

DARIEN PUBLIC SCHOOLS

BENEFIT INFORMATION

July 1, 2026

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

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You've got quick access to your health care!

Register on **anthem.com** or the **Sydney** mobile app.* Have your member ID card handy to register





From your computer

1. Go to **anthem.com/register**
2. Provide the information requested
3. Create a username and password
4. Set your email preferences
5. Follow the prompts to complete your registration

From your mobile device

1. Download the free **Sydney** mobile app and select **Register**
2. Confirm your identity
3. Create a username and password
4. Confirm your email preferences
5. Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan — including medical — in one place. Making your health care journey simple, personal — all about you.

Need help signing up?
Call us at **1-866-755-2680.**

Anthem

Anthem digital ID cards

An easy, step-by-step guide

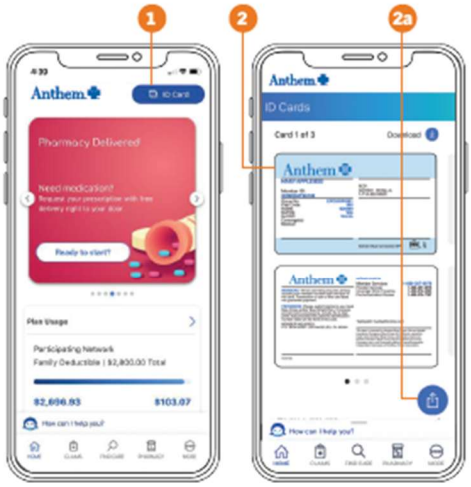
With a digital ID card you'll never have to search for your member ID card because it's always available on your mobile device or computer. Share it with your doctor over email, fax, or download. It's convenient, and you can be confident that your health plan information and details are always up-to-date.

Access your digital ID card on the Sydney Health app:

1. Select the ID card button at the upper right corner
2. View your ID card(s) or switch to dependent view, as appropriate

2a. Print, email, fax, or download your ID card(s)

When you download your card on the Sydney Health app you can securely access it 24/7, online or offline.



Download the Sydney Health app today in the Google Play or Apple App Store

App Store | Google Play

Acess your digital ID card on anthem.com/ca

1. Select the ID card icon in the bottom right corner
2. Print, email, fax, mail, or download your ID card(s)



If you have questions, go to Live Chat

You can find all the information you need about your healthcare benefits by chatting with an Anthem representative in real-time. Use the Sydney Health app or log in to anthem.com/ca to start a Live Chat.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Get care from anywhere

Virtual visits on LiveHealth Online are an included benefit for Anthem medical plan members

Get the care you need, virtually.

Looking for a quick and easy way to get care? With LiveHealth Online, you can access telehealth visits from anywhere. All you need is a smartphone, tablet, or computer!

Care options available to you through LiveHealth Online:

Annual Wellness. Visits with primary care providers who can help with preventative screenings, chronic health concerns, follow-up care, and referrals for lab work and specialists as clinically appropriate.

Primary Care. Get regular health visits and checkups with virtual primary care. It's like an office visit with a primary care provider (PCP) — without the office. You can even choose to see a network PCP regularly, so you have the same provider taking care of you over time.

Urgent Care. Get care 24/7 for common health issues, including allergies, COVID-19 symptoms, the flu, sinus infections, and UTIs. Physicians assess your symptoms, provide a treatment plan, and send prescriptions to the pharmacy of your choice when needed.

Therapy and Psychiatry. See a therapist online from the comfort of your couch to get help for anxiety, depression, panic attacks, stress relief, and more. Psychiatrists are also available by appointment and can prescribe medication when talk therapy isn't enough.

Dermatology. Get a treatment plan from a board-certified dermatologist Receive a diagnosis in under 72 hours. No appointment needed. Just upload pictures of your skin, hair, or nail concern.

Breastfeeding support. Have an online appointment with a lactation consultant who can provide help with common breastfeeding issues.

