



2024

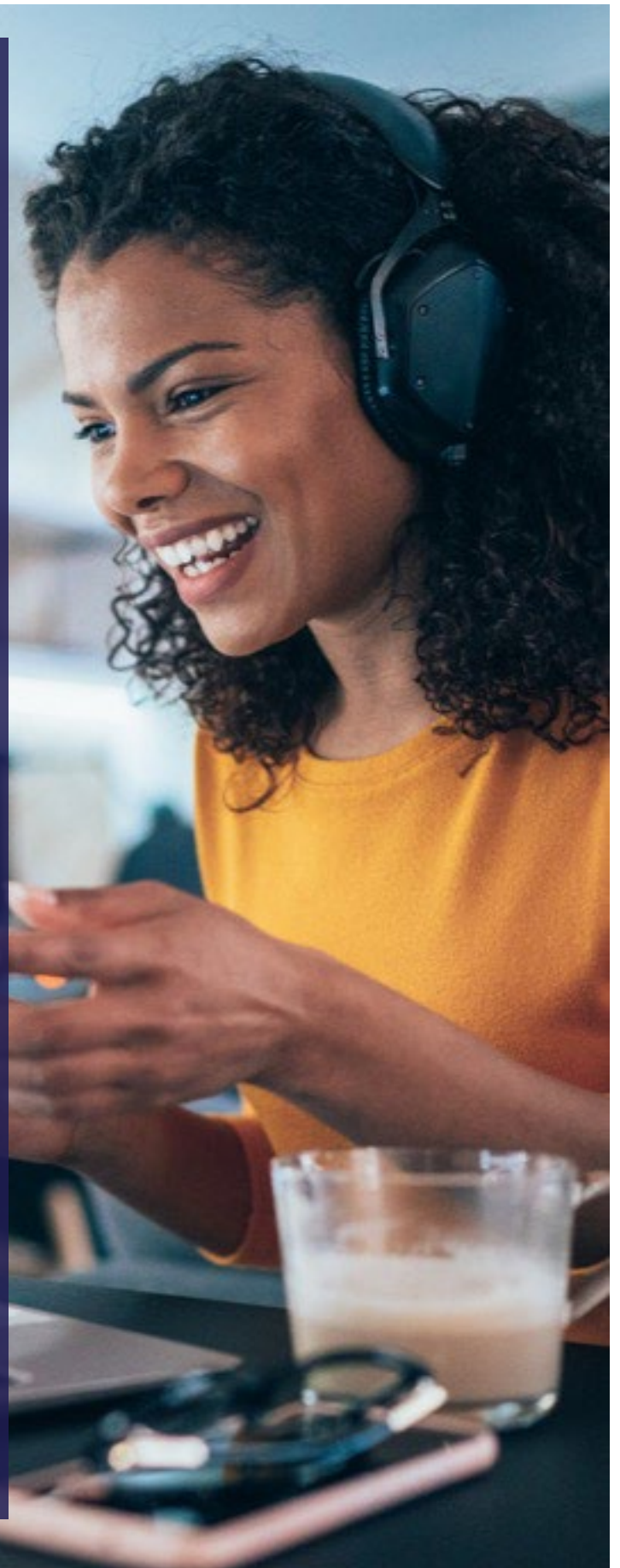
EMPLOYEE BENEFITS GUIDE

7/1/2024 – 6/30/2025



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Welcome to your CCSD 15 2024-2025 Benefits!



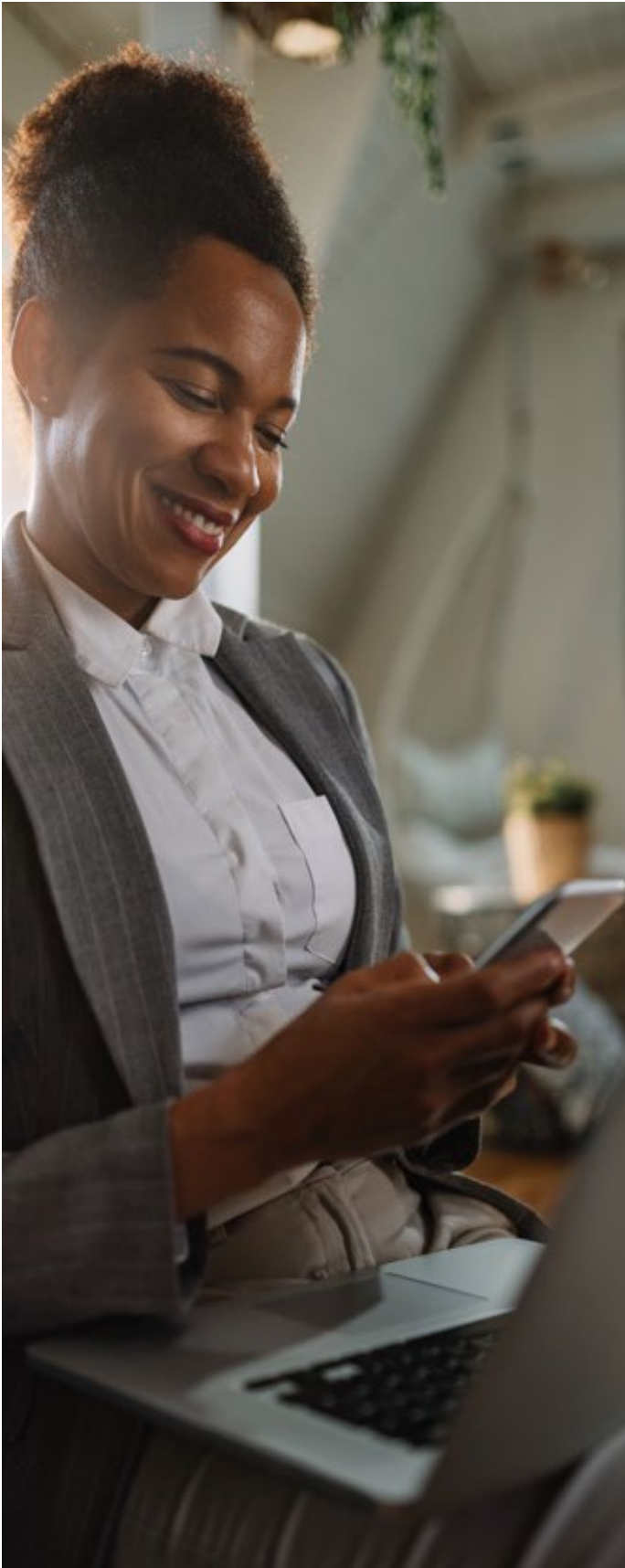
Your needs, and those of your family, are unique to you. That's why CCSD 15 provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

