



2025 Employee Benefits Overview

*Full Time
Eligible Employees*

O'Fallon District 90
Employee Benefits Overview
Effective January 1, 2025





AssuredPartners Team

AssuredPartners (AP) is a resource for all employees regarding your benefits package.

Your AssuredPartners Team:



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Employee Benefits Summary

Effective January 1, 2025

O'Fallon District 90 will renew coverage with BCBS & Guardian for 2025

Benefit	Carrier	Changes
Medical	 BlueCross BlueShield	Renewing with BCBS 3 Plan Options
Dental	 Guardian	No Change
Vision	 Guardian	No Change
Basic Life & AD&D Voluntary Life & AD&D	 Guardian	No Change

Medical Insurance



Blue Cross Blue Shield





Medical Benefits

Blue Cross Blue Shield Plans

The District will continue to offer 3 medical plan options from BCBS

OPTION 1 - HRA PLAN Traditional PPO with Reimbursement			OPTION 2 - HIGH DED PLAN Traditional PPO - NO Reimbursement		OPTION 3 - H.S.A. PLAN QHDHP with District Contribution	
	<u>BCBS Plan Purchased</u>	<u>NET Benefit AFTER Reimbursement (HRA)</u>		<u>BCBS Plan - No HRA</u>		<u>BCBS H.S.A.</u>
Deductible (Ind/Fam)	\$3,000/\$6,000	Member pays first \$500 (\$0-500) District reimburses next (\$501-2,500) up to \$2,000 per member	Deductible (Ind/Fam)	\$3,000/\$6,000 No reimbursement	Deductible Aggregate	\$2,500 Individual or \$5,000 Family
		Member pays last \$500 per member (\$2,501-3,000)			District Contribution	\$750 Annual Deposited Monthly \$62.50
Coinsurance (Ind/Fam)	\$2,000/\$4,000 90/10%	\$800 Individual / \$1,600 Family Member pays 1st \$800 coinsurance per member District reimburses up to \$1,200 per member	Coinsurance (Ind/Fam)	90/10% \$2,000/\$4,000 No reimbursement	Coinsurance (Ind/Fam)	\$2,500/\$5,000 80% / 20%
Net Major Medical OOP	\$6,000/\$10,000	\$1,800 Individual / \$3,600 Family	Major Medical OOP	\$6,000/\$10,000	Major Medical OOP	\$5,000 Individual or Aggregate \$6,850 Family
Prescription Drug Limit:	\$2,000/\$4,000	\$2,000/\$4,000	Prescription Drug Limit:	\$2,000/\$4,000		
Preventative Care	100% - NO Copay	100% - NO Copay	Preventative Care	100% - NO Copay	Preventative Care	100% - NO Deductible
Virtual Visit	\$25	\$25	Virtual Visit	\$25	Virtual Visit	Ded + Coins
Primary Doctor Copay	\$25	\$25	Primary Doctor Copay	\$25	Primary Doctor Copay	Ded + Coins
Specialist Copay	\$50	\$50	Specialist Copay	\$50	Specialist Copay	Ded + Coins
Pharmacy Copays	\$12/\$30/\$50	\$12/\$30/\$50	Pharmacy Copays	\$12/\$30/\$50	Pharmacy Copays	Ded + Coins
ER Copay	\$300	\$300	ER Copay	\$300	ER Copay	Ded + Coins

Medical Insurance - Employee Cost per Pay – Effective January 1, 2025

OPTION 1 - HRA PLAN					OPTION 2 – HIGH DED PLAN					OPTION 3 – HSA PLAN				
HRA	Current 26 pays	Renewal 26 pays	Current 20 pays	Renewal 20 pays	NO HRA	Current 26 pays	Renewal 26 pays	Current 20 pays	Renewal 20 pays	H.S.A.	Current 26 pays	Renewal 26 pays	Current 20 pays	Renewal 20 pays
Employee Only	\$25.19	\$85.23	\$32.74	\$110.80	Employee Only	\$11.80	\$66.49	\$15.34	\$86.44	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$375.73	\$510.01	\$488.45	\$663.01	Employee & Spouse	\$348.96	\$471.40	\$453.65	\$612.82	Employee & Spouse	\$203.66	\$302.86	\$264.76	\$393.71
Employee & Children	\$354.45	\$476.25	\$460.78	\$619.12	Employee & Children	\$320.99	\$438.96	\$417.28	\$570.64	Employee & Children	\$180.64	\$276.15	\$234.83	\$359.00
Family	\$417.02	\$551.14	\$542.13	\$716.49	Family	\$376.87	\$509.54	\$489.93	\$662.40	Family	\$220.30	\$327.91	\$286.39	\$426.29

