2026

EDUCATIONAL BENEFIT COOPERATIVE EBC EST. 1984

Community High School District 94

This summary is designed to give you an outline of the health benefit programs offered through Community High School District 94. Contained in the summary are tips for you on using the plans.

Your 2026 Benefit Summary provides information on your district's benefit plans, including:

- BCBS Member Resources
- Medical Options—PPO, PPO Blue Options, HDHP, and HMO
- Dental Plan
- Medical Plans Comparison
- Vision Plan
- Voluntary Life Insurance
- Dependent Eligibility Audit

BCBS Member Resources

Blue Access for Members

To access the many resources available to Blue Cross and Blue Shield members, register to participate in Blue Access for Members at **bcbsil.com**. To register, click on "Log In" tab located on the right side of the homepage and click on "Register Now" for new users. Be sure to have your BCBS ID card handy.

Blue Access is available 24 hours a day, 7 days a week, 365 days a year.

Blue Access Features

- Cost Estimator
- Claim status
- View your personal information
- Locate a provider
- Access to health and wellness information
- Compare hospitals and physicians
- Receive email alerts
- Print a temporary ID card or order a replacement card
- View and print Explanation of Benefits (EOB)

Teladoc Diabetes and Hypertension Management (PPO and HDHP plans only)

The Teladoc for Diabetes and Hypertension management programs provide 24/7 personalized coaching, connected blood glucose meter, connected blood pressure monitor and app to help manage chronic conditions. Services are covered as preventative care with no out-of-pocket cost to members. The program is provided to all HDHP members as well as covered family members with diabetes or hypertension. Join today at **teladochealth.com/smile/ebc** or call **(800) 835.2362**. Use registration code: **EBC**

Benefits Value Advisor (PPO and HDHP plans only)

Call a Benefits Value Advisor to help you compare costs for your next procedure!

The BVA is a personal concierge service that will help you choose doctors, providers, and facilities while helping you to maximize your benefits.

A Benefits Value Advisor can:

- Help you compare costs at different providers near you
- Help you schedule appointments
- Share online educational tools

Call **800.458.6024** before your next procedure!

BCBS Member Rewards (PPO and HDHP plans only)

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

- Compare costs and quality providers for numerous procedures
- Estimate out-of-pocket costs
- Assist in making treatment decisions with their doctors

Using this resource to shop for services based on price and location, as well as quality metrics, allows you to earn cash for selecting lower-cost care. The result puts extra cash in your pocket. **Please note, all rewards are taxable to the member.**

Hinge Health (PPO and HDHP plans only)

Hinge Health's Virtual Physical Therapy Program

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

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

Sign up by visiting **hinge.health/ebc**.

Wondr

Digital Weight Loss Program

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

Teladoc

Your district offers virtual care, through Teladoc, to you and your dependents enrolled in medical coverage through the district. With Teladoc, members can connect with a doctor in minutes. Plus, you can get care from anywhere in the US: at home, the office, or on the road!

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

- If you're considering the ER or urgent care center for a non-emergency issue
- On a vacation, a business trip, or away from home
- For short-term prescription refills when medically necessary

Set up your account by going to **teladoc.com**, calling **1.800.TELADOC** or downloading the Teladoc mobile app. Once you register and complete a medical history questionnaire, you will be granted access to speak with a doctor by phone or video on your mobile device, or computer.

Copay for PPO/HMO is $0
Copay for HDHP members is $55

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Your Medical Options

Blue Cross and Blue Shield of Illinois

Blue Cross and Blue Shield of Illinois (BCBSIL) is the claims administrator for your district's medical plan(s).

Contact Blue Cross for questions regarding:

- Eligibility
- Plan benefits
- Status of claim payments

Please remember to present your insurance ID card to your healthcare provider at your appointment. This informs providers where they need to send your claims and identifies you as a BCBS member.

PPO Medical Plan

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

PPO Customer Service: **800.458.6024**
(8:00 a.m. to 6:00 p.m., Monday through Friday).

IL Network Provider Search: **800.458.6024** (8:00 a.m. to 6:00 p.m., Monday through Friday) or **bcbsil.com**.

