

MINOOKA CCSD #201

**EMPLOYEE HEALTH &
BENEFITS OVERVIEW
2026**



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INTRODUCTION

Minooka CCSD #201 is pleased to offer you a comprehensive suite of benefits to help support the physical and financial health of you and your family. These benefits help you pay for health care and provide financial protection.

Please read this guide carefully to fully understand your benefits and how they work so you can make the best decision for you and your family. Being thoughtful about your benefits is a good thing - it's the first step to ensuring your family has the protection needed to be healthy throughout the year.



ENROLLMENT

New Employee Enrollment: Newly hired, full-time Minooka CCSD #201 employees, are eligible to participate in our benefit programs on their hire date. They also have the option of delaying the start of benefits to the first day of the following month.

Existing Employee Enrollment: For current employees, there is an annual open enrollment period beginning November 1st and ending November 15th for benefits beginning January 1st. During this time, employees may drop, add, or change benefits for the upcoming calendar year.

If you wish to apply for, or makes changes to benefits outside of your initial eligibility or open enrollment period, you may do so within 31 days of an IRS recognized life change event, as defined below:

- Employee's legal marital status changes, such as marriage, divorce, separation or the death of a spouse.
- A change in the number of dependents, such as birth, adoption or death.
- Changes in employment status of the employee, spouse or dependents, which affects benefit eligibility status. This includes beginning or ending employment, new or different work hours, a change due to a strike, a change from full-time to part-time or vice versa, or beginning or ending an unpaid leave of absence.
- A dependent becoming eligible or ineligible for coverage due to age, obtaining other group coverage, or any similar circumstance.

Benefit changes due to a life-change event must satisfy a consistency rule. That is, an election of benefits or change in coverage must be on account of, and correspond with, the change in status that affects eligibility for coverage under the medical and dental plan.

Voluntarily terminating existing benefits does not qualify as a life change event. You have the right to terminate your benefits during the open enrollment period. Benefit termination will be effective January 1st; as detailed above, you may not rejoin the plan until the next open enrollment period or within 31 days of a life-change event.

It is your responsibility to notify the Benefits Specialist in the Business Office within 31 days of a life change event. Any misrepresentations, inaccurate information, or failure to provide information could result in the loss of your coverage. If you cover an individual who is not eligible for benefits, you will be required to reimburse the plan for any expenses incurred as a result and further disciplinary action may be taken.

Divorced or legally separated spouses are ineligible for coverage as of the day of the divorce or legal separation. Dependent children are ineligible for coverage as of age 26. It is essential to notify the Administrative Center of ineligibility within a timely manner to ensure your dependent's right to COBRA Continuation.

YOUR MEDICAL PLAN

Medical Insurance is one of your most important benefits. Minooka CCSD #201 offers two different health plans, a **Blue Choice Options/PPO** and a **High Deductible Health Plan HSA (HDHP)**, through Blue Cross Blue Shield of IL, giving you the choice to pick the best medical plan for you and your family. Both plans offer in-network preventive care services at no cost to you but differ in other plan features such as deductible, out-of-pocket maximum, and prescription drug coverage. Under both plans, you have coverage whether you seek care from in-network providers or out-of-network providers. However, your out-of-pocket expenses are dramatically reduced if you seek care in-network. To find a provider in Blue Cross Blue Shield of IL's network, [visit **BCBSIL.com**](http://BCBSIL.com) or call **(800) 810-2583** or **(800) 458-6024**.

Be A Smart Health Care Consumer...being a smart healthcare consumer doesn't mean you should avoid trips to the doctor—it means making the best decisions about when and why to go to the doctor. Regular checkups can improve your health and extend your life. Through recommended exams and tests, you increase your chances of discovering problems before an illness significantly affects your health. Preventive care is beneficial not only to your physical well-being, it also makes sense for your financial health because it is generally covered by your medical plan.