Some of the benefits we offer are paid for in full by CCSD 15. For others, it is a shared contribution between you and CCSD 15. Other benefits are also available to you at reasonable group rates.

Your benefits are an important part of your total compensation at CCSD 15. Please take the time to review and evaluate all the options available to you and your family.

This guide is not intended to be a complete description of the insurance coverage offered, nor is it a binding contract. Controlling provisions are provided in each benefit plan policy. This guide also serves as a Summary of Material Modifications ("SMM") and includes updates that affect CCSD 15 Summary Plan Descriptions. Please keep this guide with your Summary Plan Descriptions for future reference. If there is any discrepancy between this guide, the Summary Plan Descriptions and the Plan document, the Plan document will control. CCSD 15 reserves the right to end, suspend, or amend their plans or the benefits provided thereunder, at any time, for any reason, in whole or in part.

Benefits Overview



Company Paid Benefits

- Basic Life/AD&D – Reliance Standard
- Long-Term Disability – Reliance Standard

Benefit Options Requiring Employee Contributions

- Medical Plan Options – BCBS of IL
 - Traditional PPO
 - High Deductible PPO (HSA-eligible plan)
 - HMO A (HMO of IL)
 - HMO B (HMO of IL)
 - HMO C (Blue Advantage HMO)
 - ✓ Plans include prescription drug coverage
- Health Savings Account (HSA)
- Dental – Delta Dental of Illinois
- Vision – VSP
- Basic Life & AD&D and Voluntary Life & AD&D – Reliance Standard
- Long Term Disability – Reliance Standard
- Accident Insurance – Transamerica
- Critical Illness – Transamerica
- Hospital Indemnity – Transamerica
- Universal Life Insurance - Transamerica
- Flexible Spending Accounts (FSA) – EBC
 - Healthcare FSA (not available for those enrolled in the High Deductible PPO)
 - Limited Purpose FSA
 - Dependent Care FSA

Eligibility

Who is Eligible?

You are eligible for CCSD 15 benefits if you are:

- An active full-time employee working **30** or more hours per week

Your dependents are eligible if they are:

- Your legal spouse
- Your civil union spouse as defined by state law
- Your child(ren)* up to age 26
- Your disabled child(ren) up to any age (if disabled prior to age 19)*

** Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship.*

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your medical, dental, vision and Health Care FSA coverage will end on the last day of the month in which you become ineligible.

You may be eligible to elect COBRA for yourself and your eligible dependents for medical, dental, and vision coverage.

Life and AD&D coverage will end on the day you become ineligible. Your life coverages are convertible.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.



Enrollment

When Can I Enroll in Benefits?

You can enroll for benefits:

- Within **30** days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on your start date.

How Do I Enroll in Benefits?

You must actively enroll in all benefits that require employee contributions. You will be automatically enrolled in all District paid benefits.

Employees can enroll by scheduling an appointment to meet with a benefits counselor.

Please be sure to book your enrollment appointment at <https://a.flexbooker.com/reserve/CCSD15>

Please Note: Federal regulations require CCSD 15 to obtain Social Security Numbers and Dates of Birth for your dependents during enrollment.00

Open Enrollment

Open Enrollment is your once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family.

Changes to medical, dental and vision benefits made during Open Enrollment will go into effect July 1.

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect on your start date. If you have a “qualified life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within **30** days of the event. Proof of life events is subject to approval by CCSD 15. Changes are effective retroactive to the date of the event.

Qualifying life events include, but are not limited to:

- Your marriage
- Your divorce or legal separation
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse or covered child
- Change in you or your spouse work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
- Your spouse’s Open Enrollment
- A change in your child’s eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year
- Relocation

Other qualifying events may also apply. Please contact Human Resources.

Medical Plans

CCSD 15 offers 5 medical plans through **BlueCross BlueShield of Illinois** with the following features:

- Option to receive care from in-network or out-of-network providers (for non-HMO plans); higher benefits are paid when using in-network providers BCBS of Illinois .
- Preventive care is covered at 100% when using an in-network provider.
- Includes prescription drug coverage.
- Deductibles and out-of-pocket maximums accumulate on a plan year basis from July 1 – June 30.
- If you enroll in the High Deductible PPO, you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs (refer to HSA for more information).
- For a comparison of the plans, please refer to the Medical Plans Comparison Chart. Specific benefit levels and limitations can be found in the plan summaries and Summary of Benefits and Coverage (SBC).

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because CCSD 15's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at www.healthcare.gov.



Finding In-Network Providers

To search for in-network medical providers, log onto www.bcbsil.com. When prompted to select a plan, click on Network Name.

PPO: Choose the Participating Provider Organization (PPO) Network.

