2023

Educational Benefit Cooperative

Winnetka School District 36

This summary is designed to give you an outline of the health benefit programs offered through Winnetka School District 36. Contained in the summary are tips for you on using the plans.

Your 2023 Benefit Summary provides information on your district's benefit plans, including:

- BCBS Member Resources
- Medical Options—PPO, HDHP and HMO
- Medical Plans Comparison
- Vision 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)

BCBS Global Core

BCBS Global Core provides members with access to doctors and hospitals in nearly 200 countries and territories around the world.

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

Wellbeing Management

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

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

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

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

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

Livongo Diabetes and Hypertension Management Simplified (only available to PPO & HDHP members)

The Livongo for Diabetes and Hypertension management program provides 24/7 personalized coaching, connected blood glucose meter, connected blood pressure monitor and an app to help manage chronic conditions. Services are covered as preventative with no out of pocket costs to members. The program is provided to all PPO members as well as covered family members with diabetes or hypertension.

Join today at **join.livongo.com/EBC/register** or call **(800) 945.4355**. Use registration code: **EBC**

Benefits Value Advisor (PPO and HDHP w/HSA plans only)

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

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

A Benefits Value Advisor can:

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

Call **800.458.6024** before your next procedure!

BCBS Member Rewards (PPO and HDHP w/HSA plans only)

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

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

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

Seasons of Life

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

Teladoc

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

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

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

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

HDHP members pay $50

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Your Medical Options

Blue Cross and Blue Shield of Illinois

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

Contact Blue Cross for questions regarding:

- Eligibility
- Plan benefits
- Status of claim payments

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

PPO Medical Plan

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

PPO Customer Service: **800.458.6024**
(8:00 a.m. to 6:00 p.m., Monday through Friday).

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

PPO RX Information

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

Prescription Drug Inquiry Unit

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

Home Delivery Customer Service

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

Specialty Customer Service

through Accredo Pharmacy
Phone: **833.721.1619** | Website: **accredo.com**

HMO Medical Plan

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

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

HMO Customer Service: **800.892.2803**
(8:00 a.m. to 6:00 p.m., Monday through Friday).

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

HMO RX Information

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

Prescription Drug Inquiry Unit

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

Hearing Aid Benefit Coverage

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

Vision Plan

Coverage from UnitedHealthcare

To see a list of participating providers near you, go to www.myuhcvision.com or call 800.638.3120		
Benefit	**In-Network Cost**	**Out-of-Network Reimbursement**
Exams (every 12 months)	$10 copay	Up to $40
Prescription Glasses:		
Frames (every 24 months) Includes $130 allowance	$25 copay	Up to $45
Lenses (every 12 months) Includes single vision, lined bifocal and lined trifocal lenses, every 12 months	$25 copay	**Single –** Up to $40 **Bifocal –** Up to $60 **Trifocal –** Up to $80 **Lenticular –** Up to $80
Lens Enhancements (every 12 months)	Other optional lens upgrades may be offered at a discount (discount varies by provider). The Lens Options list can be found at **myuhcvision.com**.	N/A
Contacts (in lieu of glasses – every 12 months) Selection lenses covered in full after copay. Non-selection lenses covered up to $125 allowance (materials copay is waived). Necessary lenses covered in full after copay.	$25 copay	**Elective -** Up to $125 **Necessary** - Up to $210

Laser Vision Correction

- On average 15% off the regular price or 5% off the promotional price at contracted facilities only.

Maternity Benefit

- Coverage for a second eye exam each plan year at no additional premium cost.
- Coverage for 1 new pair of glasses (frames and lenses) at no additional premium cost if the vision prescription changes .5 diopter* or greater in a plan year. Benefit may not be available in all provider locations. Employees should check with their provider before using benefits.

Pediatric Benefit

A child's vision may change frequently during their school years, affecting academic and sports performance.

- Coverage for a second eye exam each plan year at no additional premium cost.
- Coverage for 1 new pair of glasses (frames and lenses) at no additional premium cost if the vision prescription changes .5 diopter* or greater in a plan year. Polycarbonate lenses for dependent children are also available at no additional premium cost.

Before selecting a provider, verify that the provider is a member of the UHC network.