Please Note: Preadmission Review is required for the following services: Inpatient Hospital (including Emergency and Maternity Admission), Skilled Nursing Facility, Coordinated Home Care Program, Private Duty Nursing, Mental Illness, and Substance Abuse Rehabilitation. Failure to notify the Medical Services Advisory Program of admission in a timely fashion (at least one business day prior or two days after in case of emergency) may result in a \$1,000 reduction in benefits.

**Minooka 201's medical plan has contracted with certain pharmacies for in-network coverage. This "Advantage Network" includes 55,000+ pharmacies but excludes CVS Pharmacies. Log in to myprime.com and select "Find a Pharmacy" to see a list of in-network providers.*

Blue Choice OPT PPO

Blue Choice OptionsSM

You know that you may save money when you see doctors and hospitals in your health plan's PPO network. But, did you know that with your Blue Choice Options benefit plan, you can save more money by using a doctor or hospital that is part of the Blue Choice OPT PPOSM network?

What Is a Blue Choice Options Plan?

Learn about the different tiers so you can make smart choices and get the best value.

Why Using a Blue Choice OPT PPO Network Provider Saves You Money

The Blue Choice OPT PPO network has many doctors and hospitals that can meet all your health care needs. They all meet Blue Cross and Blue Shield of Illinois (BCBSIL) quality standards and have agreed to offer you care and services at a lower cost.

Tier 1

Blue Choice OPT PPO Network

Best value, the least out-of-pocket costs with in-network providers

Tier 2

Larger Statewide PPO Network

Larger network, more out-of-pocket costs with these providers

Tier 3

Out-of-Network

Out-of-network, highest out-of-pocket costs, you may have to pay those fees up front

How to Find a Tier 1 or Tier 2 Provider

Log in to Blue Access for MembersSM (BAMSM) at bcbsil.com/member, register for a BAM account using your name, date of birth and identification number found on your member ID card. When you search for providers in BAM, it will take you to network providers only.

For basic provider searches, you use Provider Finder[®] without logging in to BAM. Visit bcbsil.com and click on the **Find Care** tab and select **Find a Doctor or Hospital**, and click **Search as Guest**. Under **Plans**: enter your search criteria:

- When you choose **Blue Choice OptionsSM (BCO)**, you will get a list of Tier 1 providers only.*
- When you choose **Participating Provider Organization (PPO)**, you will get a list of Tier 2 BCO providers.
- Or you can Browse by Category or Search for Names and Specialties.

* If you change the option to view "All Tiers", then results are sorted with Tier 1 providers to the top and Tier 2 providers are displayed below. The top tier providers will have Tier 1 listed by their names and the Tier 2 providers will just have the provider's name with no tier listed.

The charts on the next page highlight some of the plan features. For full coverage information, please see the benefit plan certificates.

Dual Network PPO Blue Choice Options/PPO			
Plan Features	Tier 1 BCO	Tier 2 PPO	Tier 3 Out-of- Network
Calendar Year Deductible			
Individual	\$500	\$750	\$1,125
Family	\$1,000	\$1,500	\$2,250
Out-of-Pocket Maximum (Includes Deductible)			
Individual	\$1,875	\$2,800	\$4,200
Family	\$3,750	\$5,625	\$8,425
Plan Maximum	Unlimited	Unlimited	
Co-Insurance Coverage	90% after deductible	70% after deductible	50% after deductible
Services			
Preventive Care <i>Routine Physical Exam, Pap Smear, Mammogram, Prostate Exam, Immunizations</i>			
	100% no deductible	100% no deductible	50% after deductible
Office Visit	\$20/\$20 copay	\$20/\$20 copay	50% after deductible
Inpatient Hospital Services	90% after deductible	70% after deductible	50% after deductible
Outpatient Surgical Services	90% after deductible	70% after deductible	50% after deductible
Outpatient Lab & X-ray	90% after deductible	70% after deductible	50% after deductible
Emergency Room Care	\$500 copay*, then 90% after deductible <i>*copay waived if admitted</i>		
Ambulance	90% after deductible		
Prescription Drug**	\$5/\$25/\$50 copay, 2 Xs retail	\$5/\$25/\$50 copay, 2 Xs retail	\$5/\$25/\$50 copay, 2 Xs retail
Prescription Drug OoP Maximum (separate)			
Individual	\$2,000	\$2,000	\$2,000
Family	\$4,000	\$4,000	\$4,000
** Generic / Preferred Brand / Non-Preferred Brand & Specialty (Specialty not covered out-of-network)			

