



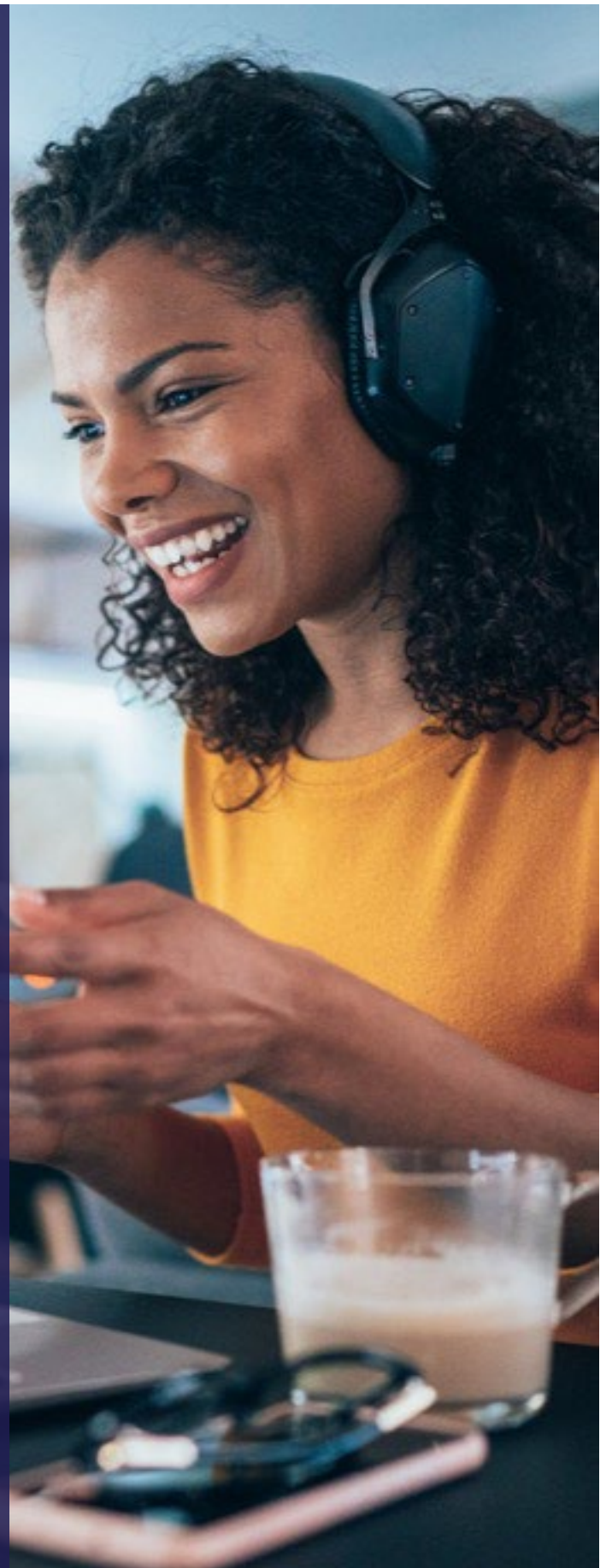
# 2026 EMPLOYEE BENEFITS GUIDE

7/1/2026 – 6/30/2027



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# Welcome to your CCSD 15 2026-2027 Benefits!