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Winnetka School District 36 Medical Plans Comparison

	Blue Cross and Blue Shield PPO Plan 300		Blue Cross and Blue Shield PPO Plan 750	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible*				
Individual	$300	$900	$750	$2,250
Family	$600	$1,800	$1,500	$4,500
Coinsurance	90%	70%	80%	60%
Out-of-Pocket Limit* (deductible included)[1]				
Individual	$1,100	$2,700	$2,250	$6,750
Family	$2,200	$5,400	$4,500	$13,500
Covered Expenses				
Hospital				
Inpatient Services	90%	70%	80%	60%
Outpatient Surgery	90%	70%	80%	60%
Emergency Room	90% after $100 copay (waived if admitted)		80% after $150 copay (waived if admitted)	
Physician				
Inpatient Services	90%	70%	80%	60%
Outpatient Surgery	90%	70%	80%	60%
Office Visits	100% after $20 copay	70%	100% after $30 copay	60%
Specialist Office Visit	100% after $40 copay	70%	100% after $50 copay	60%
Other				
X-ray and Lab	90%	70%	80%	60%
Therapy–Speech, occupational or physical therapy	90%	70%	80%	60%
Mental/Nervous–Inpatient	90%	70%	80%	60%
Mental/Nervous–Outpatient	90%	70%	80%	60%
Substance Abuse–Inpatient	90%	70%	80%	60%
Substance Abuse–Outpatient	90%	70%	80%	60%
Wellcare	100%	100%	100%	60%
Prescription Drugs	**Prime Therapeutics**		**Prime Therapeutics**	
Retail Pharmacy 34-day supply	$15 Generic $30 Formulary Brand $50 Non-Formulary Brand		$25 Generic $40 Formulary Brand $60 Non-Formulary Brand	
Mail Order 90-day supply	$30 Generic $60 Formulary Brand $100 Non-Formulary Brand		$50 Generic $80 Formulary Brand $120 Non-Formulary Brand	
Vision Care	**Davis Vision and EyeMed**		**Davis Vision and EyeMed**	
Eyewear and Exams	EyeMed and Davis Vision Discount Programs (see back page)	No coverage	EyeMed and Davis Vision Discount Programs (see back page)	No coverage

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

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

[2] Exam includes contact fitting.

[3] Covered services include: single vision lenses, bifocal lenses, trifocal lenses, lenticular lenses, contact lenses and frames. Benefits are limited to one pair of lenses and a frame per benefit period.

[4] The HDHP PPO Plan has an aggregate deductible and embedded out-of-pocket. Under this model, those enrolled in family coverage are responsible for the family deductible before coinsurance applies and an individual is only responsible for the single out-of-pocket amount before services are paid at 100%. Please note, all services are subject to deductible with the exception of Wellcare. DEDUCTIBLE DOES NOT APPLY TO WELLCARE.

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

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

Winnetka SD 36 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 **847.446.9400**.

UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **847.446.9400**.

Winnetka School District 36 Medical Plans Comparison

	Blue Cross and Blue Shield PPO Plan 1500		Blue Cross and Blue Shield HDHP 1500[4]		Blue Cross and Blue Shield HMO Illinois	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible*						
Individual	$1,500	$3,000	$1,500	$3,000	N/A	
Family	$3,000	$6,000	$3,000	$6,000	N/A	
Coinsurance	90%	70%	80%	60%	100%	No coverage
Out-of-Pocket Limit* (deductible included)[1]						
Individual	$6,000	$9,500	$6,000	$9,500	$1,500 in copays	N/A
Family	$12,000	$19,000	$12,000	$19,000	$3,000 in copays	N/A
Covered Expenses						
Hospital						
Inpatient Services	90%	70%	80%	60%	100%	No coverage
Outpatient Surgery	90%	70%	80%	60%	100%	No coverage
Emergency Room	90% after $100 copay (waived if admitted)		80%		100% after $50 copay (waived if admitted)	
Physician						
Inpatient Services	90%	70%	80%	60%	100%	No coverage
Outpatient Surgery	90%	70%	80%	60%	100%	No coverage
Office Visits	100% after $20 copay	70%	80%	60%	100%	No coverage
Specialist Office Visit	100% after $40 copay	70%	80%	60%	100%	No coverage
Other						
X-ray and Lab	90%	70%	80%	60%	100%	No coverage
Therapy–Speech, occupational or physical therapy	90%	70%	80%	60%	100% (60 visits combined per calendar year)	No coverage
Mental/Nervous–Inpatient	90%	70%	80%	60%	100%	No coverage
Mental/Nervous–Outpatient	90%	70%	80%	60%	100%	No coverage
Substance Abuse–Inpatient	90%	70%	80%	60%	100%	No coverage
Substance Abuse–Outpatient	90%	70%	80%	60%	100%	No coverage
Wellcare	100%	100%	100%	60%	100%	No coverage
Prescription Drugs	**Prime Therapeutics**		**Prime Therapeutics**		**Prime Therapeutics**	
Retail Pharmacy 34-day supply	$15 Generic $30 Formulary Brand $50 Non-Formulary Brand		80%		$5 Generic $10 Formulary Brand $25 Non-Formulary Brand	
Mail Order 90-day supply	$30 Generic $60 Formulary Brand $100 Non-Formulary Brand		80%		$5 Generic $10 Formulary Brand $25 Non-Formulary Brand	
Vision Care	**Davis Vision and EyeMed**		**Davis Vision and EyeMed**		**EyeMed**	
Eyewear and Exams	EyeMed and Davis Vision Discount Programs (see back page)	No coverage	EyeMed and Davis Vision Discount Programs (see back page)	No coverage	Exam covered at 100% once every 12 months[2] $150 eyewear allowance every 24 months[3]	No coverage

