



Benefits Coordinator Contact: Ruth Gervais
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2024 – 2025 Summary of Benefits

Blue Cross Blue Shield of Illinois www.bcbsil.com
HMO Membership/Claims: (800) 892-2803 **PPO/HSA Membership/Claims: (800) 458-6024**

	HMO	Blue Choice Options PPO			HSA	
	In-Network	Tier 1	Tier 2	OON	In-Network	OON
Deductible						
Individual	0	\$400	\$750	\$1,500	\$1,600	\$3,000
Family	0	\$1,200	\$2,250	\$4,500	\$3,200	\$6,000
Coinsurance	90%	90%	70%	50%	80%	60%
Out of Pocket Max (Includes Deductible)						
Individual	\$1,500	\$1,500	\$2,000	\$3,500	\$3,200	\$6,000
Family	\$3,000	\$4,500	\$6,000	\$10,500	\$6,400	\$12,000
Physician Services						
Primary Care Office Visit	\$20	\$20	\$30	50% after Ded	80% after Ded	60% after Ded
Specialist Office Visit	\$40	\$40	\$50	50% after Ded	80% after Ded	60% after Ded
Preventive Care	100%	100%	100%	50% after Ded	100%	60% after Ded
Inpatient Hospital Ded	NONE	NONE	NONE	\$300	NONE	NONE
Emergency Room	\$150 Copay	10% after Ded	10% after Ded	10% after Ded	10% after Ded	10% after Ded
Prescription Drugs						
Generic	\$10		\$10		20% after Ded	
Brand Formulary	\$35		\$35		20% after Ded	
Brand Non-Formulary	\$50		\$50		20% after Ded	
Mail Order (90 day supply)	2x copay		2x copay		20% after Ded	
Rx OOP Max						
Individual	\$1,000		N/A		N/A	
Family	\$2,000		N/A		N/A	

HSA Funding

Y115 will do a one-time match once your HSA Account balance reaches the levels below:

	District will match up to:
Employee	\$200
Employee + Spouse	\$300
Employee + Child(ren)	\$300
Family	\$300

Dental Insurance

Delta Dental of Illinois

www.deltadentalil.com

(800) 323-1743

Deductible	In-Network	Out-of-Network
Individual	\$0	
Family	\$0	
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Annual Plan Max	\$3,500	
Orthodontics	50%	50%
Ortho Lifetime Max	\$2,000	

Although In-Network and Out-of-Network coverage levels seem the same, Out-of-Network providers did not agree to the Delta Dental fee schedule and can balance bill you if they charge over the reimbursement amount. You will save money for both yourself and Y115 if you use an In-Network Dentist.

CRX International Pharmacy

Through CRX Pharmacy, HMO and PPO members* can receive a 90-day supply of brand name maintenance medications at no cost.

For more information, visit

<http://www.crxintl.com/plan/?planid=Y115>

or call 1-866-488-7874.

**HSA members not eligible*

Vision Insurance

Vision Service Plan

www.vsp.com

(800) 877-7195

Benefit	You Pay	Frequency
Eye Exam	\$20 copay	Every 12 Months
Rx Glasses		
Lenses	\$20 copay	Every 12 Months
Frames	\$130 Allowance	Every 24 Months
Contact Lenses		
Elective	\$130 Allowance	Every 12 Months
Medically Necessary	\$0/00	

Extra discounts and Savings:

Glasses and Sunglasses - Average 30% discount on options like progressives, scratch resistance and anti-reflective coatings.
 Laser Vision Correction - Average 15%-20% discount in Network
 Out of Network Benefits Available



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Life & AD&D Insurance

BlueCross BlueShield of Illinois
www.bcbsil.com/ancillary (800) 348-4512

Plan Details:

Basic Group Term Life Insurance is provided by Y115 for eligible employees. Amounts vary depending on your Class.

- Basic Group Term Life Insurance
- AD&D Insurance equals amount of Life Insurance
- No Cost to employees

Long Term Disability

BlueCross BlueShield of Illinois
www.bcbsil.com/ancillary (800) 348-4512

Long Term Disability (LTD) – If you become ill or suffer an injury that prevents you from returning to work for an extended period of time, LTD insurance will replace a portion of your income for a defined period of time.

Plan Details:

- Benefit starts after 90 days of continuous disability
- Benefit pays 60% of pre-disability earnings up to a \$10,000 monthly maximum
- No Cost to employee

New Hires are required to complete an online enrollment within 30 days from start date even if coverage is being declined. Employees are required to report life events to HR within 30 days from the life event taking place.

Voluntary Life & AD&D Insurance

BlueCross BlueShield of Illinois
www.bcbsil.com/ancillary (800) 348-4512

Plan Details:

- Employees and spouses can elect coverage in \$10,000 increments up to \$500,000 for employee and up to \$250,000 for the spouse. The spouse amount cannot exceed employee amount.
- Guarantee Issue for employee is \$250,000; for spouse the Guarantee Issue is \$20,000.
- Employees currently enrolled can increase their coverage by \$10,000 annually without EOI and up to their Guarantee Issue Limit.
- Age Rated – Rates available upon request.
- Employee pays 100% of the cost of the insurance elected through simple payroll deductions.
- Employees can elect either \$5,000 or \$10,000 for dependent child life.

Employee Assistance Plan (EAP)

Disability Resource Services

(866) 899-1363
www.guidanceresources.com
 TDD: (800) 697-0353 **Your Company ID: DNDRS**

Plan Details:

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. Disability Resource Services provides convenient resources to help address emotional, legal and financial issues.

Employee / Employer Per Pay Period Contributions 7/1/24 – 6/30/25

Medical Coverage	Blue Advantage HMO		BCO PPO		HSA	
Per Pay Period Contributions	You Pay	Board Pays	You Pay	Board Pays	You Pay	Board Pays
Employee Only	\$0.00	\$336.93	\$77.27	\$371.73	\$13.12	\$371.73
Employee + Spouse	\$36.30	\$657.37	\$254.99	\$671.91	\$122.42	\$671.91
Employee + Child(ren)	\$34.69	\$605.69	\$237.36	\$618.31	\$114.98	\$618.31
Family	\$111.91	\$852.68	\$424.62	\$869.68	\$235.29	\$869.68

Dental Coverage	Delta Dental		Vision Coverage	VSP	
Per Pay Period Contributions	You Pay	Board Pays	Per Pay Period Contributions	You Pay	Board Pays
Employee Only	\$0.00	\$19.95	Employee Only	\$0.00	\$2.29
Employee + Spouse	\$8.32	\$32.42	Employee + Spouse	\$0.52	\$2.80
Employee + Child(ren)	\$11.34	\$36.95	Employee + Child(ren)	\$0.80	\$3.09
Family	\$14.48	\$61.38	Family	\$2.48	\$3.73

This is a summary only and not a legal document. Please refer to certificate for benefit, limitation and exclusion information.