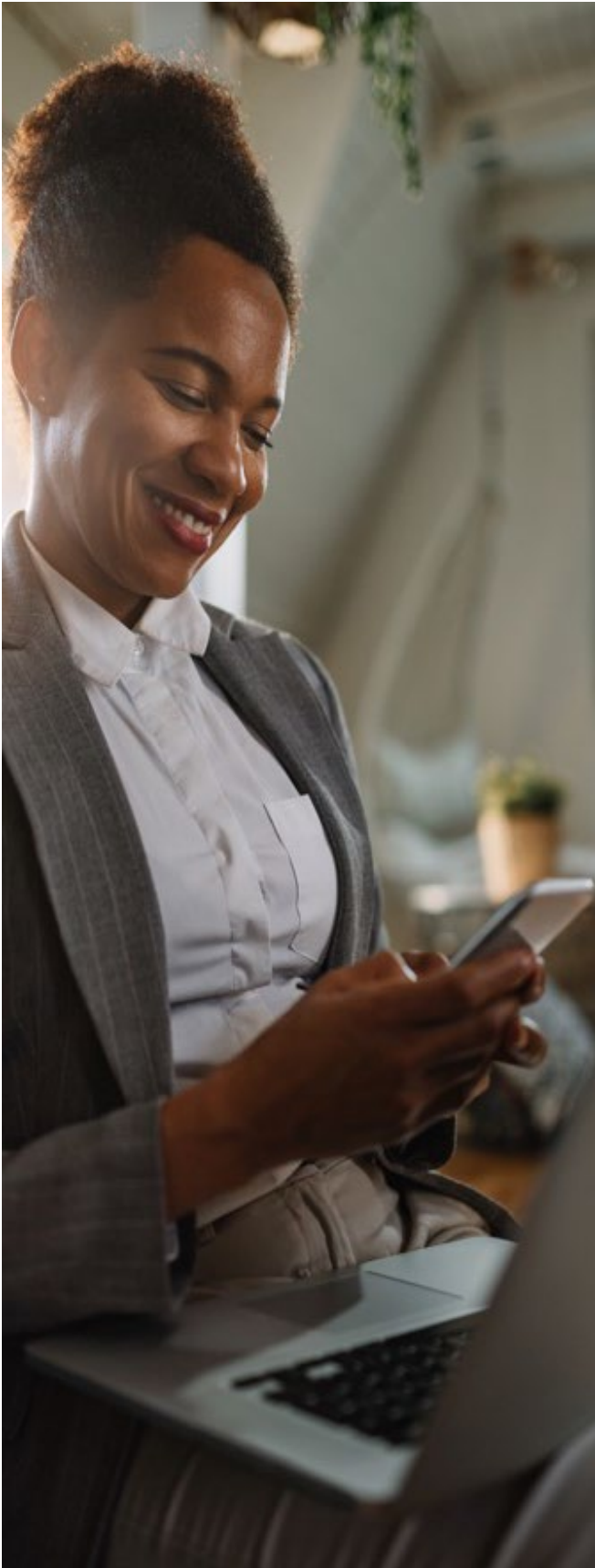
Your needs, and those of your family, are unique to you. That's why CCSD 15 provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

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
  - Blue Choice Options PPO
  - HDHP PPO (HSA-eligible plan)
  - HMO A (Blue Advantage HMO)
  - HMO C (Blue Advantage HMO)
  - ✓ Plans include prescription drug coverage
- Health Savings Account (HSA)
- Galileo Virtual Care (Non-HMO Plans)
- Dental – Delta Dental of Illinois
- Vision – VSP
- 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 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 at:

<https://a.flexbooker.com/reserve/CCSD15>

OR

Visit: <https://agmenroll.com/AGM/Login>

Search for: CCSD15

Your User Name: Social Security Number

Your Password and Pin Number: Last 4 digits of your Social Security + Last 2 digits of birth year.

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

## 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 4 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).

## **Galileo Virtual Care (PPO and HDHP PPO with HSA Only)**

Both the PPO and the HDHP with HSA Plans include Virtual Care from Galileo. The visits are available at no cost to members enrolled in the PPO or the HDHP PPO with HSA plan.

Services Include: Primary Care, Behavioral Health, Annual Wellness Exams, Pediatrics, Second Opinions, and much more. All providers have 10+ years of medical practice experience.

## **Finding In-Network Providers**

To search for in-network medical providers, log onto [www.bcbsil.com](http://www.bcbsil.com). When prompted to select a plan, click on Network Name.

