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

#### Weight Management Program

#### Jenny Craig | Seattle Sutton | Nutrisystem

Members may reach their weight loss goals with savings from leading programs. They may save on healthy meals, membership fees (where applicable), nutritional products and services.

For more discount programs, sign up on the Blue365 website at www.blue365deals.com/BCBSIL and start receiving weekly "Featured Deals."