Sign up for free today! Available through the LiveHealth Online app and at LiveHealthOnline.com

App Store | Google Play

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

Virtual care and treatment for mental and behavioral health

When it comes to your overall health and well-being, your mental health matters as much as your physical health. Anthem is deeply committed to supporting your whole health — in both mind and body — so you can live your healthiest. That's why your health plan covers programs for you and your covered dependents with virtual access to care and treatment from home for specific behavioral health needs, including:

Eating disorders

Mental health disorders

Substance use disorders

Your health plan supports long-lasting recovery

You can count on mental and behavioral health programs that are:

- Backed by highly trained professionals in one of the nation's largest behavioral health networks.
- Managed alongside other medical and social needs.
- Accessible by text, video, and phone from the comfort and convenience of home.
- Coordinated by teams of experts to address complete physical, social, and behavioral well-being.



Why mental and behavioral health matters

Mental and behavioral health issues impact physical health and drive medical costs for millions of Americans:

57.8 M
U.S. adults have a mental health condition.[1]

33.3%
of people with an ongoing physical health condition also have a behavioral health condition.[2]

Behavioral health is the **6th** highest driver of medical costs.[3]

Anthem



24/7 NurseLine

Giving you and your family access to a registered nurse anytime

Your health is priceless. That is why it is so important for you to be able to connect to the resources and expert guidance you need to keep you safe and healthy — day or night.

24/7 NurseLine serves as your first line of defense for unexpected health issues. You can call a trained, registered nurse to decide what to do about a fever, give you allergy relief tips, or advise you where to go for care. A nurse is always available to help answer your questions.

A registered nurse can also:

- Help you find doctors, hospitals, and specialists in your area.
- Give you referrals to LiveHealth Online, an option for care that allows you to have a video visit with a board-certified doctor.
- Enroll you in health management programs for certain health conditions.
- Remind you about scheduling important screenings and exams, including dental and vision checkups.
- Provide guidance during natural catastrophes and health outbreaks.
- Offer links to health-related educational videos or audio topics.

When you use 24/7 NurseLine, you also have access to Anthem's other health and wellness programs to help you achieve your personal wellness goals.

We understand the need for care to be accessible. When you need guidance on how to protect your health, we are here to support you for any issue — big or small. For help, call 24/7 NurseLine at **800-337-4770.**

Anthem.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Introducing TruHearing

Your preferred care provider for traditional and over-the-counter hearing aids

We've partnered with TruHearing®[1] to give you in-network access to high-quality hearing aids with transparent pricing. TruHearing offers convenient, cost-effective, and user-friendly traditional and over-the-counter (OTC) hearing aids to improve and manage your hearing health, ensuring you receive the most from your hearing health benefit.

This partnership provides:

Top-quality products: TruHearing's product selection includes hearing aid models from some of the top manufacturers. You will have access to the latest technology, including high-tech options like smartphone controls and advanced speech clarity in noisy places.

One-on-one service: TruHearing strives to ensure you get the best possible care and access to the right hearing aids for your specific needs. You will have a dedicated Hearing Consultant as a personal, trusted guide to navigate the process of addressing hearing loss.

Local TruHearing providers: TruHearing has the largest national provider network of hearing care professionals to offer the care you need close to home. You can work directly with TruHearing to verify benefits and schedule an appointment with a provider near you. TruHearing will stay engaged throughout your experience. Your local provider will perform a comprehensive exam and work with you to find options that best fit your hearing loss, lifestyle, and budget.

To use your benefit, call TruHearing at: **877-653-9397**.



Your traditional hearing aid purchase from TruHearing includes:[2]

- A 60-day, risk-free trial period.
- 1 year of as many follow-up visits for fitting and adjustments as needed.
- 80 free batteries per non-rechargeable hearing aid.
- A 3-year manufacturer warranty.

Call TruHearing at 877-653-9397 to get started

You can also find TruHearing by downloading the **Sydney℠ Health** app to your mobile device or logging in to **anthem.com**. Select **Find Care**.

Anthem

1 Applicable to Anthem members with hearing aid benefits in these 14 states: California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia, and Wisconsin.

2 Follow-up provider visits included for one year following hearing aid purchase. Battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees.