**Blue Choice Options PPO: Choose the Blue Choice Options (BCO) Network.**

**HDHP PPO with HSA: Choose the Participating Provider Organization (PPO) Network.**

**HMO: Choose the Blue Advantage HMO Network (Both HMO A & C).**

## **Access to Care**

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

# Blue Choice Options (BCO)

Blue Choice Options is a tiered PPO plan offered through BlueCross BlueShield of Illinois. Below is a summary of each tier:

- **Tier 1** is the Blue Choice Options Network. This tier provides the highest level of benefits resulting in the lowest out-of-pocket costs. Over 87% of participating providers in the BCBS PPO network are in Tier 1, including Endeavor Health, Northwest Community, Advocate, Northwestern, Loyola, Rush Oak Park and Rush University Medical Center
  - **Tier 2** is the PPO Network. Since providers in Tier 2 are higher cost, benefits are reduced. High profile providers in Tier 2 include University of Chicago Medical Center and Ann & Robert H. Lurie Children's Hospital.
  - **Tier 3** is Out-of-Network. Tier 3 has the lowest benefit levels as providers have not agreed to contracted rates with BCBS of IL.
- The deductibles and Out-Of-Pocket Maximums cross accumulate between Tier 1 and Tier 2. This allows you to use Tier 2 providers and limit total out-of-pocket expenses by staying in-network.
  - Blue Choice Options (BCO) is an Illinois-based network. If you enroll in this plan and travel outside Illinois, you will be covered at the Tier 1 level of coverage. If you live in a border state such as Indiana and Wisconsin, call BCBS to determine whether providers in IN or WI will be considered Tier 1 or Tier 2 providers.



# Medical Plan Options-

## Blue Choice Options PPO

| Blue Cross Blue Shield of Illinois |            | Blue Choice Options PPO |                  |                |
|------------------------------------|------------|-------------------------|------------------|----------------|
| Medical                            |            | Tier 1 Providers        | Tier 2 Providers | Out-of-Network |
| Plan Year Deductible               | Individual | \$750                   | \$750            | \$1,500        |
|                                    | Family     | \$1,500                 | \$1,500          | \$3,000        |
| Coinsurance                        |            | 20%                     | 30%              | 50%            |
| Plan Year Out-of-Pocket Max        | Individual | \$1,000                 | \$1,000          | \$3,000        |
|                                    | Family     | \$2,000                 | \$2,000          | \$6,000        |
| Preventive Care                    |            | 0%                      | 0%               | 50%*           |
| Primary Care Office Visit          |            | 20%*                    | 30%*             | 50%*           |
| Specialist Office Visit            |            | 20%*                    | 30%*             | 50%*           |
| Emergency Room Care                |            | \$75 Copay; Then 90%*   |                  |                |
| Inpatient Hospital                 |            | 20%*                    | 30%*             | 50%*           |
| Outpatient Surgery                 |            | 0%*                     | 0%*              | 50%*           |

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

*\*After Deductible*

# Medical Plan Options – HDHP PPO with HSA

| Blue Cross Blue Shield of Illinois |                      | PPO                |                     |
|------------------------------------|----------------------|--------------------|---------------------|
| Medical                            |                      | In-Network         | Out-of-Network      |
| Plan Year Deductible               | Individual<br>Family | \$1,650<br>\$3,300 | \$3,200<br>\$6,400  |
| Coinsurance                        |                      | 20%                | 40%                 |
| Plan Year Out-of-Pocket Max        | Individual<br>Family | \$3,300<br>\$6,600 | \$6,400<br>\$12,800 |
| Preventive Care                    |                      | Covered at 100%    | 40%*                |
| Primary Care Office Visit          |                      | 20%*               | 40%*                |
| Specialist Office Visit            |                      | 20%*               | 40%*                |
| Urgent Care Facility               |                      | 20%*               | 40%*                |
| Emergency Room Care                |                      | 20%* Coinsurance   |                     |
| Inpatient Hospital                 |                      | 20%*               | 40%*                |
| Outpatient Surgery                 |                      | 20%*               | 40%*                |

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

*\*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.