High Deductible HSA Blue Choice Options/PPO			
Plan Features	Tier 1	Tier 2	Tier 3 Out-of- Network
Calendar Year Deductible			
Individual	\$3,400	\$5,100	\$7,650
Family	\$6,800	\$10,200	\$15,300
Out-of-Pocket Maximum			
Individual	\$3,400	\$5,100	\$7,650
Family	\$6,800	\$10,200	\$15,300
Plan Maximum	Unlimited	Unlimited	
Co-Insurance Coverage	100%	80% after deductible	50% after deductible
Services			
Preventive Care <i>Routine Physical Exam, Pap Smear, Mammogram, Prostate Exam, Immunizations</i>			
	100% no deductible	100% no deductible	50% after deductible
Office Visit	100% after deductible	80% after deductible	50% after deductible
Inpatient Hospital Services	100% after deductible	80% after deductible	50% after deductible
Outpatient Surgical Services	100% after deductible	80% after deductible	50% after deductible
Outpatient Lab & X-ray	100% after deductible	80% after deductible	50% after deductible
Emergency Room Care	100% after deductible		
Ambulance	100% after deductible		
Prescription Drug*	100% after deductible		
Prescription Drug OoP Maximum			
Individual	N/A - combined with Medical		
Family	N/A - combined with Medical		
*Preventive Generic Drugs (IRS Approved) no deductible			

HEALTH SAVINGS ACCOUNT

When you enroll in the **High Deductible HSA (HDHP)** plan offered by Minooka CCSD #201, you are also enrolled in a Health Savings Account (HSA) to help you save pre-tax dollars to pay for out-of-pocket healthcare expenses. The funds in your HSA belong to you and may be used for current or future qualified medical expenses or may be left to accumulate for use during retirement. You may elect to make contributions to your HSA through pre-tax payroll deductions. HSA contributions are limited by the U.S. Internal Revenue Service based on the calendar year. For 2026, the maximum amount that can be contributed to an HSA by employer and employee combined is \$4,400 for individual coverage and \$8,750 for family coverage. Individuals over age 55 may make an additional “catch-up” contribution of \$1,000 annually.

Please note that you may not contribute to an HSA if you are enrolled in Medicare Part A or B **or** if you are covered under a non-HSA-qualified medical plan. You may also not contribute to an HSA if you are currently participating in a Flexible Savings Account (FSA) unless it is a “limited purpose” FSA that allows payouts for only dental and vision expenses.

USING YOUR MONEY

Funds from your HSA can be withdrawn at any time but may be assessed taxes and a penalty if you are under age 65 and the funds are not used for qualified medical expenses. After age 65, there is no penalty for non-qualified withdrawals but the amounts withdrawn are taxable.

Funds may be withdrawn tax and penalty free at any age to cover qualified expenses for yourself or any IRS-eligible dependents (even if you have employee only coverage and your dependents are not covered under your plan):

- Out of Pocket expenses including deductibles and coinsurance
- Dental Care Services
- Vision Care Services
- Prescription drugs
- Over-the-counter (OTC) medications
- COBRA premiums

A full list of qualified medical expenses can be found in Publication 502 at www.irs.gov.

**Make sure to keep records of your receipts in case of an IRS audit.*

Minooka CCSD #201 makes contributions to employees' Health Savings Accounts:

\$1,700 annually for individual coverage (increase from 2025)

\$3,400 annually for family coverage (increase from 2025)

PRESCRIPTIONS

Mail-Order Program

Express Scripts Pharmacy, the mail-order pharmacy, provides safe, fast, and cost-effective services that can save you time and money. With this program, you can obtain up to a 90-day supply of long-term (or maintenance) medications through Express Scripts Pharmacy. Maintenance medications are those drugs you may take on an ongoing basis to treat conditions such as high cholesterol, high blood pressure, or diabetes.