TruHearing® is a trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and AMGP Georgia Managed Care Company, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightChoice® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc. and Anthem HealthChoice HMO, Inc. In these same counties: Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSW) underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by Compcare Health Services Insurance Corporation. Compcare underwrites or administers HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Anthem

Your benefits go with you

With the BlueCard PPO and Blue Cross Blue Shield Global Core programs



If you're away from home and you need care right away, as an Anthem member, you have access to care across the country through the BlueCard® preferred provider organization (PPO) program. This includes 1.7 million doctors and hospitals — more than any other insurer.[1]

How to access care across the U.S.:

- Call 911 or go to the nearest hospital in an emergency.[2]
- Log in to anthem.com and use the Find a Doctor tool to search for a doctor or hospital in the BlueCard PPO program.
- Use the Sydney℠ Health app to search for a BlueCard PPO program doctor or hospital. Get turn-by-turn directions to the nearest doctor, urgent care center, or emergency room.
- Call Member Services at the number on your health plan ID card.

When you're outside the U.S., the Blue Cross Blue Shield Global® Core program gives you access to preferred doctors and hospitals in nearly 190 countries and territories around the world.[3]

Need care outside the U.S.? You can:

- Go straight to the nearest hospital in an emergency.
- Go to bcbsglobalcore.com to search for a doctor or hospital.
- Use the Blue Cross Blue Shield Global Core app to find a doctor or hospital.
- Call the Blue Cross Blue Shield Global Core Service Center 24/7 at **800-810-2583 (BLUE)** or call collect at **804-673-1177**. They can help you set up a doctor visit or hospital stay.

Download the Blue Cross Blue Shield Global Core app today

With it, you can:

- Search for a doctor or hospital.[4]
- Submit claims.
- Get translations for medical terms — including symptoms and phrases — and even use an audio feature to play the translation.[4]
- Find a drug's generic name and local brand name, and check whether it's available.
- Learn how to find and contact a U.S. embassy.

Download on the App Store | GET IT ON Google Play

Unless it's an emergency, call the Global Core Service Center before getting care outside the U.S. Global Core will work with the doctor and Anthem to approve and accept a Guarantee of Payment (GOP). If you get care from a doctor or hospital that has not accepted a GOP, you will need to:

1. Pay the full cost of your care upfront.
2. Download an international claim form at bcbsglobalcore.com or request a form by calling Member Services at the number on your ID card.
3. Fill out the claim form and send it with the original bills to the Blue Cross Blue Shield Global Core Service Center. You can submit them through the mobile app, email, or postal mail.



Traveling? Here's what you need to know:

- Before leaving the country, ask Member Services if your international benefits are different.
- Ask for approval before getting care. This is "preapproval" and helps you find care covered by your plan. To see if you need preapproval, call Member Services at the number on your ID card.
- Save money by seeing a BlueCard program doctor or hospital. You only pay your usual out-of-pocket amounts (such as deductible, your percentage of costs, or copay). If you go to a doctor or hospital outside the program, you'll need to pay the entire bill upfront.
- Show your Anthem ID card so the doctor or hospital can check your benefits and send us a claim for processing.

Remember to carry your ID card

The "PPO-in-a-suitcase" symbol shows you can get care from BlueCard PPO program doctors and hospitals.

PPO

Anthem



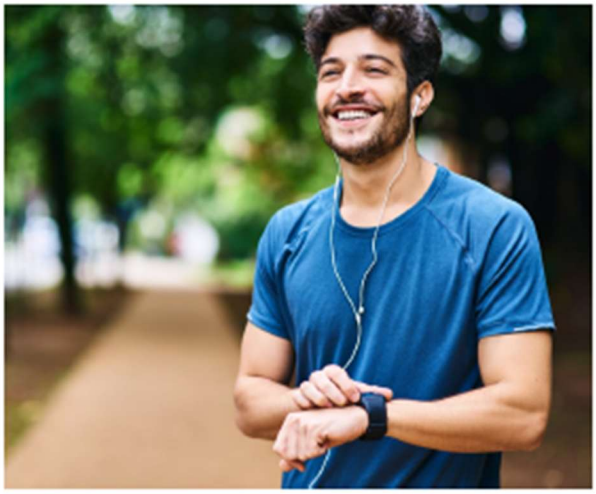
Anthem

Focus on your well-being and earn rewards up to $700

The more activities you complete, the greater your reward.

Your whole health matters, and we want to reward you for taking care of it. The Wellbeing Solutions program, sponsored by your employer, connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the activities listed below, you'll earn rewards to put toward restricted electronic MasterCards for health-related purchases*. You choose the activities you'd like to complete to receive the maximum of $700 in rewards. Don't wait, use your Sydney Health app or visit anthem.com to learn more.