| CVS  | Traditional PPO   | High-Deductible PPO                       |
|--|-------------------|---|
| <b>Retail (up to 34-day supply)</b>        | <b>You Pay</b>    | <b>You Pay</b>                            |
| Generic                                    | \$15              | Deductible then 20%                       |
| Formulary Brand                            | \$25              | Deductible then 20%                       |
| Non-Formulary Brand                        | \$40              | Deductible then 20%                       |
| 90-Day retail/mail-order                   | 2x 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<br>(up to 34-day supply)  | Mail Order<br>(up to 90-day supply)   | Specialty Pharmacy<br>(30-day supply)  |
|---|---|--|
| <a href="http://www.caremark.com">www.caremark.com</a>  | <a href="http://www.caremark.com">www.caremark.com</a>  | <a href="http://www.caremark.com">www.caremark.com</a>   |
| <b>Customer Care</b><br><b>888-202-1654</b>   | <b>Customer Care</b><br><b>888-202-1654</b>   | <b>Customer Care</b><br><b>800-202-1654</b>  |
| <ul style="list-style-type: none"> <li>✓ Locate a participating retail pharmacy</li> <li>✓ View a list of approved drugs</li> </ul> | <ul style="list-style-type: none"> <li>✓ Use for maintenance drugs such as medication for high blood pressure, arthritis or diabetes</li> <li>✓ Pay less than retail pharmacy for a 90-day supply</li> <li>✓ No additional cost for delivery</li> </ul> | <ul style="list-style-type: none"> <li>✓ Medications used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis</li> <li>✓ Prescription can only be filled once every 30 days</li> </ul> |

# Medical Plan Options- Blue Advantage HMO

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

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

<sup>1</sup> Annual Out-of-Pocket Maximum includes deductibles, copays and coinsurance.

\*After Deductible

# Galileo - Virtual Medical Care at no cost!

Both the PPO and the HDHP PPO with HSA medical plans include Galileo. Galileo provides 24-7-365 access to board-certified physicians by secure video chat. Members on the PPO and members on the HDHP PPO with HSA pay a \$0 copay.

**For an illness or injury that is not an emergency**, the Galileo telemedicine program offers a **convenient, cost-effective alternative** to hospital emergency rooms and urgent care clinics.

**Galileo** is not intended to replace your relationship with your doctor but rather provide access to healthcare when reaching the doctor is difficult or inconvenient.

**Galileo** 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



## 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**

Access your care by heading to the Apple App Store or the Google Play Store, search for Galileo Health to install the app and get registered.

If your Galileo provider sends in a prescription for you to fill, your standard insurance costs for the medication would be charged when you fill the prescription.

# 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 **Galileo** 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

# Hinge Health (PPO Only)

## Overcome Back and Joint Pain



Scan to start moving better

[hinge.health/ccsd15-join2026](https://hinge.health/ccsd15-join2026)



### Comprehensive Care, all in one app

Address multiple MSK needs in the same platform.



### AI-guided exercises

TrueMotion technology provides members with real-time feedback and measures progress.



### Drug-free pain relief on the go

For members experiencing chronic pain or flareups. Enso soothes pain in minutes and makes therapy more effective.



### Specialized care for many MSK needs

From acute injuries, chronic pain, women's pelvic health, pre- and post-surgery and fall prevention.

**Join Hinge Health in 2026 at no cost to you!**

# 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.

## 2026 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.

### 2026 IRS Contribution Limit

|                       |         |
|-----------------------|---------|
| Employee Only         | \$4,400 |
| Employee + Dependents | \$8,750 |

## 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](http://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](http://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 **\$3,400** to the Health Care FSA for the **2026** 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 **\$3,400** for the **2026** 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 **2026** calendar year, you can deposit up to **\$7,500** 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).

*\* 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.*

### 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](https://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.

# 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](http://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                         | 50% up to \$1,500 Lifetime Maximum |                     |

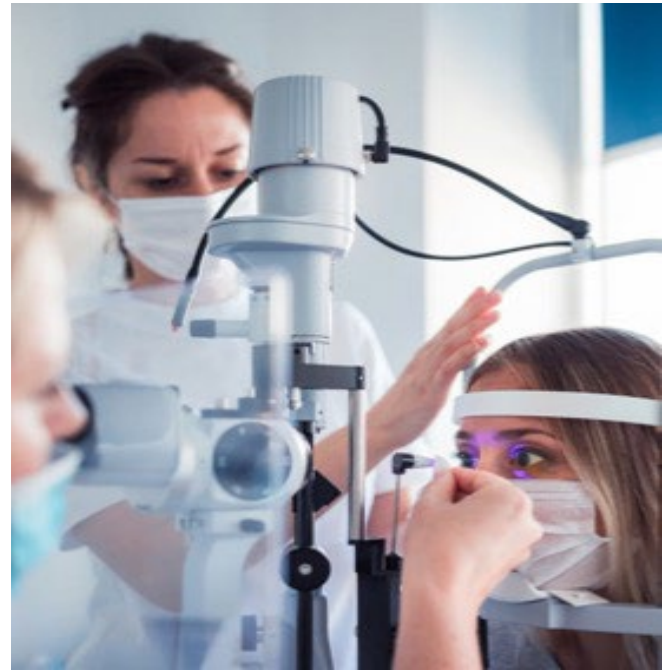
*Delta Dental of IL dentists cannot balance bill for the difference between Delta Dental of IL's allowed fee and the dentist's submitted charge.*



