



2026 EMPLOYEE BENEFITS GUIDE

7/1/2026 – 6/30/2027



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Welcome to your Yorkville School District #115 7/1/2026 – 6/30/2027 Benefits!



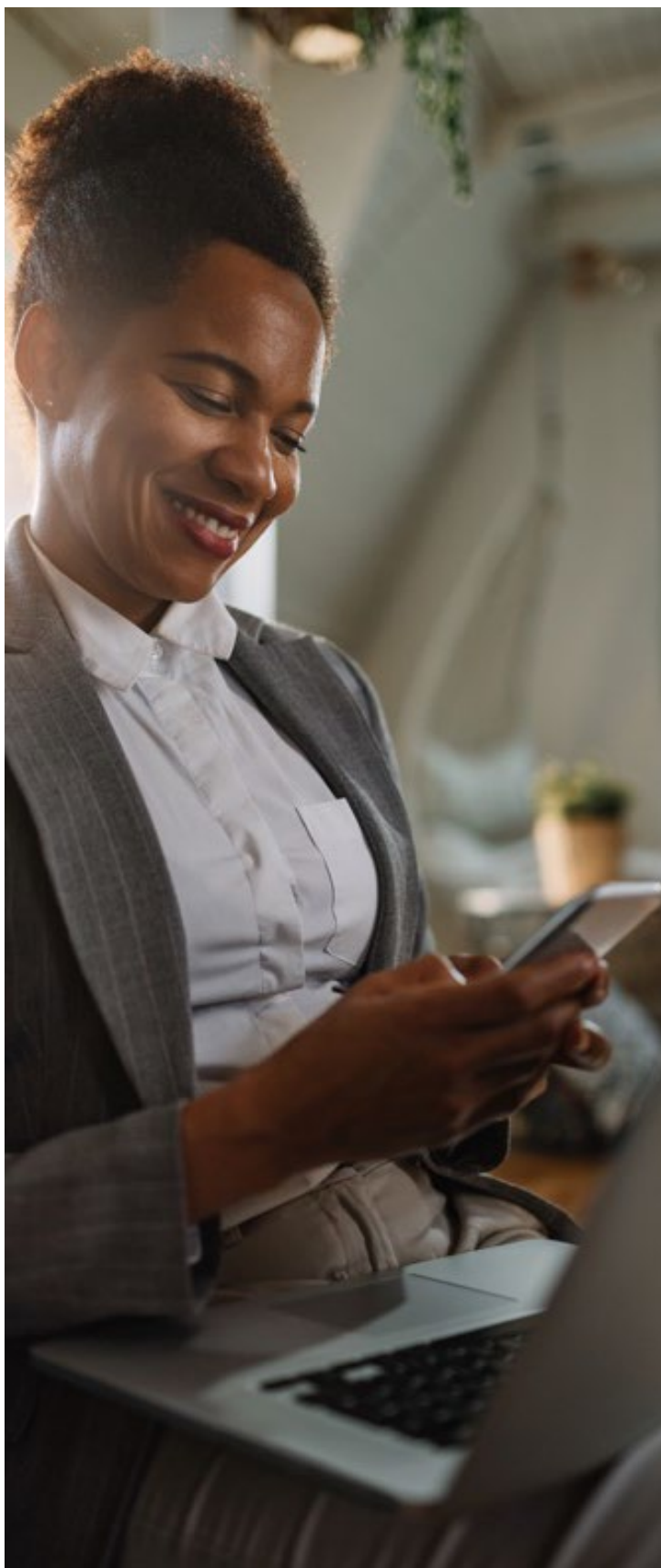
Your needs, and those of your family, are unique to you. That's why Yorkville School District #115 provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

Some of the benefits we offer are paid for in full by Yorkville School District #115. For others, it is a shared contribution between you and Yorkville. Other benefits are also available to you at reasonable group rates.

