



This summary is designed to give you an outline of the health benefit programs offered through Skokie School District 69. Contained in the summary are tips for you on using the plans.

Your 2025 Benefit Summary provides information on your district's benefit plans, including:

- BCBS Member Resources
- Medical Options—PPO and HMO
- Dental
- Vision

- FSA
- Medical Plans Comparison
- Dependent Eligibility Audit

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 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)

Teladoc Diabetes and Hypertension Management (PPO only)

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

Join today at teladochealth.com/smile/ebc or call **(800) 835.2362**. Use registration code: **EBC**

Benefits Value Advisor (PPO only)

Call a Benefits Value Advisor to help you compare costs for 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 appointments
- Share online educational tools

Call **800.458.6024** before your next procedure!

BCBS Member Rewards (PPO only)

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

- Compare costs and quality providers 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.**

Hinge Health (PPO only)

Hinge Health's Virtual Physical Therapy Program

Hinge Health offers a comprehensive Digital MSK Clinic with dedicated programs across the MSK continuum of care. If you suffer from back, knee, neck, shoulder, or hip pain, Hinge Health may be able to help. You'll complete an online screening questionnaire to determine which program best fits your needs, whether preventive, acute, chronic or post-surgery. Through education, exercise therapy, and digital coaching, you can discover health alternatives to help manage your pain. You can participate in Hinge Health at no cost. It includes:

- Physical therapy through digital delivery with motion sensors, online education, and cognitive behavioral therapy to address the causes of chronic pain over time.
- 12-week, coach-led, digital platform for chronic back and knee pain.
- Exercise therapy—Wearable sensors and tablet for real-time movement feedback.

Sign up by visiting hinge.health/ebc.

Wondr

Digital Weight Loss Program

If you are enrolled in one of the district's medical plans, you and your covered dependents over the age of 18 will have access to Wondr, an online behavioral weight loss program (no dieting) to promote long-term weight loss with no out-of-pocket cost to you as services are covered as preventive. You can earn points along your wellness journey to be redeemed for items in the Wondr Store. Sign up by visiting wondrhealth.com/EBC.

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. Plus, you can get care from anywhere in the US: at home, the office, or on the road!

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

- If you're considering the ER or urgent care center for a non-emergency issue
- On a vacation, 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 and complete a medical history questionnaire, you will be granted access to speak with a doctor by phone or video on your mobile device, or computer.

Copay for PPO/HMO is \$0



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 BCBS member.

PPO Medical Plan

To find a contracting doctor or hospital, just go to bcbsil.com and use 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 bcbsil.com.

PPO RX Information

Prime Therapeutics is the administrator of the PPO prescription drug program. They oversee 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 a BCBS HMO plan, 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 bcbsil.com and use 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.

Skokie School District 69 Medical Plans Comparison

	PPO Plan Options		HMO Plan Option	
	Blue Cross and Blue Shield PPO 700		Blue Advantage HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible*				
Individual	\$700	\$1,800		\$0
Family	\$1,400	\$3,600		\$0
Out-of-Pocket Limit*¹ (deductible included)				
Individual	\$3,700	\$11,800	\$1,500	No coverage
Family	\$7,400	\$23,600	\$3,000	No coverage
Covered Expenses				
Hospital				
Inpatient Services	80%	60%	100%	No coverage
Outpatient Surgery	80%	60%	100%	No coverage
Emergency Room	80%		100% after \$100 copay (waived if admitted)	
Physician				
Inpatient Services	80%	60%	100%	No coverage
Outpatient Surgery	80%	60%	100%	No coverage
Office Visits	80%	60%	100% after \$15 copay PCP; 100% after \$30 copay Specialist	No coverage
Other				
X-ray and Lab	80%	60%	100%	No coverage
Therapy–Speech, occupational or physical therapy	80%	60%	100% (60 visits combined/year)	No coverage
Mental/Nervous–Inpatient	80%	60%	100%	No coverage
Mental/Nervous–Outpatient	80%	60%	100% after \$15 copay	No coverage
Substance Abuse–Inpatient	80%	60%	100%	No coverage
Substance Abuse–Outpatient	80%	60%	100% after \$15 copay	No coverage
Wellcare	100%	60%	100%	No coverage
Prescription Drugs	Prime Therapeutics		Prime Therapeutics	
Retail Pharmacy 34-day supply	\$30 Generic \$40 Preferred Brand \$55 Non-Preferred Brand		\$30 Generic \$40 Preferred Brand \$55 Non-Preferred Brand	
Mail Order 90-day supply	\$60 Generic \$80 Preferred Brand \$110 Non-Preferred Brand		\$60 Generic \$80 Preferred Brand \$110 Non-Preferred Brand	

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.