You have more than one option to fill or refill a mail-order prescription:

- Visit express-scripts.com/rx. Follow the instructions to register and create a new profile.
- Log in to myprime.com and follow the links to Express Scripts Pharmacy.
- Call 1-833-715-0942, 24/7, to refill or transfer a current prescription or get started with home delivery.

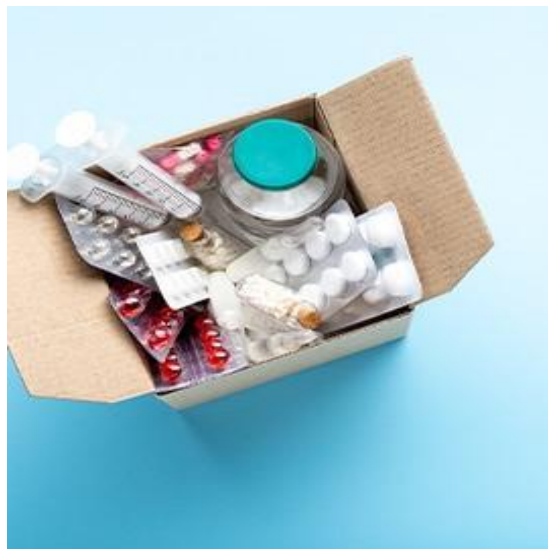
Specialty Pharmacy Program

Members using a specialty drug to treat a complex or rare condition may need to follow the specialty pharmacy program requirements.

Specialty prescriptions need to be filled through **Accredo** to be eligible for coverage.

Accredo has the medicines and support you need to help you manage complex conditions. They offer:

- Specialty-trained staff to help answer questions about your specialty medicine(s) or condition
- 24/7 support
- Free shipping with safe, on-time delivery
- Refill reminders and other digital tools



TELAMEDICINE

Minooka CCSD #201 offers all benefit eligible employees who select one of our health insurance plans access to **Teladoc Health**. Teladoc is a convenient and affordable option that allows you to talk to a doctor who can diagnose, recommend treatment, and prescribe medication, when appropriate, for many of your medical issues. Board-certified physicians in internal medicine, family practice, and pediatrics are available 24/7/365 by web, phone, or app. With your consent, Teladoc will provide information about your consultation to your primary care physician.

What can the Doctor treat you for?

Teladoc Doctors can treat you for many conditions, including:

- Cold & Flu Symptoms
- Allergies
- Bronchitis
- Urinary Tract Infection
- Respiratory Infection
- Sinus Problems
- And More!

When can I use Teladoc?

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

Who are the Doctors at Teladoc?

- Practicing PCPs, pediatricians, and family medicine physicians
- Average 20 years of experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA Standards

Teladoc Rates	
PPO Plan	\$5 Copay
Value HSA (HDHP) Plan	\$55 (goes toward out-of-pocket accumulation)

Download the app to talk to a doctor



Visit [Teladoc.com](https://www.teladoc.com) - OR - Call 1-800-TELADOC (835-2362)

YOUR DENTAL PLAN

Minooka CCSD #201 provides dental benefits through **Guardian Dental** and allows you to see any dentist. However, you will maximize your benefits by visiting a Dentist in the Guardian PPO Network. To find a provider in Guardian Dental, visit www.guardiananytime.com



The chart below highlights the plan features. Guardian also provides an Oral Health Rewards Program.

Please Note: Out-of-Network dentists are reimbursed the lesser of the submitted fee or the 95th percentile of the Reasonable and Customary fee. These dentists may balance bill you for charges in excess of Guardian Dental reimbursement.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and strokes may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Worsening oral health is seen as Alzheimer's disease progresses.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2021.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

YOUR DENTAL PLAN

Taking care of your teeth is about more than just brushing well and bi-annual cleanings. With dental insurance, routine preventive care can lead to better overall health. It also means accounting for more expensive dental work. And you'll be able to save money if any extensive dental work is required.