PPO RX Information

Prime Therapeutics is the administrator of the PPO prescription drug program. They oversee retail and mail order prescriptions under this plan. Your medical ID card also serves as your prescription ID card. PPO members utilize the Balanced Drug List. To find a participating retail pharmacy or for more information on the Balanced Drug List, log into Blue Access for Members and click on the Prescription Drug link or visit **myprime.com**.

Prescription Drug Inquiry Unit

Phone: **800.423.1973** (Available 24 Hours Per Day, 7 Days Per Week)| Website: **myprime.com**

Home Delivery Customer Service

through Express Scripts
Phone: **833.715.0942** | Website: **express-scripts.com/rx**

Specialty Customer Service

through Accredo Pharmacy
Phone: **833.721.1619** | Website: **accredo.com**

HMO Medical Plan

When you join a BCBS HMO plan, you choose a contracting medical group within your network and then a family practitioner, internist or pediatrician from your chosen medical group to serve as your primary care physician (PCP).

To find a medical group and PCP in either network, go to **bcbsil.com** and use Provider Finder.

HMO Customer Service: **800.892.2803**
(8:00 a.m. to 6:00 p.m., Monday through Friday).

Your HMO ID number is located on your ID Card
(Blue Cross and Blue Shield of IL).

HMO RX Information

Prime Therapeutics is the administrator for the HMO prescription drug program. Your HMO medical card serves as your prescription ID card. HMO members utilize the Performance Drug List. To find a participating retail or mail-order pharmacy and for more information visit **myprime.com**. Or, log into BlueAccess for Members and click on the Prescription Drugs link.

Prescription Drug Inquiry Unit

Phone: **800.423.1973** (Available 24 Hours Per Day, 7 Days Per Week) | Website: **myprime.com**

Hearing Aid Benefit Coverage

Benefits will be provided for Hearing Aids for covered persons when a Hearing Care Professional prescribes a Hearing Aid to augment communications. Some related services are included, such as audiological examinations and selection, fitting and adjustment of ear molds to maintain optimal fit when Medically Necessary; Hearing Aid repairs will be covered when deemed Medically Necessary.

BCBS Global Core

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

To take advantage of the BCBS Global Core program, visit **bcbsglobalcore.com** or download the BCBS Global Core mobile app. The BCBS Global Core Service Center is available **24 hours a day, 7 days a week,** toll-free at **800.810.BLUE (2583)** or by calling collect at **804.673.1177**.

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

The 24/7 Nurseline can help you figure out if you should call your doctor, go to the ER or treat the problem yourself.

Health concerns don't always follow a 9-to-5 schedule. Fortunately, registered nurses are on call at **800.299.0274** to answer your health questions, wherever you may be, 24 hours a day, 7 days a week.

Additional BCBS Resources

Seasons of Life

Seasons of Life is an outreach program that provides personalized claims resolution assistance to members and their families who are dealing with the death of a loved one. Seasons of Life ensures that members and their families receive compassionate help when they need it.

Fitness Program

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

Other program perks:

- No long-term contract required. Membership is month to month.
- Enroll in a tier that fits your budget and preferences with a one time **$19 enrollment fee**.
  (No enrollment fee for Digital Only option.)

Digital Only: $10/month	**Core:** $29/month	**Elite:** $129/month	**Signature:** $199/month
Base: $19/month	**Power:** $39/month	**Pro:** $159/month	**Premier:** $239/month

- Automatic withdrawal of monthly fee.
- Online tools for locating gyms and tracking visits.
- Earn bonus Blue Points for joining the Fitness Program. Rack up more points with weekly visits.

Vision Discount Program

PPO and HMO members can receive **discounts** on glasses, contact lenses, laser vision correction services, examinations and accessories through EyeMed providers. For a list of providers near you, go to **eyemed.com**, click ***Find an eye doctor,*** then choose the "Select Network" for HMO members and "Advantage Network" for PPO Members. At time of service, provide the following discount code 3008997 (Blue365). **Please note:** This discount cannot be combined with other offers or insurance benefits. Please exhaust all covered insurance benefits first.