HMO: Choose the HMO IL Network (HMO A or HMO B) or the Blue Advantage HMO Network (HMO C).

Access to Care

After you are enrolled in a CCSD 15 medical plan, log onto www.bcbsil.com and register to access self-service tools and resources to help manage your medical benefits.

Medical Plan Options

BlueCross BlueShield of Illinois	Traditional PPO	High Deductible PPO
<u>In-Network</u>	You Pay	You Pay
Annual Deductible:		
Individual	\$750	\$1,600
Family	\$1,500	\$3,200
Coinsurance	20%	20%
Annual Out-of-Pocket Max ¹		
Individual	\$1,000	\$3,200
Family	\$2,000	\$6,400
Preventive Care	No Charge	No Charge
Primary Care Office Visit	20% *	20% *
Specialty Care Office Visit	20% *	20% *
Virtual Visit (MD Live)	\$20 Copay	20% * (cost is \$48/visit)
Emergency Room Care	\$75 copay, then 10%	20% *
Inpatient Hospital	20% *	20% *
Outpatient Surgery	20% *	20% *
<u>Out-of-Network</u>	You Pay	You Pay
Annual Deductible	(Combined with In-Network Deductible)	
Individual	\$750	\$3,200
Family	\$1,500	\$6,400
Coinsurance	40% *	40% *
Annual Out-of-Pocket Max ¹		
Individual	\$1,500	\$6,400
Family	\$3,000	\$12,800

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage for more information.

¹Annual Out-of-Pocket Maximum includes deductibles, copays and coinsurance.

*After Deductible

Prescription Drugs (PPO Plans)

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through CVS Caremark. Some medications may be subject to prior authorization, quantity limits or step therapy requirements to be approved for coverage.

BlueCross BlueShield of Illinois	Traditional PPO	High Deductible PPO
Retail (up to 34-day supply)	You Pay	You Pay
Generic	\$15	Deductible then 20%
Formulary Brand	\$25	Deductible then 20%
Non-Formulary Brand	\$40	Deductible then 20%
Mail Order (90-Day supply)	1x retail copay	Deductible then 20%
Rx Out-of-Pocket Max (individual / family)	\$1,250 / \$2,500	Included in Medical Out of Pocket Maximum

** Please note, any retail or mail order copays listed for the HSA-qualified plan(s) apply only after the medical plan deductible is met. The deductible will not apply to certain medications classified as preventive in accordance with the approved prescription drug list.*

Three Ways to Obtain Prescription Drugs

Retail Pharmacy (up to 34-day supply)	Mail Order (up to 90-day supply)	Specialty Pharmacy (30-day supply)
www.caremark.com	www.caremark.com	www.caremark.com
Customer Care 888-202-1654	Customer Care 888-202-1654	Customer Care 800-202-1654
<ul style="list-style-type: none"> ✓ Locate a participating retail pharmacy ✓ View a list of approved drugs 	<ul style="list-style-type: none"> ✓ Use for maintenance drugs such as medication for high blood pressure, arthritis or diabetes ✓ Pay less than retail pharmacy for a 90-day supply ✓ No additional cost for delivery 	<ul style="list-style-type: none"> ✓ Medications used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis ✓ Prescription can only be filled once every 30 days

Medical Plan Options

BlueCross BlueShield of Illinois	HMO A HMO of IL Network	HMO B HMO of IL Network	HMO C Blue Advantage Network
In-Network	You Pay	You Pay	You Pay
Annual Deductible:	\$0	\$0	\$0
Coinsurance	0%	0%	0%
Annual Out-of-Pocket Max ¹ Individual Family	\$1,500 \$3,000	\$1,500 \$3,000	\$1,500 \$3,000
Preventive Care	No charge	No charge	No charge
Primary Office Visit	\$0 copay	\$10 copay	\$20 copay
Specialist Office Visit	\$0 copay	\$10 copay	\$40 copay
Emergency Room Care	\$50 copay	\$50 copay	\$150 copay
Inpatient Hospital (per admission)	\$100 copay	\$100 copay	\$250 copay
Outpatient Surgery	No charge	No charge	No charge
Prescription Drugs (34-Day Supply)	You Pay	You Pay	You Pay
Generic	\$10 copay	\$10 copay	\$10 copay
Formulary	\$15 copay	\$25 copay	\$40 copay
Non-Formulary	\$30 copay	\$45 copay	\$60 copay
Specialty	\$30 copay	\$45 copay	\$60 copay
Mail Order	1x retail copay for 90- day supply	1x retail copay for 90- day supply	2x retail copay for 90- day supply
Rx Out-of-Pocket Max ¹ Individual Family	\$1,250 \$2,500	\$1,250 \$2,500	\$1,250 \$2,500

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage for more information.

¹ Annual Out-of-Pocket Maximum includes deductibles, copays and coinsurance.

*After Deductible

Where to Seek Care

MDLIVE Virtual Visits

(Available for PPO and HSA only)

Each medical plan includes MDLIVE visits, which provides 24-7-365 access to board-certified primary care doctors and pediatricians by secure video chat or phone. **For an illness or injury that is not an emergency**, the MDLIVE telemedicine program offers a **convenient, cost-effective alternative** to hospital emergency rooms and urgent care clinics.

MDLIVE is not intended to replace your relationship with your doctor, but rather provides access to healthcare when reaching the doctor is difficult or inconvenient.

MDLIVE can diagnose, recommend treatment and write prescriptions for minor, non-life-threatening conditions including, but not limited to:

- Allergies
- Arthritic Pain
- Bronchitis
- Cold / Flu
- Ear Infections
- Headaches / Migraines
- Insect Bites
- Sinus Infections
- Nausea / Stomach Aches
- Pink Eye
- Skin Infections
- Sore Throat



Members access virtual visits by calling MDLIVE directly (888-676-4204) or via your Blue Access for Members (BAM) at www.bcbsil.com.