Activity type	Activities	Amount
Preventive care measures **How you earn:** Receive your reward when claims are processed	Complete a colorectal cancer screening (45 years and older)	$25
	Complete a routine mammogram (women 40 to 74)	$25
	Complete an annual preventive wellness exam or well woman exam with your doctor	$20
	Get an annual cholesterol test[1]	$5
	Get an annual flu shot	$10
	Have an annual eye exam[2]	$20
Condition management programs **How you earn:** Reach certain benchmarks or complete a program	ConditionCare program: Work one-on-one with your health coach for a chronic condition and earn rewards for participating in and completing the program[3]	Up $225 ($90 participation/$135 completion)
	Future Moms program: Moms-to-be can receive support from a registered nurse and earn rewards for completing initial, interim, and postpartum assessments[4]	Up to $125 ($65 initial/$30 interim/$30 postpartum assessments)
	Wellbeing Coach Telephonic – Tobacco Cessation Program: Receive one-on-one support and lifestyle coaching for tobacco cessation. Complete your goal to earn a reward[5]	$60
	Wellbeing Coach Telephonic – Weight Management Program: Receive one-on-one support and lifestyle coaching for weight management. Complete your goal to earn a reward[6]	$60
Digital Wellness activities **How you earn:** Complete activities in the Sydney Health℠ app or on anthem.com	Complete a health assessment and receive tailored health recommendations	$20
	Complete action plans around eating healthy, weight management, physical activity, and more	Up to $20 ($4 per action plan)
	Complete Well-being Coach Digital daily mission check-ins[7]	Up to $20 ($4 per milestone)
	Connect a fitness or lifestyle device	$5
	Log in to your Anthem account	$5
	Track your steps	Up to $60 ($2 per 50,000 steps tracked)
	Update your contact information	$15



Well-being Coach can help you meet your goals

Well-being Coach offers multiple options to help you meet your health goals. Our digital coaching app offers personalized 24/7 support on the go. Well-being Coach combines smart technology and proven behavioral therapy techniques to help you maintain a healthy weight, quit tobacco, and improve your nutrition, activity, mindfulness and sleep. Well-being Coach is powered by Lark and accessible from the Sydney Health app.

If you prefer a helping hand and would like additional support meeting your health goals for weight management[6] and tobacco cessation[7], Well-being Coach gives you access to a certified health coach by phone. You and your health coach will identify healthy habits and develop custom action plans to achieve your health goals.

How to redeem your rewards

When you're ready to redeem your rewards open the **Sydney Health** app or go to **anthem.com**. Then go to *My Health Dashboard*, select **Redeem Rewards**, and use your rewards credit toward a restricted electronic MasterCard (restricted to health-related purchases and prohibit the purchase of alcohol, tobacco, and firearms).

Open the Sydney Health app or log onto **anthem.com** anytime to get started.

If you'd like more information about any of the Wellbeing Solutions activities, call the Member Services number on the back of your ID card

1 Annual cholesterol test eligibility: men 35 years and older, women 40 years and older with a full cholesterol (Lipid) panel
2 Routine Annual eye exam reward is available if employer provides vision coverage through Anthem.
3 Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in 1 of 5 ConditionCare programs and completion for 1 of 5 ConditionCare programs: (Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD), Asthma, Diabetes, and Congestive Heart Failure (CHF).
4 Future Moms assessments completion dates: Initial assessment must be completed by day 97; Interim assessment must be completed by 1 day prior to delivery; Postpartum Assessment must be completed by 56 days after delivery.
5 Well-being Coach Tobacco Cessation program (telephonic) is available for members who are identified as high risk based on any tobacco usage.
6 Well-being Coach Weight Management program (telephonic) is available for members who are identified as high risk based on a BMI of 30 or higher.
7 Members may earn rewards for completing quarterly Well-being Coach Digital milestones while logging daily mission check-in activities on the digital coaching app: daily Mission check-ins: 1st check-in: $4, next 15 check-ins during 1st quarter: $4, 25 check-ins for quarters 2-4: $4 each quarter) The digital coaching app download is available using Sydney Health or anthem.com. Well-being Coach Digital is provided by Lark Health.

All preventive care activities are claims-based. Medical waivers apply to all claim-based activities.