NOTE: Opt 3 also receives \$750 Annual Contribution into H.S.A.

*District Monthly Contribution = 2024: \$840/\$1,027/\$1,027/\$1,105 → 2025: \$860/\$1,047/\$1,047/\$1,125



Medical Insurance

3 Plan Options

Plan 1 – Traditional PPO Plan with Copays & HRA

- District sponsored Health Reimbursement Arrangement (HRA) to provide lower deductible & out-of-pocket option for major medical situations.
- Traditional plan with first dollar copays for medical and pharmacy

Plan 2 – Higher Deductible PPO Plan with Copays – No HRA

- Traditional plan with first dollar copays for medical and pharmacy (same as Plan 1)
- Higher deductible with no reimbursement
- Lower premium option
- *Good for those who do not have ongoing or expected major medical deductible expenses*

Plan 3 – High Deductible Plan - Health Savings Account (H.S.A.)

- QHDHP – No first dollar copays
- Lower premium option
- Opportunity for H.S.A. banking and tax savings
- With District sponsored annual contribution of **\$750** (\$62.50 deposited monthly) – Free Money
- *Good for those who do not have ongoing or expected major medical or pharmacy expenses.*

Health Reimbursement Arrangement (HRA)



REVIEW: What is an HRA?

- Purchase a higher deductible plan from the insurance company and reimburse certain expenses if incurred
- AssuredPartners administers HRA, HIPAA compliant to protect privacy.
 - District Administration will NOT have access to claims and/or reimbursement details.
- Claims processed by insurance company and reimbursement checks are issued to EMPLOYEE for HRA eligible expenses

Reminder – All 2024 claims need to be submitted by March 31, 2025 (90 days after the end of the year)

to be eligible for the District sponsored reimbursement.

- You are responsible for the first **\$500** of deductible expenses per covered individual. Your employer will provide reimbursement up to the next \$2,000 per covered individual. You are responsible for the remaining **\$500** of deductible expenses per covered individual.
- You are responsible for the first **\$800** of coinsurance expenses per covered individual. Your employer will provide reimbursement up to \$1,200 per covered individual.
- Your maximum out of pocket is **\$1,800** per individual / **\$3,600** per family.

AssuredPartners, Admin Division

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Secure Consumer Portal: <https://cigpart.lh1ondemand.com>



O'Fallon CCSD#90
Section 105 Employer Provided Deductible Reimbursement Plan
Reimbursement Request

Employee's Name:	Last 4 Numbers of Social Security:
Mailing Address:	Telephone No. or Email Address:

Instructions:

- Complete the necessary information below for qualifying expenses incurred by you or your eligible dependents for which you request reimbursement.
- Expenses covered by your medical care plan must be submitted under that Plan first, even if it will be applied to the deductible or otherwise unpaid by the medical care plan, and the resulting EOB must be submitted with your reimbursement request.
- Claims incurred during a Plan Year may be filed up to 90 days after the end of the Plan Year (March 31st) or within 90 days after your termination in this plan.
- You are responsible for the first \$500 of deductible expenses per covered individual. Your employer will provide reimbursement up to the next \$2,000 per covered individual. You are responsible for the remaining \$500 of deductible expenses per covered individual.
- You are responsible for the first \$800 of coinsurance expenses per covered individual. Your employer will provide reimbursement up to \$1,200 per covered individual.
- Your maximum out of pocket is \$1,800 per individual / \$3,600 per family.