The cost for a MDLIVE visit can be found on the Medical Plans Comparison Chart.

Benefits of Virtual Visits

- **Less time away from work**
- **No travel expenses or time**
- **Less interference with child or elder care responsibilities**
- **No exposure to other potentially contagious patients**

How to Use BCBS and MDLIVE

1. Go online **www.bcbsil.com** or call **MDLIVE at 888-676-4204**.
2. Register and complete your account profile, including a brief medical history, for you and your enrolled family members.
3. Video chat or talk with a doctor from home, work or when traveling.

Where to Seek Care (continued)

Emergency Care vs. Urgent Care

When you need help in a hurry, you have choices. When it's a **life-threatening problem call 911 or go straight to the nearest hospital emergency room (ER)**. In the ER, true emergencies are treated first, so unless your life is in danger, you'll wait – sometimes for hours. The ER is also the most expensive option for care.

For non-life-threatening problems, call your doctor, access **MDLIVE** for a virtual visit or go to an urgent care center.



Go to Emergency Room

Heart attack or stroke

Chest pain or intense pain

Shortness of breath

Severe abdominal pain

Head injury or other major trauma

Loss of consciousness

Major burns or severe bleeding

One-sided weakness or numbness

Open fractures

Poisoning or suspected overdose

or



Go to Urgent Care

Moderate fever

Colds, cough or flu

Bruises and abrasions

Cuts and minor lacerations

Minor burns and skin irritations

Eye, ear, or skin infections

Sprains or strains

Possible fractures

Urinary tract infections

Respiratory infections

Health Savings Account (HSA)

*Only available for those enrolled in the **High Deductible PPO***

A Health Savings Account (HSA) is a tax-advantaged savings vehicle available to individuals covered by an HSA Plan. Funds in the account are used to pay for qualified medical, dental and vision expenses.

An HSA is a great way to save for the future. You can set aside money from each paycheck now and save funds to cover healthcare expenses that come up later. Plus, your contributions are free from federal income tax, so you're stretching your healthcare dollars while lowering your taxable take-home pay.

HSA funds can only be used for yourself, your spouse and your taxable dependents. Expenses for other dependents who do not qualify as tax dependents are not reimbursable under the HSA.



Advantages of an HSA

- **Balance rolls over each year so you won't lose your contributions**
- **Triple tax savings — you do not pay federal tax* on:**
 - **Contributions to the account**
 - **Spending on qualified expenses**
 - **Interest that accrues**
- **Account is portable, so the funds are yours even if you change medical plans next year or leave CCSD 15**
- **Use the funds (now or in the future) for eligible medical, dental or vision expenses, including coinsurance costs, prescriptions, glasses, orthodontia and more**
- **Money left in the savings account earns tax-free interest***

**Tax treatment of HSAs for state tax purposes may vary by state.*

Health Savings Account (HSA)

(continued)

Funding and Enrolling in an HSA

You can change the amount you contribute to your HSA at any time during the plan year.

To enroll in an HSA, you must enroll in the High Deductible PPO. An HSA is an account that you open through the financial institution of your choice

Once your HSA is opened, remember to designate a beneficiary for this account.

2024 HSA Contributions and Limits

Each year, you can contribute up to the IRS annual limit as detailed below. If you are age 55 or older, you may contribute an additional \$1,000 in catch-up contributions.

2024 IRS Contribution Limit

Employee Only	\$4,150
Employee + Dependents	\$8,300

Who Can Open an HSA?

You can contribute to an HSA if you:

- Are covered under an HSA-qualified high deductible health plan (HDHP).
- Are not enrolled in Medicare*, TRICARE or TRICARE for Life.
- Cannot be claimed as a dependent on someone else's tax return.
- Have not received Veterans Affairs (VA) benefits within the past 3 months
- You (or your spouse) do not contribute to a Healthcare FSA.

** Enrollment in Medicare Part A may be retroactive by up to 6 months when you begin taking social security retirement after your Social Security Normal Retirement Age (SSNRA). This may affect your HSA eligibility.*

Other restrictions and exceptions may also apply. For more information, visit www.irs.gov/publications/p969.

IMPORTANT! If you use your HSA funds for non-qualified expenses, the purchase amount will be subject to tax, plus a 20% penalty if you are younger than age 65.

Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) allow you to set money aside for certain eligible expenses and draw from it throughout the year to pay for those expenses. The money is set aside pre-tax, reducing your taxable income. Three types of FSAs are available:

- Health Care
- Limited Purpose – HSA participants only
- Dependent Care

How the FSA Works

As a new hire (and again during Open Enrollment), you select the amount of money you wish to deposit into the FSA for the entire plan year. The plan year for the FSA benefit is **July 1 to June 30**. The total amount is then equally divided by the number of pay periods remaining in that year and that amount is deducted from each paycheck. The money is set aside in your FSA account(s).

As you incur eligible expenses, you file a claim form (along with copies of your receipts) and are reimbursed for such expenses from the account. Employees who enroll in the Health Care (or Limited Purpose) FSA will receive an FSA debit card to pay for qualified purchases, eliminating the need to submit a paper claim and wait for reimbursement.

The FSA plans are administered by EBC. To register and log into your FSA account(s), go to www.ebcflex.com.

Health Care FSA

Not available to HSA participants

This FSA allows you to submit eligible **medical, dental and vision** expenses for reimbursement. You can deposit up to **\$3,200** to the Health Care FSA for the **2024** plan year.