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

For more discount programs, sign up on the Blue365 website at **blue365deals.com/BCBSIL**

Well onTarget®

A Dynamic Wellness Program

Wellness is more than diet and fitness. It involves making healthy choices that enrich your mind, body and spirit. Well onTarget is designed to give you the tools and support you need to make these choices, while rewarding you for your hard work.

Well onTarget features:

Well onTarget Member Wellness Portal

The heart of Well onTarget is the member portal. It uses the latest technology to offer you an enhanced online experience. This engaging portal links to a suite of innovative programs and tools including self-directed courses, health and wellness content, tools and trackers, and the Blue Points program.

Blue Points

With the Blue Points program, you will be able to earn points by regularly participating in a range of healthy activities. You can then redeem your points for various gift cards to your favorite retailers or restaurants.

Wellbeing Solutions

Navigate

Your physical, financial, and emotional wellbeing are extremely important. In order to support, and offer you resources all in one place, the EBC has partnered with Navigate Wellbeing Solutions to provide a unified wellbeing engagement platform. Through the secure site, you will have access to group challenges, e-learning opportunities, health resources including workout videos and healthy recipes, and information on free programs the district provides, even if you are not enrolled in benefits.
Visit **ebcwellbeing.com** to use these comprehensive online resources and step toward your healthiest, happiest self.

Financial Wellness

Your Money Line

Your Money Line offers comprehensive financial assistance to help you take control of your finances. Whether you're managing credit card debt, medical expenses, student loans, or working towards establishing an emergency fund, planning a large purchase, focusing on retirement, or navigating Public Service Loan Forgiveness, Your Money Line is here to support you.

This valuable resource is available to all benefits-eligible employees—even if you waive coverage. Take the first step toward elevating your financial wellness by visiting **yourmoneyline.com/start** and using employer code: **ebc**.

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Medical Plans Comparison

	Blue Cross and Blue Shield PPO Plan 2[1]		Blue Cross and Blue Shield PPO HDHP Plan with HSA 3[1]	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible*				
Individual	$500	$1,000	$3,400	$6,800
Family	$1,000	$2,000	$6,800[2]	$13,600[2]
Coinsurance	90%	70%	100%	80%
Out-of-Pocket Limit* (deductible included)[3]				
Individual	$2,000	$4,000	$3,400	$13,600
Family	$4,000	$8,000	$6,800[2]	$27,200[2]
Covered Expenses				
Hospital				
Inpatient Services	90%	70% after $300 per admission deductible	100%	80% after $300 per admission deductible
Outpatient Surgery	90%	70%	100%	80%
Emergency Room	100% after $150 copay		100%	
Urgent care[4]	100% after $75 copay	70% after deductible	N/A	
Physician				
Inpatient Services	90%	70%	100%	80%
Outpatient Surgery	90%	70%	100%	80%
Office Visits	$20 copay	70%	100%	80%
Specialist Office Visit	$40 copay	70%	100%	80%
Other				
X-ray and Lab	90%	70%	100%	80%
Therapy–Speech	90% (50 visits/year)	70% (50 visits/year)	100% (50 visits/year)	80% (50 visits/year)
Therapy–Occupational or Physical Therapy	90% (100 visits/year)	70% (100 visits/year)	100% (100 visits/year)	80% (100 visits/year)
Chiropractic Therapy/ Manipulations	$40 copay	70%	100% (25 visits/year)	80% (25 visits/year)
Mental/Nervous–Inpatient	90%	70% after $300 per admission deductible	100%	80% after $300 per admission deductible
Mental/Nervous–Outpatient	$20 copay	70%	100%	80%
Substance Abuse–Inpatient	90%	70% after $300 per admission deductible	100%	80% after $300 per admission deductible
Substance Abuse–Outpatient	$20 copay	70%	100%	80%
Wellcare	100%	70%	100%	80%
Prescription Drugs	Prime Therapeutics		Prime Therapeutics	
Prescription Out-of-Pocket Limit*	$5,550 Single/$11,100 Family		Integrated w/ Medical	
Retail Pharmacy 34-day supply	$10 Generic $15 Preferred Brand $25 Non-Preferred Brand		100%	
Mail Order 90-day supply	$20 Generic $30 Preferred Brand $50 Non-Preferred Brand		100%	