Your benefits are an important part of your total compensation at Yorkville School District #115. 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 Yorkville School District #115 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. Yorkville School District #115 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 – BlueCross BlueShield of Illinois
- Long-Term Disability – BlueCross BlueShield of Illinois

Benefit Options Requiring Employee Contributions

- Medical Plan Options – BlueCross BlueShield of Illinois
 - BCBS Blue Advantage HMO
 - BCBS Blue Choice Options PPO
 - BCBS Blue Edge HDHP HSA
 - ✓ Plans include prescription drug coverage
- Health Savings Account (HSA)
- Dental – Delta Dental
- Vision – VSP
- Voluntary Life and AD&D – BlueCross BlueShield of Illinois
- Pet Insurance - Nationwide
- Flexible Spending Accounts (FSA) – EBC
 - General Purpose Healthcare FSA (not available for those enrolled in the Blue Edge HSA)
 - Limited Purpose Healthcare FSA for those enrolled in the Blue Edge HSA
 - Dependent Care FSA

Eligibility

Who is Eligible?

You are eligible for Yorkville School District benefits if you are:

- An active employee classified as 0.5 FTE or higher.

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 day 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.

Working Spousal Surcharge

- A working spousal surcharge will be added if your spouse has access to medical coverage through his/her employer but opts to enroll in the plan offered through Yorkville School District.
- If your spouse does not work, or if they are not eligible for health insurance through their own employer, you must complete the Spouse Health Plan Coverage Waiver and the surcharge will not apply.
- If you enroll your spouse in a medical plan offered by the District and they have access to medical coverage through his/her employer, there will be an additional \$200 per month premium surcharge that will be applied. This surcharge is intended to encourage working spouses to enroll in their own employer's health care plan to reduce the costs of the plan offered by the Y115. Only spouses who have access to coverage through their employer will be impacted.



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. To enroll (or make changes) to your benefits, you must log into the OKTA/Employee Self Service Portal at:

- <https://tyler-yorkvillecusd115il.okta.com/>

Please Note:

Federal regulations require Yorkville School District to obtain the following information during enrollment:

- Social Security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents

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 Yorkville School District. 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

Yorkville School District offers 3 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 BlueCross BlueShield 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 calendar year from January 1 – December 31.
- If you enroll in the HSA plan, 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).

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Yorkville School District's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at www.healthcare.gov.

Finding In-Network Providers

To search for in-network medical providers, log onto www.bcbsil.com. When prompted to select a plan, click on Network Name.

If you're in the Blue Choice Options Plans, Select the Blue Choice Options (BCO) Network.

Enter your City/State or Zip and either Browse by Category or enter a provider name or Specialty to search. Please note the search will default to Tier 1 providers however, you can change that to show all in-network providers (both Tier 1 and Tier 2).

If you're in the HSA, choose the Participating Provider Organization (PPO) Network.

If you're in the HMO, choose the Blue Advantage HMO (ADV).

Access to Your Healthcare

After you are enrolled in a Yorkville School District medical plan, log onto bcbsil.com and register to access self-service tools and resources to help manage your medical benefits.

Medical Plan Options (Blue Choice Options PPO)

BlueCross BlueShield of Illinois		Blue Choice Options PPO		
Medical		Tier 1 Providers	Tier 2 Providers	Out-of-Network
Calendar Year Deductible	Individual Family	\$500 \$1,500	\$1,000 \$3,000	\$2,000 \$6,000
Coinsurance		20%	30%	50%
Out-of-Pocket Max ¹	Individual Family	\$2,500 \$7,500	\$3,500 \$10,500	\$6,000 \$12,000
Preventive Care		0%	0%	50%*
Primary Care Office Visit		\$25 Copay	\$30 Copay	50%*
Specialist Office Visit		\$50 Copay	\$60 Copay	50%*
Emergency Room Care		10% after deductible		
Inpatient Hospital		20%*	30%*	50%*
Outpatient Surgery		20%*	30%*	50%*
Routine Radiology / Lab		20%*	30%*	50%*
Advanced Radiology (MRI, MRA, CAT, PET Scan)		20%*	30%*	50%*

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

¹ Out-of-Pocket Maximum includes deductibles, copays and coinsurance

* After Deductible

Medical Plan Options (HMO)