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

¹Please note effective 07/01/14 all medical copays are included in the OOP maximum.





Additional BCBS Resources

BCBS Global Core

BCBS Global Core provides members with access to doctors and hospitals in nearly 200 countries and territories around the world. Members can also search for providers, file a claim, translate medical terms, and much more.

To take advantage of the BCBS Global Core program, visit bcbsglobalcore.com or download the BCBS Global Core mobile app. 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**.

24/7 Nurseline — Around-the-Clock, Toll-Free Support (PPO and HDHP plans 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.

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 receive compassionate help when they need it.

Fitness Program

The Fitness Program is an eight-tier membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 13,000 participating gyms, you can work out at any location of your choosing at any time. To search for a gym, log in to Blue Access for Members or call **888.762.2583**.

Other program perks:

- 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**.
(*No enrollment fee for Digital Only option.*)

Digital Only: \$10/month **Core:** \$29/month
Base: \$19/month **Power:** \$39/month

Elite: \$129/month **Signature:** \$199/month
Pro: \$159/month **Premiere:** \$239/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 EyeMed providers. For a list of providers near you, go to eyemed.com, click *Find a Provider*, then choose the "Select Network" for HMO members and "Advantage Network" for PPO Members.

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

For more discount programs, sign up on the Blue365 website at 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, tools 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 various gift cards to your favorite retailers or restaurants.

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.

Dental Plan

MetLife Dental Coverage

MetLife is the administrator of the dental benefits for you and your family. As a member of this plan, you are free to use any dentist; however, additional discounts will be realized if you use one that participates in the MetLife PDP Plus Network.

Contact MetLife at **800.942.0854** for questions regarding:

- Network providers
- Eligibility status
- Plan benefits
- Claim status and claim forms

Additionally, you can access MyBenefits at www.metlife.com/mybenefits. This website offers you the ability to manage your personal information on your own personalized homepage, where you can view claims status and eligibility information, as well as view a summary of your dental benefits.

MetLife offers a vision discount program through Vision Service Plan (VSP). For more information or to find a participating provider visit www.metlife.com/mybenefits.

Personal Finance App

Download MetLife's free Personal Finance App to manage your finances to get the most out of your money. MetLife's Personal Finance App focuses on developing good money habits and is designed to celebrate small wins one step at a time. Available on the App Store and Google Play.

Blue Cross and Blue Shield Dental Coverage

Your district offers a dental plan through **Blue Cross and Blue Shield of Illinois**. Please visit BCBS at www.bcbstl.com to conduct a provider search to locate a dentist, or contact Customer Service:

Dental HMO members: **800.323.7201**

Dental Plans Comparison		
Benefit	MetLife PPO	BCBS DHMO 630
Deductibles (calendar year)	\$50 Individual \$150 Family (3)	None
Type A: Preventive Services (cleanings & exams)	Deductible waived, reimbursed at 100%	Copays
Type B: Basic Services (fillings, endodontics, periodontics and oral surgery)	Deductible applies, reimbursed at 80%	Copays
Type C: Major Restorative (crowns, bridges & dentures)	Deductible applies, reimbursed at 50%	Copays
Orthodontics (to age 19)	Deductible waived, reimbursed at 50% to a lifetime maximum of \$750	\$1,500 in benefits
Annual Maximum Benefit	\$1,000	N/A

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





Vision Plan

VSP

VSP is the administrator of your district's vision benefits for you and your family. VSP is committed to bringing people together the best people, products, and services to deliver greater access to high-quality, affordable eye care and eyewear.

Visit vsp.com to create a member account to view your in-network coverage, find a VSP network doctor who is right for you and discover savings with exclusive member extras.