Plan Features		Guardian Dental	
Calendar Year Deductible		\$0	
Annual Maximum		\$1,500 / person	
Lifetime Ortho Maximum		\$1,000	
Services		Tier 1 In-Network	Tier 2 Out-of-Network
Preventive Services		100%	
Basic Services		80%	
Major Services		50%	
Orthodontia (under age 19)		60% subject to lifetime max	

A SAMPLE OF SERVICES COVERED BY YOUR PPO PLAN:

Preventive Care	Cleaning (prophylaxis) Frequency:	100% 2 per calendar year (applies to all levels)
	Fluoride Treatments Limits:	100% Under Age 19 (applies to all levels)
	Oral Exams	100%
	Sealants (per tooth)	100%
	X-rays	100%
Basic Care	Anesthesia*	80%
	Fillings‡	80%
	Perio Surgery	80%
	Periodontal Maintenance Frequency:	80% 2 per calendar year (applies to all levels)
	Root Canal	80%
	Scaling & Root Planning (per quadrant)	80%
	Simple Extractions	80%
Major Care	Surgical Extractions	80%
	Bridges and Dentures, Inlays, Onlays,	50%
	Veneers** Repair & Maintenance of Crowns,	50%
	Bridges & Dentures Single Crowns	50%
Orthodontia	Limits: Child(ren) (applies to all levels)	60%

**For PPO and/or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

YOUR VISION PLAN

Minooka CCSD #201 provides a vision care plan through **EyeMed** utilizing the Insight PPO Vision Network. Vision health impacts your overall health. Routine eye exams can lead to early detection of vision problems and diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis and rheumatoid arthritis. It is recommended you have an eye exam once every 12 months.

To find a provider, visit Eyemed.com or call 1-866-804-0982.

Plan Feature	Participating Provider	Non-Participation Provider
Eye Examinations	\$0 copay	Up to \$40
Lenses (1x every 12 months)		
Single	\$20 copay	Up to \$30
Bifocal	\$20 copay	Up to \$50
Trifocal	\$20 copay	Up to \$70
Lenticular	\$20 copay	Up to \$70
Frames (1x every 24 months)	\$120 allowance	Up to \$84
Contact Lenses (1x every 12 months)		
Elective (conventional & disposable)	\$150 allowance	Up to \$150
Medically Necessary	\$0 copay	Up to \$300

Additional Plan Discounts:

- Fixed copayments on lens options including anti-reflective and scratch-resistant coatings, UV Treatment, Tint, Photochromic/Transitions
- 20% discount off balance of frames over \$120
- After copay, standard polycarbonate is available at no charge



YOUR LIFE AND AD&D PLAN

Planning your financial security is a challenging task under the best of circumstances, but what happens if you are unable to work due to a severe injury? Or in the unfortunate event of your passing? Minooka CCSD #201 provides basic life insurance and accidental death and dismemberment (AD&D) insurance to help relieve some of the financial strain should any of these situations occur. These benefits, administered through **Voya Financial**, are provided at no cost to you.

The information below highlights some of the plan features; please refer to your benefit plan certificate for full coverage information.

- **Life Insurance:** \$40,000 or other amount specified in your employment contract.
- **Accidental Death & Dismemberment (AD&D):** AD&D provides benefits for an accidental bodily injury that directly causes dismemberment. You will receive 50% of your life insurance benefit for the loss of one member (hand, foot, eye) and 100% for the loss of two or more members. In the event that death occurs from a covered accident, both the Life and AD&D benefit would be payable.
- **Accelerated Benefit:** If you have been diagnosed with a terminal illness and life expectancy is 12 months or less, you can receive up to 75% of the life benefit in advance. You can utilize this money for expenses incurred that are not covered by other insurance for your care. Please note that your death benefit would be reduced by the amount taken through the accelerated benefit (ex: \$15,000 provided through accelerated benefit and \$5,000 provided upon death for a total benefit of \$20,000).
- **Portability/Conversion:** If you terminate your employment or become ineligible for coverage, you have the option to convert all or part of your coverage in force to an individual life policy without Evidence of Insurability. Conversion election must be made within 31 days of the date of termination.