BlueCross BlueShield of Illinois		Blue Advantage HMO
<u>In-Network</u>		You Pay
Annual Deductible:	Individual Family	\$0 \$0
Coinsurance		10%
Annual Out-of-Pocket Max ¹	Individual Family	\$2,000 \$4,000
Preventive Care		No Charge
Primary Care Office Visit		\$25 Copay
Specialty Care Office Visit		\$50 Copay
Emergency Room Care		\$150 + 10%
Inpatient Hospital		10%
Outpatient Surgery		No charge
<u>Out-of-Network</u>		You Pay
Annual Deductible	Individual Family	N/A
Coinsurance		N/A
Annual Out-of-Pocket Max ¹	Individual Family	N/A

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

¹ Out-of-Pocket Maximum includes deductibles, copays and coinsurance

*After Deductible

Medical Plan Options (Blue Choice Options HSA)

BlueCross BlueShield of Illinois		Blue Choice Options HDHP with HSA PPO		
Medical		Tier 1 Providers	Tier 2 Providers	Out-of-Network
One-Time HSA match when your HSA Account balance reaches \$200/\$300		\$200 Individual / \$300 Family		
Calendar Year Deductible	Individual Family	\$1,700 \$3,400	\$2,000 \$4,000	\$3,500 \$7,000
Coinsurance		20%	40%	50%
Out-of-Pocket Max ¹	Individual Family	\$3,400 \$6,800	\$4,000 \$8,000	\$6,600 \$13,200
Preventive Care		0%	0%	50%*
Primary Care Office Visit		20%*	40%*	50%*
Specialist Office Visit		20%*	40%*	50%*
Emergency Room Care		10% after deductible		
Inpatient Hospital		20%*	40%*	50%*
Outpatient Surgery		20%*	40%*	50%*
Routine Radiology / Lab		20%*	40%*	50%*
Advanced Radiology (MRI, MRA, CAT, PET Scan)		20%*	40%*	50%*

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

¹ Out-of-Pocket Maximum includes deductibles, copays and coinsurance

* After Deductible

Prescription Drugs

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through BlueCross BlueShield of Illinois. Some medications may be subject to prior authorization, quantity limits or step therapy requirements to be approved for coverage.

BlueCross BlueShield of Illinois	Blue Choice Options PPO	Blue Advantage HMO	Blue Edge HSA
Retail (up to 34-day supply)	You Pay	You Pay	You Pay
Generic	\$10	\$10	Deductible then 20%
Preferred Brand	\$40	\$40	Deductible then 20%
Non-preferred Brand	20% to \$150 Max	20% to \$150 Max	Deductible then 20%
Specialty	20% to \$200 Max	20% to \$200 Max	Deductible then 20%
Mail Order (up to 90-day supply)	You Pay	You Pay	You Pay
Generic/Preferred/Nonpreferred copays	\$20 /\$80/20% to \$300	\$20/ \$80/ 20% to \$300	Deductible then 20%
RX Out Of Pocket Maximum	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	N/A

* 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

1

Retail Pharmacy
(up to 34-day supply)

www.myprime.com
Prime Therapeutics
800-423-1973

- ✓ Locate a participating retail pharmacy
- ✓ View a list of approved drugs

2

Mail Order
(up to 90-day supply)

www.myprime.com
Prime Therapeutics
833-715-0942

- ✓ Use for maintenance drugs such as medication for high blood pressure, arthritis or diabetes
- ✓ Pay less than retail pharmacy for a 90-day supply
- ✓ No additional cost for delivery

3

Specialty Pharmacy
(30-day supply)

www.myprime.com
Prime Therapeutics
833-721-1619

- ✓ Medications used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis
- ✓ Prescription can only be filled once every 30 days

Galileo - Virtual Medical Care!