Benefit	In-Network	Out-of-Network (Reimbursement)*
WellVision Exam	\$10 copay	Up to \$45
Single Vision Lenses	\$25 copay	Up to \$30
Bifocal Lenses	\$25 copay	Up to \$50
Trifocal Lenses	\$25 copay	Up to \$65
Frame	\$0 copay, \$200 allowance (20% off balance over \$200) \$220 allowance on Featured Frame Brands**	Up to \$70
Contact Lenses (applies to materials only)	In lieu of glasses (frames & lenses)	
Conventional	\$200 allowance	Up to \$105
Disposable	\$200 allowance	Up to \$105
Medically Necessary	\$25 copay; paid in full	Up to \$210
Frequency of Service		
Eye Exams		12 months
Lenses/Contact Lenses		12 months
Frames		12 months

*Call Member Services at **800.877.7195** to obtain detailed information regarding out-of-network plan details.

**Featured Frame Brands include Anne Klein, Bebe, DKNY, Lacost and more! Brands are subject to change. Call Member Services for a full up to date list of Featured Frame Brands.

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

Flexible Spending Account (FSA)

Diversified Benefits Services (DBS)

An FSA allows you to set aside a portion of your salary, before taxes, to pay for qualified medical or dependent care expenses. Because that portion of your income is not taxed, you end up with more money in your pocket. Follow these three steps and start making plans for that extra money you'll bring home:

1. **Plan**—how much money you want to set aside
2. **Spend**—on dependent care and out-of-pocket medical expenses
3. Collect—the money you've set aside

Health FSA—set aside money to pay for eligible medical, dental and vision expenses like coinsurance, prescriptions, dental work and eyeglasses.

Dependent Care Account (DCFSA)—set aside money for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse. To be eligible for this type of account, both you and your spouse (if applicable) must work, be looking for work, or be full-time students.



The current IRS limits for FSA contributions are as follows:

- **Health Care FSA** → \$3,300
- **Dependent Care FSA** → \$5,000 per household

Note: In some cases, you will be required to submit your BCBS Explanation of Benefits (EOB) as substantiation for your expense. If you receive a receipt from your provider for a copay amount, make sure the receipt says "copay". If not, ask your provider to write "copay" on your receipt before leaving the office.

Vague or missing information causes your reimbursements to be delayed or become ineligible. You should always keep your receipts for documentation. If audited by the IRS at a later time, you will be required to produce documentation for all medical FSA expenses.

To view a full list of eligible expenses under an FSA visit <https://www.irs.gov/publications/p502>.

For more information, contact the district office; or you can contact DBS at **800.234.1229** or visit www.dbsbenefits.com.

Dependent Eligibility Audit

The EBC Board of Directors approved conducting an ongoing Dependent Eligibility Audit for all employees who newly cover dependents on their medical plans. The audit is mandatory for all EBC districts.

This audit will capture any new hires or employees experiencing a qualifying life event that add dependents. These employees will be required to upload documents that show proof of dependent eligibility status into a secure online portal managed by Impact Interactive.

Dependents will be dropped from the plan if a dependent is determined to be ineligible during the audit or, if an employee fails to submit documents for the dependent before the deadline. The date the dependent will be dropped is listed in the audit communication sent to individual employees via mailed and district email.

Dropped dependents are NOT eligible for COBRA.

Who are eligible dependents?

- Spouse
- Civil Union
- Domestic Partner
- Biological, adopted, step child
- Child under legal guardianship, foster child

What are examples of documents that will be required?

- The most recent tax return showing married filing jointly/separately
- Birth certificate
- Court documents that show legal guardianship
- Marriage certificate AND two financial statements, such as bank statements, insurance bills, rental/mortgage contracts

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. Any pre-tax benefit elections made during open enrollment must remain in effect until the following open enrollment period, unless you experience a qualifying life event (QLE) that may allow for an election change. Allowed election changes will depend on the QLE that is experienced.

Some examples of qualifying life events include:

- Marriage
- Change in dependent's eligibility or employment status
- Birth or adoption
- Divorce or legal separation

Please note, these are only a few examples. If you believe you experienced a qualifying event, please notify human resources immediately. You have 30 days* from the date of the qualifying event to make applicable changes. Keep in mind, the changes you make must be directly related to the event and you may be required to provide documentation.

*If you lose eligibility for Medicaid/CHIP or become eligible for a state premium assistance subsidy, you have 60 days from that qualified change in status to make changes.



Skokie School District 69



This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.