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

[1]PPO Plan and PPO Plan with HSA— The deductible must be met before the benefit percentages apply (except in-network wellcare).
[2]PPO Plan with HSA has an embedded deductible and out of pocket. Under this model, for those enrolled in family coverage, an individual is only responsible for the single deductible and out-of-pocket amount before services are paid at 100%. Please note, all services are subject to deductible with the exception of Wellcare.
[3]Please note effective 07/01/2014, all medical copays are included in the out-of-pocket maximum.
[4]Please note that some "urgent care" or "immediate care" centers may bill as an emergency room. The copay that applies will be determined by how the center codes the claim. Members can call the center before going, to determine how the claim will be coded.

	Blue Cross and Blue Shield PPO Blue Option Plan (PPO 4)			Blue Cross and Blue Shield – HMO Blue Advantage HMO	
	Blue Choice Network	PPO	Out-of-Network	In-Network	Out-of-Network
Deductible*					
Individual	$250	$500	$1,500	$0	
Family	$500	$1,000	$3,000	$0	
Coinsurance	90%	70%	50%		
Out-of-Pocket Limit* (deductible included)					
Individual	$1,300	$2,600	$7,800	$1,500	No coverage
Family	$2,600	$5,200	$15,600	$3,000	No coverage
Covered Expenses					
Hospital					
Inpatient Services	90%	70% after $300 admission deductible	50% after $600 admission deductible	100%	No coverage
Outpatient Surgery	90%	70%	50%	100%	No coverage
Emergency Room	100% after $250 copay			100% after $100 copay (waived if admitted)	
Urgent Care**	100%	100%	50%	N/A	
Physician					
Inpatient Services	90%	70%	50%	100%	No coverage
Outpatient Surgery	90%	70%	50%	100%	No coverage
Office Visits	$20 copay	$50 copay	50%	100% after $30 copay	No coverage
Specialist Office Visit	$40 copay	$100 copay	50%		
Other					
X-ray and Lab	90%	70%	50%	100%	No coverage
Therapy–Speech	90%	70%	50%	100%	No coverage
Therapy–Occupational or Physical Therapy	90%	70%	50%	100%	No coverage
Chiropractic Therapy/ Manipulations	$40 copay	$100 copay	50%	100%	No coverage
Mental/Nervous–Inpatient	90%	70% after $300 admission deductible	50% after $600 admission deductible	100%	No coverage
Mental/Nervous–Outpatient	$20 copay	$50 copay	50%	100% after $30 copay	No coverage
Substance Abuse–Inpatient	90%	70% after $300 admission deductible	50% after $600 admission deductible	100%	No coverage
Substance Abuse–Outpatient	$20 copay	$50 copay	50%	100% after $30 copay	No coverage
Wellcare	100%	100%	50%	100%	No coverage
Prescription Drugs	Prime Therapeutics			Prime Therapeutics	
Prescription Out-of-Pocket Limit*	$5,550 Single/$11,100 Family			$5,350 Single/$10,700 Family	
Retail Pharmacy 34-day supply	$0 Preferred Generic $10 Non-Preferred Generic $35 Preferred Brand $75 Non-Preferred Brand $100 Specialty			$10 Generic $15 Preferred Brand $30 Non-Preferred Brand	
Mail Order 90-day supply	$0 Preferred Generic $20 Non-Preferred Generic $70 Preferred Brand $150 Non-Preferred Brand			$20 Generic $30 Preferred Brand $60 Non-Preferred Brand	

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

**HMO members should contact their PCP/medical group prior to seeking urgent care services.

Dependent Age: to 26 for all married or unmarried dependents and to age 30 for all unmarried military dependents who are Illinois residents. Note: This is an outline of the benefit schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

West Chicago CHSD94 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
ATENCIÓN (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **630.876.6213**.
UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **630.876.6213**.