Blue Choice Options (BCO PPO): \$0 Copay

Blue Edge HSA (HDHP HSA PPO): \$0 Copay

(Not available for HMO plans)

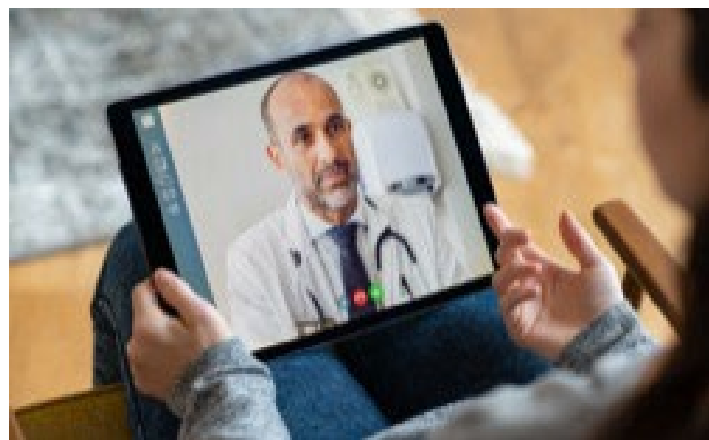
Both of the PPO medical plans (BCOPPO and BCO HDHP with HSA PPO) include Galileo visits, which provides 24-7-365 access to board-certified physicians by secure video chat.

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 to 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:

- Acne
- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu Symptoms
- Ear Infections
- Headaches/Migraines
- Insect Bites
- Sinus Infections
- Nausea/Stomach Aches
- Pink Eye
- Skin Infections
- Sore Throat
- Upper Respiratory Infections



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.

Health Savings Account (HSA)

Only available for those enrolled in the Blue Choice Options HDHP with HSA Plan

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.

Yorkville School District will also make a one-time matching contribution to your HSA account once your account balance reaches \$200 (Single Coverage) or \$300 (Family Coverage) if you enroll in the Blue Choice Options HDHP with HSA PPO plan and open an HSA Account. This is "free money" for you to use to pay for eligible healthcare expenses.

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 Yorkville School District
- 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 Blue Choice Options HDHP with HSA PPO medical plan. 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 for HSAs which includes Yorkville School District’s contribution. Yorkville School District will contribute to your HSA on a one-time basis up to the annual amounts listed below.

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/.

	2026 IRS Contribution Limit	Yorkville School District #115 will contribute*	Pre-tax limit you can contribute*
Employee Only	\$4,400	\$200*	\$4,200
Employee + Dependents	\$8,750	\$300*	\$8,450

*One-Time contribution will be made when your account balance reaches \$200 (Single) or \$300 (Family).

**If you are age 55 or older, you may contribute an additional \$1,000 in catchup contributions.

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 Health Care–HSA plan participants only
- Dependent Care

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).

Health Care FSA

Not available to HSA plan 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 Health Care 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 Health Care 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 (\$3,750 if you are married and filing separately).

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 Health Care (or Limited Purpose Health Care) Account and/or the Dependent Care Account 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 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 simple 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 Health Care) 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, go to [https:// www.ebcflex.com](https://www.ebcflex.com).

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 Your 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.

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.

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! CRX is an international mail order option for eligible members, retirees and other dependents enrolled in an HMO or the Blue Choice Options PPO.

For a limited time, you will receive a \$200 gift card for the first eligible prescription you submit through CRX (90-day supply with 3 refills)

For more information, visit <http://www.crxintl.com> and use **WEB ID: Y115** or call 1-866-488-7874.

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 to find the lowest price pharmacy near you and/or print FREE coupons. You can also get coupons on-the-go through Good Rx's mobile app – just show your phone to the pharmacist*.



Dental

Yorkville School District offers one dental plans through Delta Dental. 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 deltadentalil.com and click on **Find a Dentist a provider**

Delta Dental of Illinois		Delta Dental PPO	
	Delta PPO Network Dentist	Delta Premier PPO Network Dentist	Non-Network Dentist
Calendar Year Maximum * (plan pays)		Up to \$3,500	
	You Pay*	You Pay**	You Pay***
Calendar Year Deductible *		\$ 0 Individual / \$ 0 Family	
Preventive Services (no deductible)	0%	0%	0%
Basic Services (after deductible)	20%	20%	20%
Major Services (after deductible)	50%	50%	50%
Orthodontia (Dependent Children to age 19)	50%	50%	50%
Orthodontia Lifetime Maximum (per person) (to age 19)		\$2,000	

**Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15–40% discount off of average billed charges nationally.*

***Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental’s maximum plan allowance (MPA), which is established at a level that typically delivers a 5–15% discount off average billed charges nationally.*

****Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentist reimbursement is based on the lesser of the submitted fee or MPA.*