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What is a High Deductible Health Plan?

The high deductible health plan (HDHP) your district offers is considered to be qualified HDHP and therefore you are eligible to open a Health Savings Account (HSA). A HDHP will normally have a lower monthly premium in comparison to a traditional PPO insurance plan. In order for a plan to be considered 'qualified' by the IRS it must meet the following requirements:

1. The deductible must be a minimum of $1,400 for individual and $2,800 for family.
2. No services can be paid for or covered prior to meeting the deductible (with the exception of preventive care).
3. There are no prescription drug copays. Once the deductible is met, the coinsurance applies.

What is an HSA?

An HSA (Health Savings Account) is a tax-free account you can use to pay for current and future medical expenses (even medical expenses during retirement). An HSA has triple tax benefits:

- The money goes in tax free
- The money grows tax free
- Your withdrawals for qualified medical expenses – including any earnings – are tax free.

Who's Eligible?

You're eligible to enroll in an HSA if:

- You enroll in the high-deductible health plan and
- You are only covered by a high-deductible health plan, and you have not signed up for Medicare coverage and
- You are currently not enrolled in a Health Flexible Spending Account plan, unless it is a Limited Health FSA.

If you're covered under your spouse's plan and that plan is not a high deductible health plan or your spouse contributes to a Health Care FSA, then you are NOT eligible to contribute to an HSA.

Opening your HSA Account

As the owner of the account, you will need to complete paperwork available on our marketplace to open your HSA bank account. You can contribute to

your account in any amount up to the annual IRS limits below:

- Employee Only Coverage ⟶ $3,850
- Family Coverage ⟶ $7,750
- Additional "Catch Up" if 55 or Older ⟶ $1,000

Pay Health Care Expenses

Each time you have a qualified expense, you decide whether to:

- Pay out of your pocket and let your HSA grow for future eligible expenses (e.g. medical expenses during retirement).
- Use your HSA to pay for eligible medical expenses, such as your annual deductible and coinsurance. Your HSA can also help to pay for vision care, dental care, and prescription drugs. For a complete list of eligible expenses, visit **www.irs.gov**.

Roll Over Your HSA Balance—This is an Account You Own

Money you don't spend rolls over from year-to-year, so if you switch to another medical plan or even retire, your HSA and the money in it is still yours to keep. You can choose to save it to pay for eligible health care expenses tax-free during retirement.

Glossary

Beneficiary:

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

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%.

Copay:

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.

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 Drug List:

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

Generic Drugs:

A drug that must be approved by the FDA just as brand drugs are. According to the FDA, when compared to its brand counterpart, an FDA-approved generic drug must be chemically the same, work just as well in the body, is safe and effective and meets the same standards set by the FDA. Generic drugs have the lowest copay amount.

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.

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 of 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:

This 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.

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 final 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.

Blue365 Discount Programs

Fitness Program

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

Other program perks are:

- No long-term contract required. Membership is month to month.
- Enroll in a tier that fits your budget and preferences with a one time **$19 enrollment fee**.
  Base: $19/month
  Core: $29/month
  Power: $39/month
  Elite: $99/month
- Automatic withdrawal of monthly fee.
- Online tools for locating gyms and tracking visits.
- Earn bonus Blue Points for joining the Fitness Program. Rack up more points with weekly visits.

Vision Program

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

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

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

Well onTarget®

A Dynamic Wellness Program

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

Well onTarget features:

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

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

Navigate

Wellbeing Solutions

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