EXPENSE DETAIL: (or you may attach a spreadsheet)

EXPENSE DETAIL: <small>(or you may attach a spreadsheet)</small>				
Date expense incurred	Type of expense	Name and Relationship of Person Incurring Expense	Name of Provider	Amount Requested
			Total Requested	

I certify that the requested amounts are not reimbursable by any form of insurance or other benefit plan, and that I have not, nor will not, deduct these expenses on my personal income tax return. I further certify that I have read and understand the limitations on reimbursements as explained in the Summary Plan Description, and I have determined that the submitted expenses are eligible for reimbursement. I hereby agree to indemnify my Employer for any taxes, interest, or penalties imposed due to the failure of my requested expense reimbursements to qualify as eligible expenses under the Deductible Reimbursement Plan.

Signature _____ Date _____

HRA Claim form located
on District website or email AP rep.

Health Savings Account (HSA)



YOU MUST BE ENROLLED IN A QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN (QHDHP) IN ORDER TO ESTABLISH AND CONTRIBUTE TO AN HSA.

Medical Plan 3 is a QHDHP and eligible for HSA contributions.

An HSA is a savings account that allows you to set aside pre-tax payroll deductions to pay for current and future medical expenses.

With HSAs there is no “use it or lose it” rule. Once the money is in your account, it is yours to keep. All unused funds will remain in your HSA for future use.

HSA contributions from your paycheck are tax-free, grow tax-free, and are withdrawn tax-free when used for approved health care expenses.

Note: District Contribution to H.S.A is \$750 annual (deposited \$62.50 monthly) administered by Bank of O’Fallon Plan 3 is also eligible for Employee contribution up to the IRS limit below.

2025 IRS Annual Contribution Limit	
Employee Only	\$4,300
Family	\$8,550

Individuals age 55+ can make catch-up contributions up to an additional \$1,000 per year.

Which plan is best for me?

- Individual decision...make informed decision based on personal situation
- Consider:
 - **Medical Cost** → Quantify known/expected expenses – estimate out of pocket
 - Ongoing doctor visits, upcoming procedures, planned events, maintenance prescriptions, etc.
 - **Premium difference** → how much do you pay for each plan?
 - **HRA or H.S.A. contributions** → how does that impact the out of pocket?
 - **Tax savings for H.S.A.** → how are you paying for those medical expenses?
- Use insurance company website to view claims history or prescriptions to help estimate costs
- Use pharmacy websites/apps or call them to inquire about discounted/full price without copays for H.S.A. plan
- AssuredPartners can assist in evaluation!



BlueCross BlueShield Website (www.bcbsil.com)

Welcome Employers Producers Providers

Company Information Language Assistance En español



BlueCross BlueShield
of Illinois

Search

Make a Payment ▾

Log In or Sign Up ▾



Find Care

Shop Plans

Prescription Drugs

Insurance Basics

Member Services

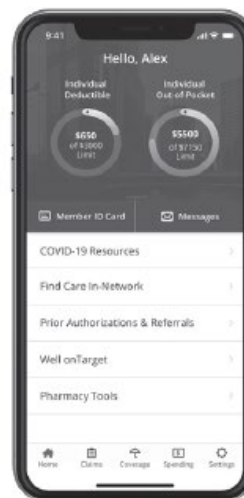
- ❖ Find Care - Provider Search
- ❖ Coverage - Prescription Drugs
- ❖ Spending - Review claims, EOBs
- ❖ Access member ID card
- ❖ Wellness – Manage health, discounts
- ❖ Download Mobile App



It's easy to get started.

Scan the QR code or go to bcbsil.com to register.

Get BAM to go: Text BCBSILAPP to 33633* to get the app.



Log In



Username

Password

[Forgot Username](#)

[Forgot Password](#)

Log In

Create an Account



BlueCross BlueShield

Blue365

Discount Programs

Blue365

A Discount Program for You

See all the Blue365 deals and learn more at blue365deals.com/bcbsil.