PAYROLL CONTRIBUTIONS

Bi-Weekly Employee Premium Contributions

Coverage Tier	Medical	Dental	Vision	Total Bi-Weekly Premium Contributions
Employee Only				
Blue Choice OPT PPO (without Wellness)	\$57.12	\$2.24	\$0.21	\$59.57
Blue Choice OPT PPO (with Wellness)*	\$47.12	\$2.24	\$0.21	\$49.57
Value HSA - HDHP (without Wellness)	\$48.18	\$2.24	\$0.21	\$50.63
Value HSA - HDHP (with Wellness)*	\$38.18	\$2.24	\$0.21	\$40.63
Employee & Family - New Hire				
Blue Choice OPT PPO (without Wellness)	\$326.59	\$14.52	\$1.39	\$342.50
Blue Choice OPT PPO (with Wellness)*	\$306.59	\$14.52	\$1.39	\$322.50
Value HSA - HDHP (without Wellness)	\$267.84	\$14.52	\$1.39	\$283.75
Value HSA - HDHP (with Wellness)*	\$247.84	\$14.52	\$1.39	\$263.75
Employee & Family <i>*after paying into the plan for 5 years.</i>				
Blue Choice OPT PPO (without Wellness)	\$139.06	\$5.65	\$0.54	\$145.24
Blue Choice OPT PPO (with Wellness)*	\$119.06	\$5.65	\$0.54	\$125.24
Value HSA - HDHP (without Wellness)	\$116.32	\$5.65	\$0.54	\$122.51
Value HSA - HDHP (with Wellness)*	\$96.32	\$5.65	\$0.54	\$102.51

****With Wellness rates only apply to those who participate in the annual Wellness Screenings during the Open Enrollment period.***

VOLUNTARY LIFE INSURANCE PLAN

Minooka CCSD #201 provides all eligible employees the opportunity to purchase additional supplementary term life insurance at group rates through Voya Financial. You pay the full cost of this coverage through after-tax payroll deductions. The information below highlights some of the plan features; please refer to your benefit plan certificate for full coverage information.

Insured	Benefit	Guaranteed Issue Amount
Employee	\$10,000 to a maximum of \$150,000 in \$10,000 increments, not to exceed 5 times basic annual earnings	\$100,000
Spouse	\$5,000 to a maximum of \$75,000 in \$5,000 increments, not to exceed 50% of the employee's Supplemental Life insurance amount	\$30,000
Dependent Children	\$2,500 up to a maximum of \$10,000 in \$2,500 increments	\$10,000

***An employee must be insured through this supplementary policy for a spouse or dependent children to be insured.**

Employee & Spouse Rate Per Person Per \$1,000

Employee's Age	Rate/\$1,000/Month	Employee's Age	Rate/\$1,000/Month
Under 25	\$0.06	50 – 54	\$0.33
25 – 29	\$0.06	55 – 59	\$0.48
30 – 34	\$0.08	60 – 64	\$0.74
35 – 39	\$0.09	65 – 69	\$1.27
40 – 44	\$0.14	70 – 74	\$2.06
45 – 49	\$0.20	75+	\$3.43

Dependent Children Rate – \$.20 per \$1,000 of benefit

Covers all dependent children regardless of the number of children.

Employee & Spouse AD&D Rate - \$.025 per \$1,000 of benefit

VOLUNTARY CRITICAL ILLNESS INSURANCE

Critical Illness Insurance through **Voya Financial** is designed to protect your income and personal assets when your out-of-pocket expenses increase as a result of an illness. The benefit pays a lump sum that can be used in any way you choose and benefits are paid in addition to any other insurance coverage you may have. The information below highlights some of the plan features; please refer to your benefit summary for full coverage information.