Limited Purpose FSA

Using this account in conjunction with the HSA gives you the opportunity to save additional pre-tax money. You can use the Limited Purpose FSA for eligible **dental and vision** expenses only. You can contribute up to **\$3,200** for the **2024** calendar year.

Dependent Care FSA

Available to all benefit eligible employees

Dependent Care FSAs are used to pay for the costs of dependent care that enable you to work. This care may be for a child under age 13 and for older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and who live with you for more than half the year. Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare. For the **2024** calendar year, you can deposit up to **\$5,000** to a Dependent Care FSA (\$2,500 if you are married and filing separately).

Please Note: Money cannot be transferred between the accounts (i.e., you cannot use money from your Health Care FSA to pay for dependent care expenses and vice versa).

How To Save \$\$\$!

When Using Your Medical and Prescription Plans

Use In-Network Doctors

By using in-network doctors, clinics, hospitals and pharmacies, you pay the lowest cost for care. When you visit out-of-network doctors, our health plan covers less of the cost.

Choose the Right Type of Care

When you need care, know your options. Urgent care centers, online doctor visits or a call to the medical plan nurse line can help save time and money.

Use Preventive Care Benefits

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings and immunizations can save you a lot of money in the long run by catching problems early or preventing them all together.

Use Zero for No-Cost Care

If enrolled in the Traditional PPO, you can receive medical services at no cost through Zero. Zero can be used for such procedures as labs, MRI's and physical therapy. For more information, call Zero at 855-816-0001 or go to [zero.health](https://www.zero.health).

Use CRX International Pharmacy for No-Cost Medications

Through CRX Pharmacy, you can receive a 90-day supply of brand name maintenance medications at no cost! This program is only available for members enrolled in the Traditional PPO and HMO plans.

For more information, visit:

<http://www.crxintl.com/plan/?planid=CCSD15>
or call 866-488-7874.

Ask Your Doctor for Generic Drugs

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts.

Search GoodRx* for Cheaper Prices

Drug prices sometimes vary significantly between pharmacies. GoodRx collects and compares prices for every FDA approved prescription drug at more than 70,000 pharmacies.

Access GoodRx at www.goodrx.com to find the lowest price pharmacy near you and/or print FREE coupons. You can also get coupons on-the-go through GoodRx's mobile app – just show your phone to the pharmacist.

** If you use GoodRx or pay the lower cash price, the amount you pay will not apply toward your deductible or out-of-pocket maximum.*

Dental

CCSD 15 offers one dental plan through Delta Dental of IL. Your choice of dentists can determine the cost savings you receive. In-network providers are paid directly by Delta Dental and agree to accept negotiated fees as “payment in full” for services rendered.

When you use out-of-network providers, Delta Dental will apply the applicable percentage of the allowed amount and you are responsible for paying the balance of the bill.

In-network coverage is provided when you use Delta Dental providers. To search for in-network providers, go to www.deltadentalil.com and click on **Find a Provider**

Delta Dental of IL		
	In- Network Dentist	Non-Network Dentist
Plan Year Maximum	\$1,500 per person	
	You Pay	You Pay
Plan year Deductible	\$50 Individual / \$150 Family	
Preventive Services (no deductible)	0%	0%
Basic Services (after deductible)	20%	20%
Major Services (after deductible)	50%	50%
Orthodontia (Dependent children to age 19 and Adults)	50% up to \$1,500 Lifetime Maximum	

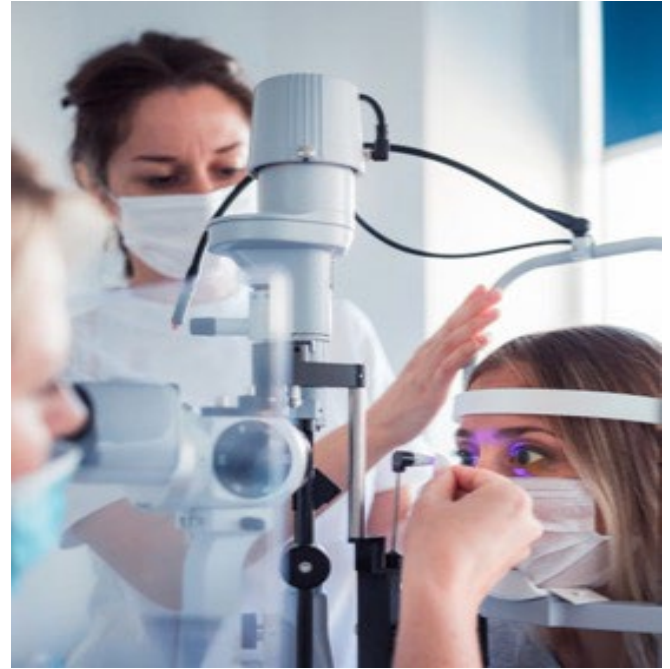
Delta Dental of IL dentists cannot balance bill for the difference between Delta Dental of IL's allowed fee and the dentist's submitted charge.



Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The VSP vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use VSP providers. To search for providers, log onto www.vsp.com.



VSP (Signature Network)	Frequency	In-Network
Eye Exam	Every Plan Year	\$10 Copayment
Frames	Every Other Plan Year	\$115 wide selection of frame allowance; \$130 featured frame allowance; 20% savings on amount over
Lenses Single vision Lined bifocal Lined trifocal	Every Plan Year	Included in Prescription Glasses
Lens Enhancements Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	Every Plan Year	\$0
Contacts—instead of glasses	Every Plan Year	\$125 Allowance \$60 Contact Exam/Fitting Copay

Life Insurance

Basic Life/AD&D

Having appropriate life insurance coverage is a critical part of planning for your family's current and future financial needs. Proceeds from life insurance can help with salary replacement, mortgage protection, cost of childcare, debt repayment and children's education expenses.