Blue365
Because health is a big deal®

Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Illinois (BCBSIL) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at blue365deals.com/bcbsil, weekly "Featured Deals" will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

EyeMed® | Davis Vision®

You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

TruHearing® | Beltone™ | Start Hearing

You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Livekick

Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 30% off a monthly plan on any Live Online Personal Training.

Dental SolutionsSM

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

Sun Basket | Nutrisystem®

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

eMindful

Get up to a 50% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

Fitbit®

You can customize your workout routine with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You'll get a 20% discount on Fitbit devices plus free shipping.

Reebok | SKECHERS®

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get 30% off plus free shipping for your online orders.

InVite® Health

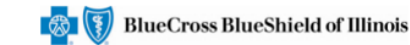
InVite Health offers quality vitamins and supplements, educational resources and a team of health care experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements.

**For more great deals or to
learn more about Blue365,
visit blue365deals.com/bcbsil.**



What is an EOB?

Where do I find it?



CLAIM DETAIL (1 of 1)

PATIENT: [REDACTED]

PROVIDER: [REDACTED]

CLAIM #: [REDACTED]

DATE PROCESSED: 05/19/2022

SUBSCRIBER INFORMATION

Member ID#: XXXXXXXX

Group #: [REDACTED]

Customer Advocates are here to help! 1-800-541-2767

Amount Billed	\$266.00
Discounts and Reductions	- \$139.13
Health Plan Responsibility	- \$106.87
You may owe your health care provider for these services	\$20.00

Service Description	Service Dates	Amount Billed	YOUR BENEFITS APPLIED			YOUR RESPONSIBILITY				Your Total Costs
			Discounts and Reductions	Amount Covered (Allowed)	Health Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	
Medical Visits	05/18/2022	266.00	(1) 139.13	126.87	106.87		20.00			20.00
CLAIM TOTALS		\$266.00	\$139.13	\$126.87	\$106.87	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00

Total covered benefits approved for this claim: \$106.87 to OSF MEDICAL GROUP on 05-19-22.

Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"

(1) Your health care plan covers eligible services up to an allowed amount for services ordered or provided by a participating provider. Since this amount has been paid, no further payment can be made. You are not responsible for the charges over the allowed amount.

For your up-to-date Medical Spending summary, visit Blue Access for MembersSM on our website, the BCBSIL Mobile App or call the phone number on the back of your ID card.

[REDACTED] Benefit Period: 01-01-22 Through 12-31-22 To date this patient has met \$290.32 of her/his \$3,500.00 Out-of-pocket Expense.

Benefit Period: 01-01-22 Through 12-31-22 To date \$310.32 of your family Out-of-pocket Expense has been met.

This is an example of An Explanation of Benefit (EOB).

You will want to look for any deductible expenses and/or coinsurance expenses as this is what can be sent in for possible reimbursement.





Consumer Education

KNOW WHERE TO GO FOR CARE

When you need care, call your primary care physician first. Your primary care physician has easy access to your records, knows the bigger picture of your health, and may even offer same-day appointments to meet your needs. When seeing your primary care physician is not possible, it is important to know what in-network options are available to you.

CARE OPTIONS	COST	TREATMENT / SERVICES	AVERAGE AVAILABILITY
NurseLine	No Cost	Call the number on your Medical ID card to receive expert advice at no cost. NurseLine can help you decide where to go for medical care, find a doctor or hospital, and answer questions about medications.	24 hours 7 days a week
Virtual Visit	\$	A virtual visit can treat the common cold, the flu, and other easily identifiable illnesses from the convenience of your tablet or smartphone.	24 hours 7 days a week
Convenience Care Clinic	\$\$	Convenience Care Clinics can treat skin rashes, minor injuries, and earaches and can administer flu shots and more.	8 AM—8 PM 7 days a week
Urgent Care	\$\$\$	Urgent Cares can treat lower back pain, respiratory issues, stomach pain, infections, minor fractures, and more.	8 AM—8 PM 7 days a week
Emergency Room (ER)	\$\$\$\$	The ER is most costly option which is why it should only be used for true emergency care. ERs can treat everything including chest pain, shortness of breath, severe asthma attacks, major burns, severe injuries, and more.	24 hours 7 days a week

Dental, Vision, & Life Insurance



Guardian

 Guardian



Vision Benefits

Guardian

No change in cost or coverage!