Rewards eligibility applies to only employees and their spouse/domestic partner. Members must be active on the plan and activity must take place during the plan effective year. It may take a little time once you complete a wellness activity before you see the reward amount in your account.

Subscriber and spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim. Anthem claims are required for claims-based activity rewards and may take up to 60 days to adjudicate.

Product availability may vary. The reward amount redeemed may be considered income to you and/or your spouse/domestic partner and subject to state and federal taxes in the tax year it is paid. You and/or your spouse/domestic partner should consult a tax expert with any question regarding tax obligations.

*MasterCards are restricted to health-related purchases and prohibit the purchase of alcohol, tobacco, and firearms. Minimum amounts may apply.

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Anthem Rewards Program

The restricted E-card can be used to pay for the services/items listed below.

Doctors and Physicians not elsewhere classified
Medical Services & Health Practitioners, NEC
Dentists and Orthodontics
Osteopaths
Chiropractors
Optometrists, Ophthalmologists
Opticians, Optical Goods & Eyeglasses
Podiatrists and chiropodists
Nursing & Personal Care Facilities
Hospitals
Medical and Dental Laboratories
Counseling Services: Debt, Marriage, Personal
Orthopedic Goods, Artificial Limb Stores
Hearing Aids-Sales, Service, Supply Stores
Dental/Lab/Medical/Ophthalmic Hospital Equip & Supp
Ambulance Services

Save money
with SpecialOffers and discounts

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through SpecialOffers, which can help you save money while taking care of your health.



Vision, hearing, and dental

Eyewear

Glasses.com® and 1-800 CONTACTS®

Shop for the latest brand-name frames at a fraction of the cost of similar frames from other retailers. You also can receive additional savings on orders of $100 or more, plus no-cost shipping and returns.

EyeMed

Take advantage of discounts on new glasses, nonprescription sunglasses, and eyewear accessories.

LASIK

Premier LASIK Network

Save on LASIK when you choose any featured Premier LASIK Network provider.

TruVision

Save on LASIK eye surgery at over 1,000 locations.

Hearing

NationsHearing®

Receive hearing screenings and in-home service at no additional cost. You can also receive hearing aids at a discounted rate.

Hearing Care Solutions

Receive no-cost hearing exams and discounts on hearing aids. Hearing Care Solutions has 3,100 locations and eight manufacturers. They also offer a three-year warranty, batteries for two years, and unlimited visits for one year.

Amplifon

Save on top-quality care and receive ongoing service and support for your hearing aids.

Dental

RefreshaDent

Save on premium dentures sent direct to your home. You can receive a 50% discount on a lifetime warranty. This program includes a lifetime digital record of your dentures for easy replacement.

Anthem

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Fitness and Health

Fitness

Active&Fit Direct™

Choose from thousands of participating gyms nationwide with no long-term contracts or annual fees, or get fit at home with access to 12,000+ on-demand workout videos at no cost.

Fitbit®

Work toward your fitness goals with Fitbit trackers and find smartwatches that fit your lifestyle and budget.

Garmin®

Discover discounts available on select Garmin wellness devices.

Husk Wellness

GlobalFit, by Husk Wellness, offers discounts on gym memberships, fitness equipment and technology, nutrition and mental health services, and virtual wellness solutions.

Health

ChooseHealthy®

Find discounts on acupuncture, chiropractic, massage, podiatry, physical therapy, and nutritional services. You also have discounts on fitness equipment, wearable health trackers, and health products such as vitamins and nutrition bars.

LifeMart®

Receive deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services, yoga classes, sports gear, and vision care.

Family and home

Family

WINFertility®

Save up to 40% on infertility treatment. WINFertility helps make quality treatment more affordable.

Home

Nationwide® pet insurance

Receive discounts when you enroll through your company or organization. Additional savings are available when you enroll multiple pets.

ASPCA® Pet Health Insurance

Find reduced rates on pet insurance and choose from three levels of care, including flexible deductibles and custom reimbursements.

Medicine and treatment

Medicine

Puritan's Pride®

Choose from a large selection of discounted vitamins, minerals, and supplements.

Allergy Control Products and National Allergy Supply™

Save on select doctor-recommended products, such as allergy-friendly bedding, air purifiers and filters, and asthma products. Some orders qualify for no-cost ground shipping within the contiguous U.S.