# 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](http://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;<br>\$130 featured frame allowance;<br>20% savings on amount over |
| Lenses<br>Single vision<br>Lined bifocal<br>Lined trifocal  | Every Plan Year       | Included in Prescription Glasses  |
| Lens Enhancements<br>Standard Progressive Lenses<br>Premium Progressive Lenses<br>Custom Progressive Lenses | Every Plan Year       | \$0   |
| Contacts—instead of glasses   | Every Plan Year       | \$125 Allowance<br>\$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<br><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.

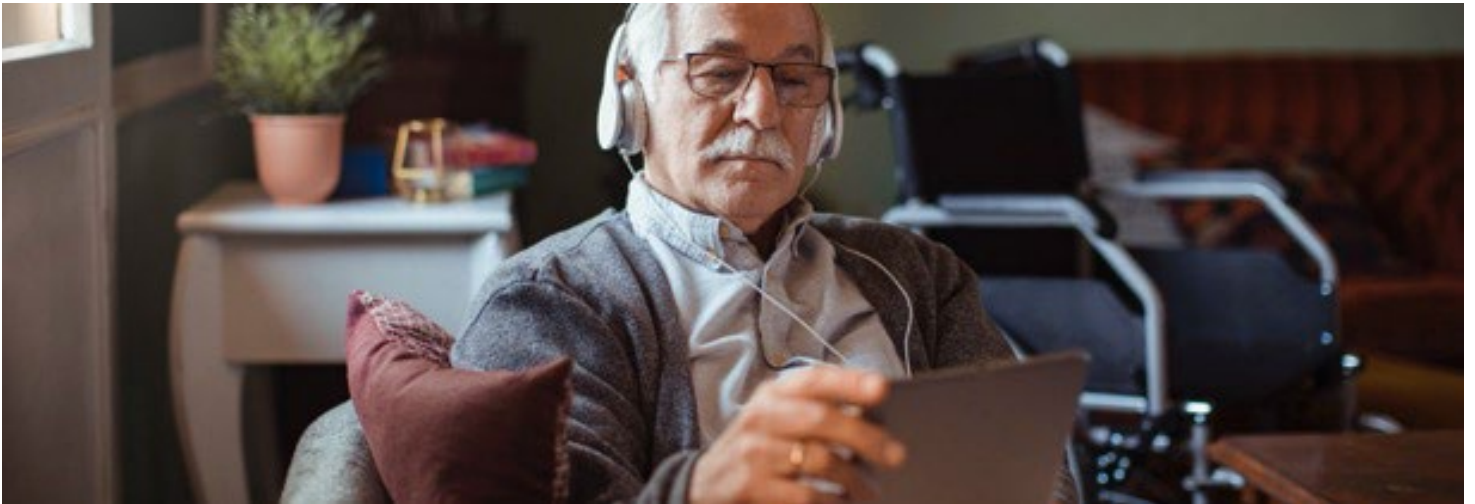
Benefit amounts reduce at age 65. Please refer to the benefit summary for details.

*\*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.