CCSD 15 provides Basic Life insurance coverage. This coverage includes an Accidental Death and Dismemberment (AD&D) provision that also pays a benefit in the event of accidental death and certain other conditions. Basic Life and AD&D insurance is administered by Reliance Standard and is paid for by CCSD 15. You are automatically enrolled in these benefits.

(According to federal law, only the first \$50,000 of employer-paid life insurance is not taxable. Premium paid by CCSD 15 for coverage levels over \$50,000 will be taxable to you and will be included on your year-end W-2 statement.)

Voluntary Life/AD&D

As a new hire, you can purchase Voluntary Life insurance for you, your legal spouse and dependent children without providing medical information up to certain guarantee issue (GI) amounts. If you leave the CCSD 15 this coverage can be taken with you.

Employee and spouse amounts applied for over the GI as a new hire will require you to provide Evidence of Insurability (EOI) for review and approval by Reliance Standard.

If you elect not to enroll within 30 days of your date of hire, you will still be able to purchase coverage in the future. However, ALL amounts elected will be subject to the EOI requirements provision. At that time, if your EOI is not satisfactory to Reliance Standard you will not have Voluntary Life coverage.

To complete an Evidence of Insurability please go to [Reliance Standard](#).

Voluntary Life/AD&D Amounts Available

Employee	\$10,000 to \$500,000 in \$10,000 increments <i>(Not to exceed 5 x Salary)</i>
Spouse	\$5,000 to \$250,000 in \$5,000 increments not to exceed the employee amount
Child (to age 26)	\$2,000 to \$10,000 in \$2,000 increments

To enroll in Voluntary Spouse and/or Child Life, you must be enrolled in Voluntary Employee Life.

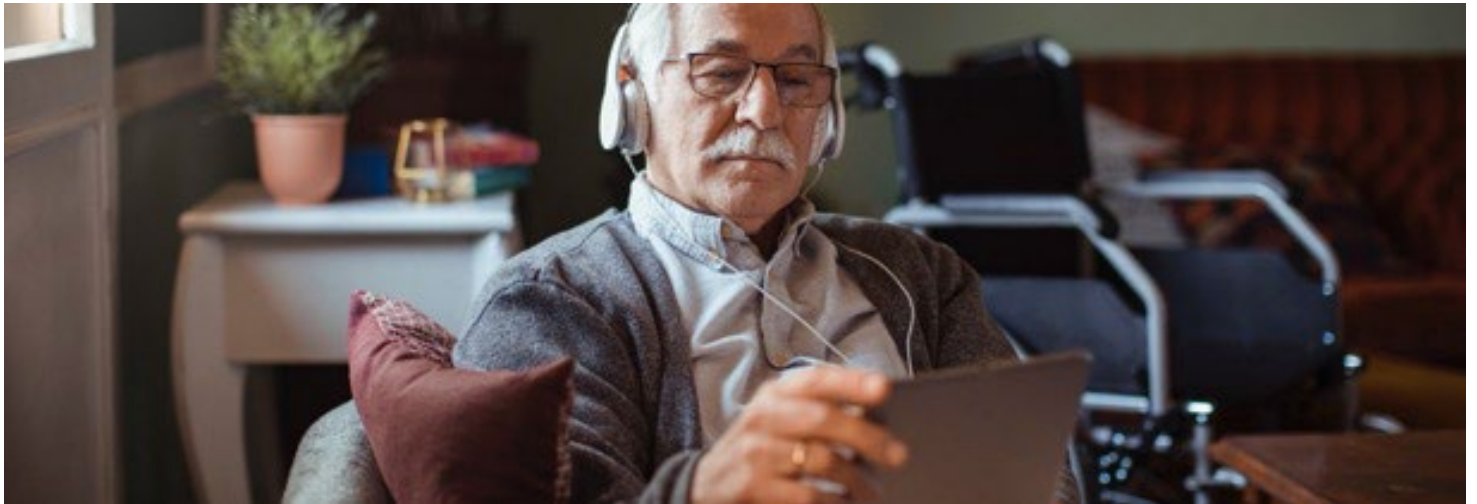
Benefit amounts reduce at age 65. Please refer to the benefit summary for details.

**Guarantee issue is the amount of coverage you or your dependents can elect up to without medical questions. Guarantee issue is only available to newly benefit eligible employees.*

Disability Insurance

If you were to be out of work due to an injury or illness, could you and your family survive without a paycheck? Disability insurance is essentially “paycheck” insurance, ensuring you will receive a portion of your income if you were out of work due to injury or illness.

CCSD15 offers LTD insurance for eligible employee classes at no cost to you. Administered by Reliance Standard, you are automatically enrolled in these benefits



Long-Term Disability (LTD) Insurance

LTD insurance offers a monthly benefit to help replace lost income if you experience a disability lasting longer than 90 days. Proof of disability is required.

Benefit Begins	After 90 Days of qualified disability
Benefit Amount	60% of basic monthly earnings to a \$10,000 maximum
Benefit Duration	Social Security Normal Retirement Age (SSNRA)

Disability claims for newly covered employees will be denied if you received medical treatment, medical advice, care or services or took prescribed drugs or medicines in the last **3** months prior to the effective date of this coverage and the disability began in the first **12** months after your effective date of coverage.

Accident

Accident benefits make accidents less painful financially. When you are injured, accident benefits pay benefits over and above what your medical plan may pay. These benefits are important because accidents happen out of the blue with no time to prepare for the associated medical costs. Your employer offers accident benefits for you to consider for your peace of mind in the result of an accident.