Treatment

The Living Well Courses

Choose one of the online wellness programs and save on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep, or address alcohol or substance dependence.

BREVENA

Enjoy a discount on BREVENA skin care creams and balms for smooth, rejuvenated skin from head to toe.

▷ **Learn more about SpecialOffers**

Log in to **anthem.com**, choose **Care**, and select **Discounts.**

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Blue View Vision℠
Darien Public Schools

Anthem

Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at **anthem.com**, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at **1-866-723-0515**.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	$0 copay	Up to $50 allowance	Once every plan year
Eyeglass Frames			
One pair of eyeglass frames	$180 allowance, then 20% off any remaining balance	Up to $52 allowance	Once every plan year
Eyeglass Lenses ***(instead of contact lenses)***			
One pair of standard plastic prescription lenses: • Single vision lenses • Bifocal lenses • Trifocal lenses • Lenticular lenses	 $0 copay $0 copay $0 copay $0 copay	 Up to $40 allowance Up to $60 allowance Up to $80 allowance Up to $80 allowance	Once every plan year
Eyeglass Lens Enhancements When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
• Transitions Lenses (for a child under age 19) • Standard polycarbonate (for a child under age 19) • Factory scratch coating	$0 copay $0 copay $0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses ***(instead of eyeglass lenses)*** Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
• Elective conventional (non-disposable) OR • Elective disposable OR • Non-elective (medically necessary)	$150 allowance, then 15% off any remaining balance $150 allowance *(no additional discount)* Covered in full	Up to $105 allowance Up to $105 allowance Up to $210 allowance	Once every plan year

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.
Excess Amounts. Amounts in excess of covered vision expense.
Sunglasses. Plano sunglasses and accompanying frames.
Safety Glasses. Safety glasses and accompanying frames.
Not Specifically Listed. Services not specifically listed in this plan as covered services.
Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.
Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.
Orthoptics. Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
Retinal Imaging - at member's option can be performed at time of eye exam		Not more than $39

Eyeglass lens upgrades
When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.
	• Transitions lenses (Adults)
	• Standard Polycarbonate (Adults)
	• Tint (Solid and Gradient)
	• UV Coating
	• Progressive Lenses[1]
	  • Standard
	  • Premium Tier 1
	  • Premium Tier 2
	  • Premium Tier 3
	  • Premium Tier 4
	• Anti-Reflective Coating[2]
	  • Standard
	  • Premium Tier 1
	  • Premium Tier 2
	  • Premium Tier 3
	• Other Add-ons
		$75
		$0
		$15
		$15
		
		$0
		$0
		$0
		$0
		$0
		
		$45
		$57
		$68
		$85
		20% off retail price

Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider.	• Complete Pair • Eyeglass materials purchased separately	40% off retail price 20% off retail price
Eyewear Accessories	• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	• Standard contact lens fitting[3] • Premium contact lens fitting[4]	Up to $55 10% off retail price
Conventional Contact Lenses	• Discount applies to materials only	15% off retail price

[1] Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

[2] Please ask your provider for his/her recommendation as well as the available coating brands by tier.

[3] Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement

[4] Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL

GLASSES.COM glasses.com | contactsdirect contactsdirect.com | 1800contacts 1800contacts.com | LENSCRAFTERS lenscrafters.com | OPTICAL targetoptical.com | Ray-Ban ray-ban.com/insurance

ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM*

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just **log in at anthem.com**, select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at anthem.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

Darien Public Schools

Flexible Spending Plan Highlights

Start Date:	• July 1, 2026
Plan Year:	• July 1 to June 30
Eligibility:	• Certified/Non Certified Staff and Administrators (regularly scheduled) • First of the month following the date of hire.

You do not have to enroll in your employer's group health plan to enroll in this Flex Spending plan.