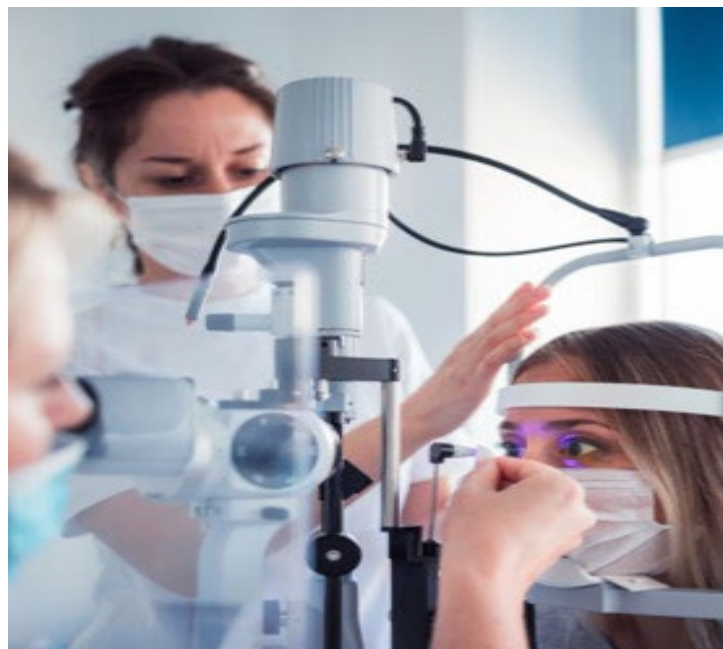
Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental’s allowed fee and the dentist’s submitted charge.



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.



VSP		Frequency	In-Network	Out-of-Network
			Plan Allowance	Plan Allowance
Eye Exam		Every Plan Year	\$20 Copayment	Up to \$45
Frames		Every Other Plan Year	\$150 featured frame allowance; \$130 frame allowance; 20% savings on amount over	Up to \$70
Lenses	Single vision Lined bifocal Lined trifocal	Every Plan Year	Included in Prescription Glasses	Up to \$30 Up to \$50 Up to \$65
Lens Enhancements		Every Plan Year	\$0	Up to \$50
Standard Progressive Lenses			\$95 - \$105	Up to \$50
Premium Progressive Lenses			\$150 - \$175	Up to \$50
Custom Progressive Lenses				
Contacts—instead of glasses		Every Plan Year	\$130 Allowance \$60 Contact Exam/Fitting Copay	Up to \$105

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.

Yorkville School District 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 BlueCross BlueShield of Illinois and is paid for by Yorkville School District.

(According to federal law, only the first \$50,000 of employer-paid life insurance is not taxable. Premium paid by Yorkville School District for coverage levels over \$50,000 will be taxable to you and will be included on your year-end W-2 statement.)

Voluntary Life

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 Yorkville School District 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 Blue Cross Blue Shield of Illinois.

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

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 BCBS of IL you will not have Voluntary Life coverage.

Voluntary AD&D

Employees can also elect to purchase Employee, Spouse and Dependent Child Voluntary AD&D coverage in increments and maximums equal to the Voluntary Life benefits. Employees pay the full cost of Voluntary Life and Voluntary AD&D insurance on an after-tax basis.

Voluntary Life/AD&D Amounts Available	
Employee	\$10,000 to \$500,000 in \$10,000 increments
Spouse	\$10,000 to \$250,000 in \$10,000 increments not to exceed the employee amount
Child (to age 26)	\$5,000 or \$10,000

To enroll in Voluntary Spouse and/or Child Life, you must be enrolled in Voluntary Employee Life.