Vision Plan – Davis or VSP Network*		
Exam (Every 12 months)	\$10 copay	
Frames (Every 24 months)	\$130 allowance	
Lenses – Single Vision, Bifocal, Trifocal (Every 12 Months for glasses or contacts)	\$25 copay	
Contact Lenses – Elective Medically Necessary	\$130 allowance	
Employee Cost (no change)	26 pays	20 pays
Employee Only	\$3.79	\$4.93
Employee + 1	\$5.76	\$7.48
Employee + 2 or more	\$10.11	\$13.14

*Guardian offers a choice of vision network – Davis Vision or VSP Choice Network – you must select network at enrollment.

Find a Vision provider at www.guardiananytime.com



Life and AD&D Insurance

Guardian



Basic Life and AD&D

Paid By District

Benefit Amount **\$10,000**

Benefit Reduction Schedule
65% at age 65, 40% at age 70
25% at age 75, 15% at age 80

Voluntary Life and AD&D Insurance

<i>Paid By Employee</i>	Employee	Spouse	Child(ren)
Increment	\$25,000	\$5,000	\$5,000 or \$10,000
Minimum	\$25,000	\$5,000	\$5,000
Maximum	\$150,000	\$75,000 Not to exceed 50% of EE benefit	\$10,000

- Spouse rates are based on Employee age
- **SPECIAL RE-ENROLLMENT OPPORTUNITY for Employee Voluntary Life** → Can add/increase coverage up to the guaranteed issue amount for Employee (up to \$150,000 <65) with no medical questions or Evidence of Insurability (EOI).
- EOI still applies to dependent coverage
- Will require evidence of insurability if you want to increase or add coverage later.

Employee Assistance Program

Guardian – Uprise Health



Our comprehensive Employee Assistance Program (EAP), available through Uprise Health, provides you and your family members with confidential, personal and online/web-based support on a wide variety of important and relevant topics — such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

worklife.uprisehealth.com



- **Access code:** worklife
- **Phone:** 1-800-386-7055
- 24 hour crisis help available.
- Regular office hours: Monday-Friday 6am-5pm PST.

Open Enrollment

Next Steps

OPEN ENROLLMENT

- ✓ *No paperwork if you are keeping your benefit elections the same for medical/dental/vision*
- ✓ *If you'd like to make a change (change plans, add/remove/change coverage, dependents, etc.)
→ you must complete an **ELECTION/CHANGE** form.*

All changes MUST be submitted to HR by Wednesday, December 18th

IRS regulations stipulate that eligible employees may only make plan elections **once a year**. Elections are binding through December 31, 2025.

The following **qualifying life events** are reasons you may change your benefit election during the plan year provided you inform Human Resources in writing within 30 days of the event date:

- ✓ Marriage, birth, adoption, or placement of a child for adoption, divorce or legal separation, death of spouse or dependent
- ✓ Termination or commencement of your spouse's coverage in general when coverage is maintained through your spouse's plan.
- ✓ Shift from part-time to full-time status (or vice versa) by you or your spouse

Changes requested due to a "change of mind" cannot be allowed until the next open enrollment period



AssuredPartners Service

AssuredPartners (AP) is a resource for all employees regarding your benefits package.

AP representatives will be available onsite at the following times below for any questions with your benefit plans or individual consultation.

Onsite dates/times

Date	Building	Time
Wednesday 12/4	Fulton Jr High	2:00 - 3:15 PM
Wednesday 12/4	Schaefer Elementary	3:30 – 4:30 PM
Thursday 12/5	Carriel Jr High	2:00 - 3:15 PM
Thursday 12/5	Moye Elementary	3:30 – 4:30 PM

All staff are welcome to attend any of these times/locations even if it isn't your school

If you cannot attend a scheduled time, please reach out to Carson.Baughner@assuredpartners.com 618.978.8177.

OR email AP representatives with questions at anytime!