Annual Elections:	• Health Care (FSA): $100.00 minimum/ $3,400.00 maximum • Dependent Care (DCA): $500.00 minimum/ $7,500.00 maximum
Limited FSA: **IRS HSA minimum deductible is $1,700.00 single / $3,400.00 family**	• Limited FSA: For you or your spouse enrolled in an HSA. Submit vision & dental claims until the IRS HSA minimum deductible is met. Once deductible is met all customary FSA expenses are eligible.
2 ½ Month Grace Period: **The 2 ½ Month Grace Period & Year End Run-off Period Run Concurrently**	• Eligible FSA & DCA expenses can be incurred up to 2 ½ months following the end of the plan year and applied to any remaining account balance in the prior plan year.
Year End 90 Day Run-off Period:	• Reimbursements can be submitted up to 90 days following the end of the plan year.
Claim Reimbursement:	• ($5.00 minimum reimbursement)
Reimbursement Type(s):	• Direct Deposit / Debit Card/ (No cost) / Check ($2.00) / Instant reimbursement via Venmo, PayPal, or direct-to-debit ($1.25)
Plan Year Payroll Deductions:	• 20 • Support@abs125.com

Here's How to Enroll in Your Flexible Spending (FSA) Plan

- If you meet the eligibility requirements, please complete enrollment online as instructed by Human Resources.
- To view your ABS account online go to www.abs125.com and click on the login button for Employees.
- Download the ABS Mobile App from the Apple App Store or Google Play – just search **"ABS Mobile Benefits."**

Questions? visit us at www.abs125.com, or call 1-860-675-2261 from 9:00am to 5:00pm E.S.T. M-F

Employee FAQ: Dependent Care FSA

What is a dependent care FSA (DCA)?
A DCA is a flexible spending account that allows you to contribute a portion of your paycheck before taxes are taken out to pay for qualified dependent care expenses so that you can work or look for work.

Why should I participate?
Since contributions to the account are deducted from your paycheck before income taxes are assessed, your taxable income is reduced. Participants enjoy a **30% average tax savings** on the total amount they contribute to the account.

How do I contribute money to my DCA?
Once you make your annual election during open enrollment, your employer will deduct this amount from your paycheck before taxes are assessed in equal amounts throughout the year.

How much can I contribute?
The 2026 IRS limits annual contributions to $7,500 on income tax returns for single or married filing jointly, and $3,750 for married filing separately.

Who qualifies as a dependent?
You can use your DCA to pay for care for children under age 13 that you claim as dependents, as well as adults or other relatives that are incapable of caring for themselves (if you provide more than 50% of their support).

What type of care is eligible?
Eligible expenses must be for the purpose of allowing you to work or look for work. Services may be provided at a child or adult care center, nursery, preschool, after-school, summer day camp, or a nanny in your home.

What type of care is not eligible?
Care expenses that are not eligible to be paid with DCA funds include care for a child over age 13, overnight camp, babysitting that is not work related, school fees for kindergarten and higher grades, and long-term care services.

Do I have access to my entire DCA election amount at the beginning of the year?
No, you will only have access to DCA funds that have already been deducted from your paycheck.

How do I use the funds in my account?
If you have a benefits debit card and your care provider accepts credit cards, you may pay directly from your account. Otherwise, pay out-of-pocket and then file a reimbursement claim with your expense documentation.

1 2 3

Are there any rules about who can care for my dependents?
Yes. You cannot use funds to pay for care provided by a spouse, a person you list as a dependent for income tax purposes, or one of your children under the age of 19.

What happens if I don't spend all of my DCA funds by the end of the plan year?
It is essential to estimate conservatively during elections. Any unused funds at the end of the plan year are forfeited, also called the **use-it-or-lose-it rule**.

Can I change my election amount mid-year?
Typically, you cannot change your contribution mid-year. However, if you experience a qualifying event, such as the birth of a new child, or if your childcare provider significantly increases their rates, you may be eligible to adjust your contribution.

What happens to my account if my employment is terminated?
Participation in the plan is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

Can I still deduct dependent care expenses on my tax return?
Yes, but not the same expenses for which you have already been reimbursed. If your total expenses were $9,500 and you were reimbursed $7,500 from your DCA, you may only claim the $2,000 difference.

For more information, please email **support@abs125.com** or call **860-675-2261**.

All District employees and their immediate family members have access to the Employee Assistance Program (EAP). EAP can be a vital support to you when issues arise such as stress, financial, legal, family, relationships, eldercare, and work & career.

To learn more, click on the link Educators' Employee Orientation to watch a short video with important details regarding your EAP Benefits.

*To access the EAP 24/7 call **1-800-252-4555** to speak with a counselor or coach. You can also visit EAP online at www.EducatorsEAP.com for problem-solving resources and self-help tools. EAP is a **free and confidential** benefit. EAP BROCHURE*