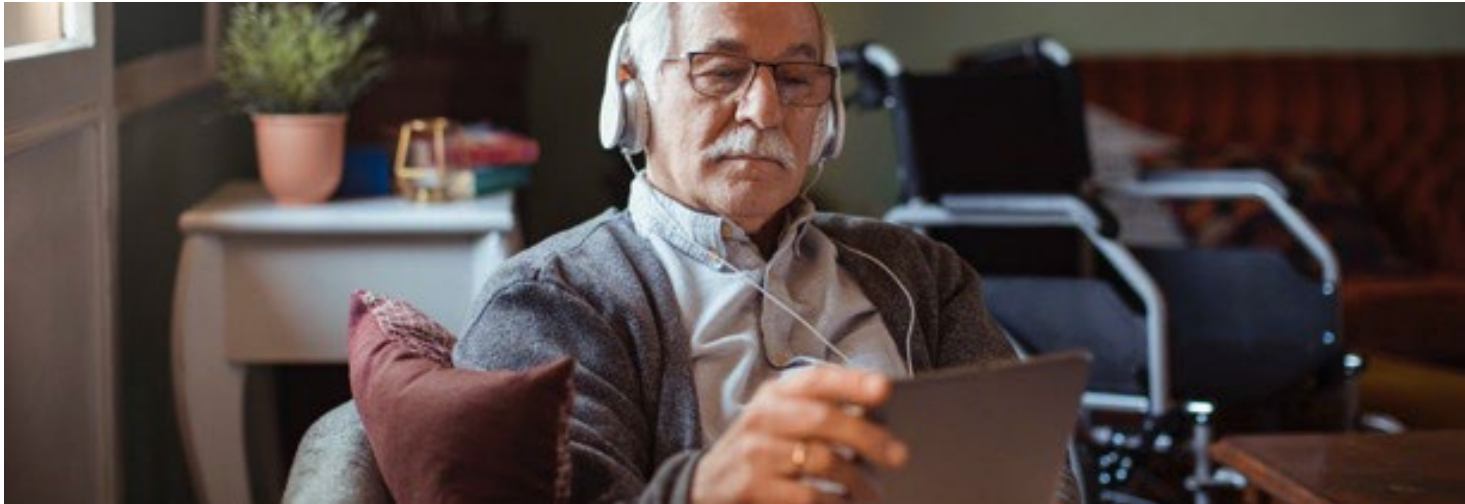
**Guarantee issue is the amount of coverage you or your dependents can elect up to without medical questions. Guarantee issue is only available to newly benefit eligible employees.*



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. Long-Term Disability (LTD) pays a monthly benefit.

Yorkville School District offers LTD insurance at no cost to you. Administered by BlueCross BlueShield of Illinois.



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.

Employee Assistance Program (EAP)

Employee Assistance Program (EAP)

We understand how challenging it can be to balance your work and personal life, and we are committed to helping you do just that.

Offered through BCBS of IL, the Employee Assistance Program can provide you and your family and household members with information and assistance on a wide range of topics and issues including work stress, debt problems, family issues, relationship worries, parenting challenges, anxiety, grief and much more.

Provided at **no cost to you**, counselors are available for support by phone 24 hours a day, seven days a week at 866- 899-1363.

To help get you started, the program includes up to three free in-person counseling sessions. Behavioral counselors can help navigate any additional long-term counseling needs.

Online resources are also available by logging onto www.guidanceresources.com. When prompted for a company ID, use DISRES. If you need assistance logging on, contact memberservices@GuidanceResources.com or call 877-595-5289.



Pet Insurance

A pet insurance policy can help you plan for your pet's health care and offset costs for routine care and unexpected illness or injury. The pet insurance policy is offered through Nationwide.

My Pet Protection Choice™	Accident & Illness	Accident, Illness & Wellness	Customizable	My Pet Protection	My Pet Protection with Wellness500
Annual deductible options	\$250	\$250	\$100 to \$500	\$250	\$250
Reimbursement level	80%	80%	50%, 70% or 80%	50% or 70%	50% or 70%
 Accident coverage	✓	✓	✓	✓	✓
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000	\$7,500 maximum annual benefit total for all conditions	\$7,500 maximum annual benefit total for all conditions
Broken bones, animal attack, hit by car, poisoning, heatstroke, and more	✓	✓	✓	✓	✓
 Illness coverage	✓	✓	Optional	✓	✓
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000	\$7,500 maximum annual benefit total for all conditions	\$7,500 maximum annual benefit total for all conditions
Ear infections, diabetes, vomiting, allergies, cancer, and more	✓	✓	✓	✓	✓
 Hereditary & congenital coverage	✓	✓	Optional when purchased with illness coverage	✓	✓
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000	\$7,500 maximum annual benefit total for all conditions	\$7,500 maximum annual benefit total for all conditions
Hip dysplasia, cherry eye, elbow dysplasia, umbilical hernia, brachycephalic syndrome, and more	✓	✓	✓	✓	✓
 Wellness coverage (for dogs & cats)		✓	Optional		✓
Annual maximum		\$450	\$450 or \$800		\$500
Vaccination or titer, fecal test, deworming, microchip, health certificate, heartworm or FeLV/FIV test, flea control or heartworm prevention, and more		✓	✓		✓
Spay/neuter or dental ³ and one additional test ⁴			✓		✓
 Wellness coverage (for birds)⁴			Optional		✓
Annual maximum			\$200, \$300 or \$500		\$500
Panel or titer, parasite/fecal test, CBC, culture, parasite prevention treatment, beak trim, nail trim, wing trim and more			✓		✓