Benefits (24 Hour Coverage)	Option 1	Option 2	Limitation
Wellness Benefits	\$100	\$100	Once per calendar year
Emergency Room Treatment	\$350	\$250	per visit
Urgent Care	\$300	\$250	per visit
Follow-up Visits	\$250	\$100	Up to 3 visits
Physical Therapy	\$75	\$50	per visit, up to 10 visits
Major Diagnostic Exams	\$250	\$200	per service
Ground Ambulance	\$750	\$600	per service
Air Ambulance	\$2,250	\$1,800	per service
Major Surgery	Up to \$2,500	Up to \$2,000	depending on severity
Dislocations	Up to \$7,500	Up to \$6,000	depending on severity
Fractures	Up to \$7,500	Up to \$6,000	depending on severity
Lacerations	Up to \$1,250	Up to \$1,000	depending on severity
Concussions	\$500	\$400	per concussion
Coma	\$25,000	\$20,000	per coma
Eye Injury	Up to \$500	Up to \$400	depending on severity
Hospital Admission	\$3,000	\$1,500	per admission
ICU Admission	\$6,000	\$4,800	per admission
Daily Hospital Confinement	\$500	\$250	per day, up 365 days
Intensive Care Daily Confinement	\$1,000	\$800	per day, up to 15 days
Employee Accidental Death	\$50,000	\$50,000	\$25,000 for child
Common Carrier Accidental Death	\$150,000	\$75,000	---
Dismemberment	Up to \$50,000	Up to \$25,000	---
Transportation	\$500	\$400	3 times per accident
Lodging	\$150	\$120	per day, up to 90 days

Semi-Monthly Rates	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Option 1	\$7.15	\$12.54	\$16.07	\$21.45
Option 2	\$5.27	\$9.33	\$12.02	\$16.07

Please note that the above benefits description is a brief summary and may not include all the details in the policy proposal. Please refer to your contract for full benefit details.

Critical Illness

Critical Illness insurance is designed to come to the rescue of those budget-conscious families by helping pay the costs associated with the initial occurrence of cancer, heart attack, stroke, or other serious illness as defined in the policy. You choose your benefit amount. Benefits are also available for your spouse and eligible children.

Wellness Benefit - \$50 (per calendar year) - Provides a per year benefit for completing certain routine wellness screenings or procedures

Guaranteed Issue	Employee	Spouse/Children
Guaranteed Issue	Up to \$40,000	Up to 50% of employee amount

Benefit Amounts	
Employee	Employee may choose a lump sum benefit of \$20,000 or \$40,000
Spouse/Children	Spouse and child may elected a \$20,000 benefit if employee elects a \$40,000 benefit

Condition	Benefit Percentage - 1st Occurrence	Benefit Percentage - 2nd Occurrence
Invasive Cancer	100%	100%
Non-Invasive Cancer	50%	50%
Skin Cancer	\$750	\$750
Benign Brain Tumor	100%	50%
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Organ Failure	100%	100%
End Stage Renal Failure	100%	N/A
Sensory Loss	100%	N/A
Monoplegia	100%	N/A
Alzheimer's Disease	100%	N/A
Quadriplegia, Paraplegia, or Hemiplegia	100%	N/A
Lou Gehrig's Disease	100%	N/A
Lupus	100%	N/A
Multiple Sclerosis	100%	N/A
Parkinson's Disease	100%	N/A
Walter Peyton's Disease	100%	N/A
Severe Burns	100%	100%
SARS - CoV-2	25%	N/A

Please note that the above benefits description is a brief summary and may not include all the details in the policy proposal. Please refer to your contract for full benefit details.

Critical Illness Rates

Semi-Monthly Uni-Tobacco Issue Age Rates

Employee Only	\$20,000	\$40,000
18-29	\$5.64	\$9.52
30-39	\$8.85	\$15.81
40-49	\$15.66	\$29.35
50-59	\$30.27	\$58.43
60-64	\$52.07	\$101.85
65+	\$70.64	\$138.05

Employee + Spouse	Employee Benefit: \$40,000 Spouse Benefit: \$20,000
18-29	\$14.13
30-39	\$23.53
40-49	\$43.96
50-59	\$88.11
60-64	\$153.57
65+	\$208.31

Employee + Child(ren)	Employee Benefit: \$40,000 Child Benefit: \$20,000
18-29	\$14.93
30-39	\$21.22
40-49	\$34.76
50-59	\$63.84
60-64	\$107.26
65+	\$143.46

Employee + Family	Employee Benefit: \$40,000 Spouse & Child Benefit: \$20,000
18-29	\$19.54
30-39	\$28.94
40-49	\$49.37
50-59	\$93.52
60-64	\$158.98
65+	\$213.72

Hospital Indemnity

Transamerica's Hospital Indemnity plan can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds that can be used to help pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, copays, and deductibles. This plan also allows you to continue coverage even if your employment ends or when the policy is terminated and not being replaced.

Benefit	Benefit Amount	Limitation
Daily In-Hospital Benefit	\$100	per day, up to 31 days per confinement
Intensive Care Benefit	\$100	Per day up to 30 days
Hospital Admission	\$2,000	1 day per confinement per calendar year
Wellness Benefit	\$50	1 day per calendar year

Semi-Monthly Rates	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Option 1	\$9.83	\$21.02	\$15.67	\$24.68



Universal Life

There is no way to know what will happen tomorrow. But there is a way to help ensure you are protected against the unexpected. Transamerica's universal life insurance can help meet your family's future financial needs in the event of your premature passing. Prudent financial planning can help protect your family's future, offering them greater peace of mind.