Feature	Benefit
Employee Benefit Options	\$5,000, \$10,000, \$15,000 or \$20,000
Spouse Benefit Options	50% of Employee Benefit
Child(ren) Benefit Options	50% of Employee Benefit

- **Covered Critical Illnesses include but are not limited to:** heart attack, stroke, loss of sight, major organ transplant, end-stage renal failure, cancer and many more illnesses.
- **Portability:** Portable upon insurance termination.
- **Wellness Screening Benefit:** of **\$75** for Employees, Spouses, and Child(ren) upon eligible health screening.



CRITICAL ILLNESS INSURANCE RATES

Employee Coverage									
Monthly Rates									
Includes Wellness Benefit Rider									
Non-Tobacco User					Tobacco User				
Attained Age	\$5,000	\$10,000	\$15,000	\$20,000	Attained Age	\$5,000	\$10,000	\$15,000	\$20,000
Under 30	\$1.90	\$3.80	\$5.70	\$7.60	Under 30	\$2.00	\$4.00	\$6.00	\$8.00
30-39	\$2.40	\$4.80	\$7.20	\$9.60	30-39	\$2.70	\$5.40	\$8.10	\$10.80
40-49	\$4.40	\$8.80	\$13.20	\$17.60	40-49	\$5.90	\$11.80	\$17.70	\$23.60
50-59	\$9.45	\$18.90	\$28.35	\$37.80	50-59	\$15.60	\$31.20	\$46.80	\$62.40
60-64	\$17.95	\$35.90	\$53.85	\$71.80	60-64	\$33.80	\$67.60	\$101.40	\$135.20
65-69	\$17.95	\$35.90	\$53.85	\$71.80	65-69	\$33.80	\$67.60	\$101.40	\$135.20
70+	\$21.35	\$42.70	\$64.05	\$85.40	70+	\$37.05	\$74.10	\$111.15	\$148.20

Spouse Coverage*									
Monthly Rates									
Includes Wellness Benefit Rider									
Non-Tobacco User					Tobacco User				
Attained Age	\$2,500	\$5,000	\$7,500	\$10,000	Attained Age	\$2,500	\$5,000	\$7,500	\$10,000
Under 30	\$0.95	\$1.90	\$2.85	\$3.80	Under 30	\$1.00	\$2.00	\$3.00	\$4.00
30-39	\$1.20	\$2.40	\$3.60	\$4.80	30-39	\$1.35	\$2.70	\$4.05	\$5.40
40-49	\$2.20	\$4.40	\$6.60	\$8.80	40-49	\$2.95	\$5.90	\$8.85	\$11.80
50-59	\$4.73	\$9.45	\$14.18	\$18.90	50-59	\$7.80	\$15.60	\$23.40	\$31.20
60-64	\$8.98	\$17.95	\$26.93	\$35.90	60-64	\$16.90	\$33.80	\$50.70	\$67.60
65-69	\$8.98	\$17.95	\$26.93	\$35.90	65-69	\$16.90	\$33.80	\$50.70	\$67.60
70+	\$10.68	\$21.35	\$32.03	\$42.70	70+	\$18.53	\$37.05	\$55.58	\$74.10

Children Coverage	
Monthly Rates	
Includes Wellness Benefit Rider	
Coverage Amount	Rate
\$2,500	\$1.00
\$5,000	\$2.00
\$7,500	\$3.00
\$10,000	\$4.00

FMLA (FAMILY AND MEDICAL LEAVE ACT)

The [Family and Medical Leave Act \(FMLA\)](#) provides certain employees with up to 12 weeks of unpaid, job-protected leave per year. It also requires that their group health benefits be maintained during the leave.

FMLA is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons. It also seeks to accommodate the legitimate interests of employers and promote equal employment opportunity for men and women.

What is FMLA?

FMLA (Family and Medical Leave Act) provides unpaid, job-protected leave for up to 12 weeks per 12 month period for qualified employees, with the continuation of health insurance coverage, if applicable. Under FMLA, the employee is guaranteed the same or similar position when they return.