With our flexible new My Pet Protection Choice™ customizable plan, pet parents can dial coverage levels up or down so they're paying only for what they need.

Please contact Human Resources for additional plan information and rates information.

Cost of Coverage *Effective July 1, 2026*

Contributions made from each paycheck toward your medical, dental and vision benefit elections, as well as contributions to your HSA and FSA will automatically be **deducted from your gross pay before Federal Income taxes and Social Security taxes** are calculated. Since these contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay and you will end up paying lower taxes on the same salary.

Voluntary Life/AD&D costs are taken from your paycheck **after taxes**, and the **benefits paid are not taxable**.

Medical, Dental and Vision Contributions (Monthly)

	HMO	PPO	HSA	Dental	Vision
Employee Only	\$17.52	\$201.52	\$46.50	\$0.00	\$0.00
Employee + Spouse	\$113.92	\$677.53	\$357.17	\$17.48	\$3.24
Employee + Child(ren)	\$107.95	\$628.22	\$332.48	\$23.84	\$3.80
Employee + Family	\$304.41	\$1,101.18	\$643.66	\$47.02	\$6.06

Voluntary Life Rates (Monthly)

Employee Age	Employee Rate (per \$1,000)	Spouse Rate (per \$1,000)
<30	\$0.045	\$0.045
30 – 34	\$0.055	\$0.055
35 – 39	\$0.078	\$0.078
40 – 44	\$0.110	\$0.110
45 – 49	\$0.174	\$0.174
50 – 54	\$0.272	\$0.272
55 – 59	\$0.412	\$0.412
60 – 64	\$0.620	\$0.620
65 – 69	\$1.070	\$1.070
70 – 74	\$1.904	\$1.904
75 >	\$3.170	\$3.170
Child(ren)	\$0.20 per \$1,000	

Vol. AD&D Rates (Monthly)

	Rate (per \$1,000)
Employee	\$0.022
Spouse	\$0.029
Child(ren)	\$0.052

Resources/Contact Information

Benefit	Provider	Phone	Website / Email	Mobile App
Medical	BlueCross BlueShield of Illinois	800-892-2803	www.bcbsil.com	
Prescription	Prime Therapeutics	800-423.1973	www.myprime.com	
Prescription (BCO PPO Only)	CRX International Pharmacy	866-488-7874	www.crxintl.com WEB ID: Y115	
Virtual Visits (PPO& HDHP PPO Only)	Galileo	855-542-9848	https://galileo.io/welcome/group-signup	
Dental	Delta Dental of Illinois	800-323-1743	www.deltadentalil.com	
Vision	VSP	800-877-7195	www.vsp.com	
Flexible Spending Accounts (FSA)	Employee Benefits Corporation	800-346-2126	www.ebcflex.com	
Life and Disability	BlueCross BlueShield of Illinois	800-367-6401	www.bcbsil.com	
Pet Insurance	Nationwide	855-874-4944	https://benefits.petinsurance.com/y115	
Benefits Coordinator	Ruth Gervais	(630) 553-4382 X4702	rgervais@y115.org	
Payroll	Jill Larson	(630) 553-4382 X4423	jl Larson@y115.org	

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.

Deductibles typically run from **January – December** 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 my 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.