# Transamerica 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 Benefit                 | \$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 |

# Transamerica 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 for New Hires | 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                                 |

# 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  |

# Transamerica 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 |



# Transamerica 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 for New Hires

|            |           |
|------------|-----------|
| 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  |

# Resources/Contact Information

| Benefit                             | Provider                            | Phone        | Website / Email  |
|-------------------------------------|-------------------------------------|--------------|--|
| Medical - PPO Plans                 | BCBS of IL                          | 800-356-3892 | <a href="http://www.bcbsil.com">www.bcbsil.com</a>                       |
| Prescription - PPO Plans            | CVS Caremark                        | 800-202-1654 | <a href="http://www.caremark.com">www.caremark.com</a>                   |
| Medical – HMO Plans                 | BCBS of IL                          | 800-892-2803 | <a href="http://www.bcbsil.com">www.bcbsil.com</a>                       |
| Virtual Care<br>(Non-HMO Plans)     | Galileo                             | 855-542-9848 | <a href="mailto:support@galileohealth.com">support@galileohealth.com</a> |
| Dental                              | Delta Dental of IL                  | 800-323-1743 | <a href="http://www.deltadentalil.com">www.deltadentalil.com</a>         |
| Vision                              | VSP                                 | 800-877-7195 | <a href="http://www.vsp.com">www.vsp.com</a>                             |
| Flexible Spending<br>Accounts (FSA) | Employee<br>Benefits<br>Corporation | 800-346-2126 | <a href="http://www.ebcflex.com">www.ebcflex.com</a>                     |
| Life and Disability                 | Reliance<br>Standard                |              | <a href="http://www.reliancestandard.com">www.reliancestandard.com</a>   |
| Worksite Benefits                   | Transamerica                        | 855-244-8318 | <a href="http://www.transamerica.com">www.transamerica.com</a>           |
| Human Resources                     | Samantha Dezort                     | 847-963-3012 | <a href="mailto:dezorts@ccsd15.net">dezorts@ccsd15.net</a>               |

# 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?

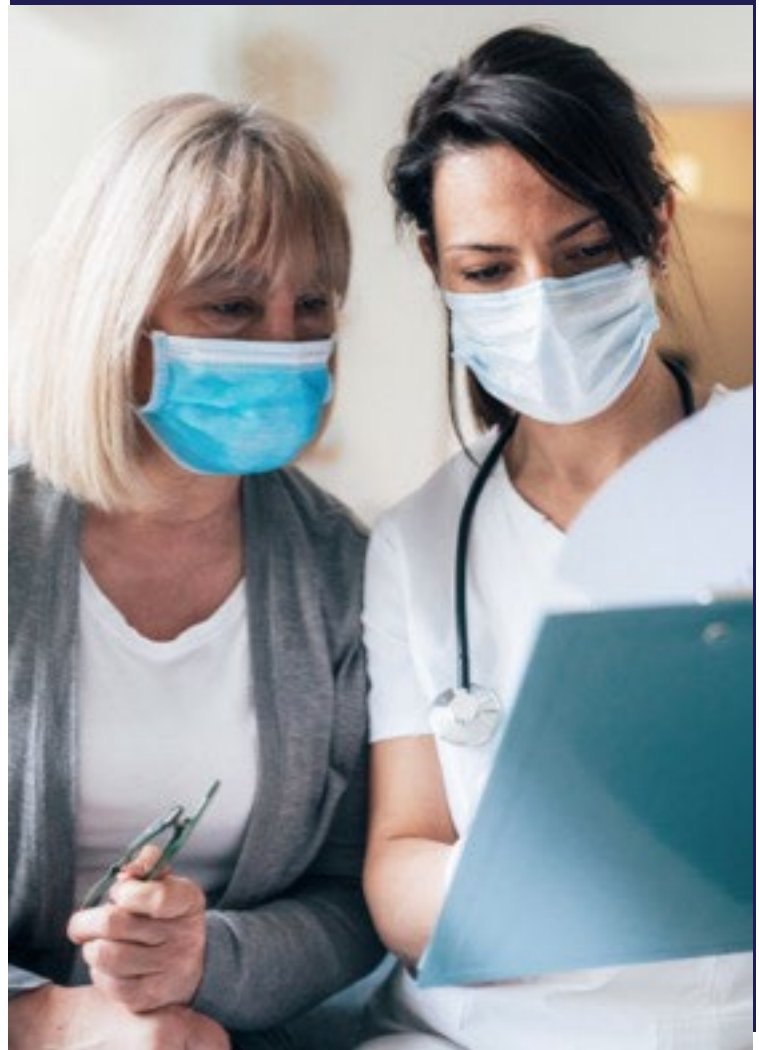
Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible.

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**