Qualifying Leave Entitlements

- The birth of a child or placement of a child for adoption or foster care;
- To care for the employee's spouse, child or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform their job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

FMLA & Sick time

While FMLA leave is typically unpaid, the District will substitute an employee's accrued sick, personal and vacation for unpaid FMLA leave.

**Certain qualifying events may limit the number of paid time off days that can be used.*

***Current school year allotment of sick and personal days are subject to proration.*



Other Important Information

- For maternity/paternity leave requests a doctor's note with expected delivery date is required.
- All medical leave requests require medical certification from a Health Care Provider.
- The district will inform the employee of any changes that may alter anticipated wages, health insurance benefits, and/or the number of prorated sick and personal days, if applicable.

FMLA/LOA PROCESS

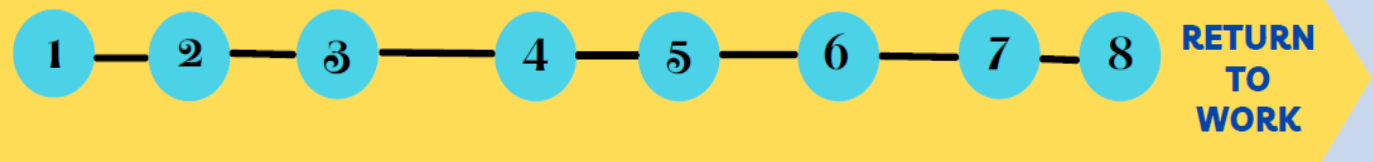
1. FMLA/Leave of Absence is requested by employee and/or the District is notified by an administrator that the employee is absent for a qualifying reason for more than 5 days

3. Required medical documentation is submitted to the District

6. Employee Out on Leave
CONTINUOUS LEAVE - Employee remains in contact with District and Building Administrator regarding return to work.

INTERMITTENT LEAVE - Employee schedules absences in advance with District/Building Administrator in advance whenever possible.

8. Notify the District if there are any life event changes that would result in adjustments to health insurance plans and completing all necessary forms.



2. FMLA/Leave of Absence eligibility is determined by the District and notice of rights & responsibilities sent to employee

4. Leave request presented at Board of Education meeting for approval.

5. Leave designation sent to employee.

7. Medical release required to be sent to the District BEFORE returning to work.

COBRA

COBRA gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances, such as:

- Involuntary job loss
- Reduction in hours worked
- Transition between jobs
- Birth of a child
- Death
- Divorce
- Other Life Events



CONTACT INFORMATION

If you have questions about plan benefits, claims, or other information covered in this packet, or if you need a form or assistance filling out a form, please contact:

Julia Adamic
jadamic@min201.org
305 West Church Street
Minooka, Illinois 60447
(815) 467-0595



Carrier Contact Information	Phone	Website
Medical Carrier – BCBSIL	(800) 828-3116	www.bcbsil.com
Provider Locator	(800) 810-2583	www.bcbsil.com/find-a-doctor-or-hospital
Preauthorization - Medical	(800) 635-1928	
Preauthorization – Mental Health / Substance Abuse	(800) 851-7498	
Pharmacy Line – BCBSIL	(800) 423-1973	www.myprime.com
Pharmacy Mail Order – Express Scripts	(800) 282-2881	Express-scripts.com
Specialty Pharmacy - Accredo	(833) 721-1619	Accredo.com/bcbsil
Teladoc	(800) 835-2362	www.teladoc.com
Dental Carrier - Guardian	(888) 600-1600	www.guardiananytime.com
Vision Carrier – Eye Med	(866) 804-0982	www.eyemed.com
Life Insurance – Voya Financial	(800) 955-7736	www.voya.com
EAP (Employee Assistance Program) ComPsych	(877) 533-2363	Guidanceresources.com Web ID: MY5848i
Samaritan Fund Program	(866) 764-9290	Samaritanfundprogram.com