Guaranteed Issue

Employee	\$150,000
Spouse	\$20,000
Child UL	\$25,000
Child Term	\$20,000

Additional Benefits

Accelerated Death Benefit for Terminal Condition Rider-Accelerates up to the lesser of \$100,000 or 75%

Waiver of Monthly Deductions for Layoff or Strike Rider

Accelerated Death Benefit for Chronic Condition Rider-Accelerates 4% for monthly benefit or 20% of the death benefit amount as a one-time lump-sum payment

Extension of Benefits Rider- Accelerates 4% for monthly benefit or 5% of one-time lump-sum payment/paid-up benefit of 25% of face amount

Child Term Insurance Rider- Benefit of \$10,000 or \$20,000 for each child
All children in the family will be insured for the same insurance amount

Semi-Monthly Non-Tobacco Example Rates for Employee

Age	\$50,000	\$75,000	\$100,000	\$125,000
25	\$10.09	\$15.13	\$20.17	\$25.21
30	\$12.07	\$18.11	\$24.15	\$30.18
35	\$14.94	\$22.44	\$29.87	\$37.33
40	\$18.65	\$27.97	\$37.30	\$46.62
45	\$23.87	\$35.80	\$47.73	\$59.66
50	\$31.57	\$47.36	\$63.14	\$78.93
55	\$42.41	\$63.62	\$84.82	\$106.03

Please note that the above benefits description is a brief summary and may not include all the details in the policy proposal. Please refer to your contract for full benefit details.

Resources/Contact Information

Benefit	Provider	Phone	Website / Email
Medical - PPO Plans	BCBS of IL	800-356-3892	www.bcbsil.com
Prescription - PPO Plans	CVS Caremark	800-202-1654	www.caremark.com
Medical – HMO Plans	BCBS of IL	800-892-2803	www.bcbsil.com
Dental	Delta Dental of IL	800-323-1743	www.deltadentalil.com
Vision	VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts (FSA)	Employee Benefits Corporation	800-346-2126	www.ebcflex.com
Life and Disability	Reliance Standard		www.reliancestandard.com
Worksite Benefits	Transamerica	855-244-8318	www.transamerica.com
Human Resources	Samantha Dezort	847-963-3012	dezorts@ccsd15.net

Benefit Definitions

What is a premium?

A premium (also referred to as a contribution) is the cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck.

What is a deductible?

A deductible is the amount you pay out of your pocket before your insurance pays.

For CCSD 15, deductibles are based on the plan year - from **July through June** each year. Once you have met that dollar amount, you have met the requirements for the plan year.

What does a copay pay for?

Copayments, or copays, are pre-set dollar amount you are expected to pay for office visits, procedures or prescription drugs under your insurance plan.

Once the copay has been met, the insurance Company pays all remaining costs.

What does coinsurance mean?

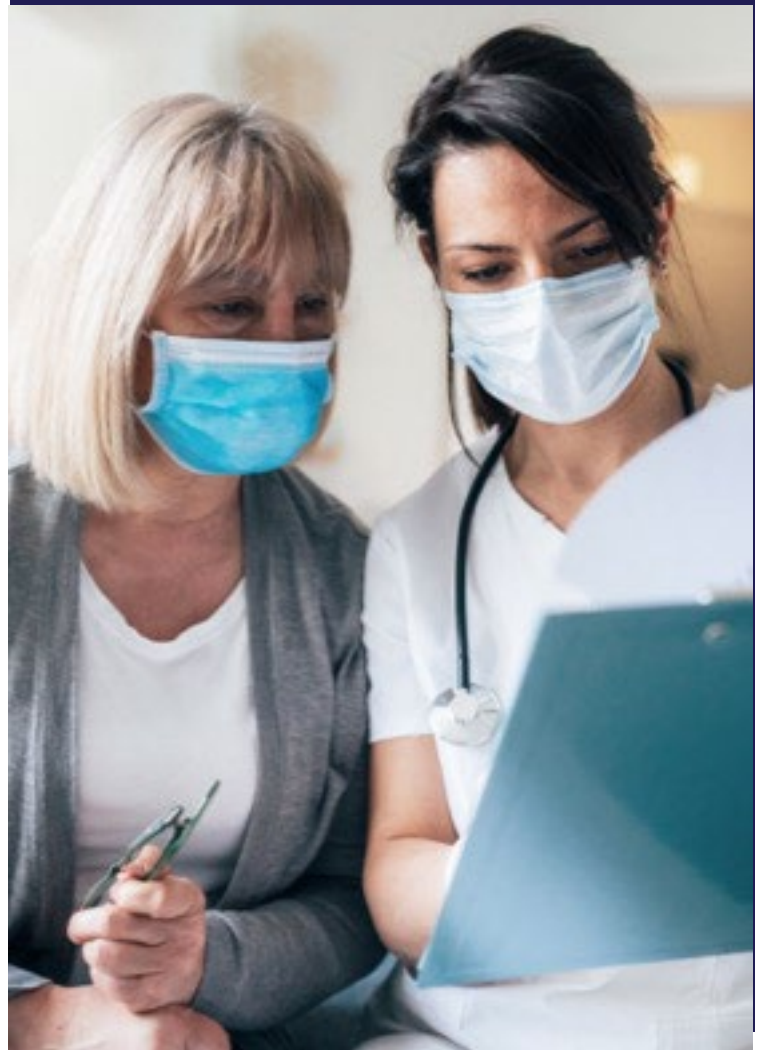
Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible.

When your annual deductible is met, your insurance provider pays for their portion of the full cost of the service and you pay the coinsurance, or remaining percentage.

What counts towards the out-of-pocket maximum?

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including deductibles, copays, and coinsurance) throughout the plan year.

Once you meet the out-of-pocket amount, your insurance provider will cover 100% of remaining medical expenses for the year.





CCSD15