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PPO 4 – Blue Choice Options Plan

Your Blue Choice Options medical plan is designed in three tiers. To receive the highest level of benefits, you and your covered dependents should use the doctors and hospitals within the Blue Choice OPT PPO Network (BCO). You can receive care from a provider within the larger PPO network, but will pay higher out-of-pocket costs.

How Blue Choice Options Can Save You Money:

- **Tier 1-** pay the least out-of-pocket expenses by using a participating provider in the Blue Choice OPT PPO network.
- **Tier 2 -** pay additional out-of-pocket costs by choosing a participating provider in the larger, statewide PPO network.
- **Tier 3 -** pay the highest out-of-pocket costs by selecting an out-of-network provider and may be required to pay those fees up front.

How do you find a Tier 1 or Tier 2 Provider?

Login to Blue Access for Members (BAM) at **bcbsil.com/member**; or access the Provider Finder as a Guest, without logging in to BAM.

To find Tier 1 providers, choose the Blue Choice OPT PPO network. To expand your search, click on Display All In-Network Providers.

If you need help finding a network provider or have questions about your benefits, call the toll-free number on the back of your ID card.

Five-tier Prescription Drug Plan

Your Blue Choice Options plan includes a five-tier prescription copay benefit. These tiers are:

- Preferred generic
- Non-preferred generic
- Preferred brand
- Non-preferred brand
- Specialty

To maximize your benefits, ask your doctor if you can take generic medications, when available.

For the most up-to-date information on your prescription drugs, visit **MyPrime.com** and log in or call the number on the back of your ID card.



What is a High Deductible Health Plan?

The high deductible health plan (HDHP) your district offers is considered to be qualified HDHP and therefore you are eligible to open a Health Savings Account (HSA). A HDHP will normally have a lower monthly premium in comparison to a traditional PPO insurance plan. In order for a plan to be considered 'qualified' by the IRS it must meet the following requirements:

1. The deductible must be a minimum of $1,700 for individual and $3,400 for family.
2. No services can be paid for or covered prior to meeting the deductible (with the exception of preventive care).
3. There are no prescription drug copays. Once the deductible is met, the coinsurance applies.

What is an HSA?

An HSA (Health Savings Account) is a tax-free account you can use to pay for current and future medical expenses (even medical expenses during retirement). An HSA has triple tax benefits:

- The money goes in tax free
- The money grows tax free
- Your withdrawals for qualified medical expenses – including any earnings – are tax free.

Who's Eligible?

You're eligible to enroll in an HSA if:

- You enroll in the high-deductible health plan and
- You are only covered by a high-deductible health plan, and you have not signed up for Medicare coverage and
- You are currently not enrolled in a Health Flexible Spending Account plan, unless it is a Limited Health FSA.

If you're covered under your spouse's plan and that plan is not a high deductible health plan or your spouse contributes to a Health Care FSA, then you are NOT eligible to contribute to an HSA.

HSA Contribution Limits

The IRS sets annual limits for contributions to your HSA, depending on if you are enrolled in single or family coverage.

If you enroll in PPO 3 (HDHP), the Board will contribute an actual amount of $500 for single/$1,000 for family divided into equal amounts per paycheck.

	2026 IRS Maximum Contribution	Employer Contribution	Max Employee Contribution*
Single	$4,400	$500	$3,900
Family	$8,750	$1,000	$7,750

*Employees 55 or Older are able to contribute an additional "Catch Up" amount of $1,000.

Pay Healthcare Expenses

Each time you have a qualified expense, you decide whether to:

- Pay out of your pocket and let your HSA grow for future eligible expenses (e.g. medical expenses during retirement).
- Use your HSA to pay for eligible medical expenses, such as your annual deductible and coinsurance. Your HSA can also help to pay for vision care, dental care, and prescription drugs. For a complete list of eligible expenses, visit **www.irs.gov**.

Rollover Your HSA Balance—This is an Account You Own

Money you don't spend rolls over from year-to-year, so if you switch to another medical plan or even retire, your HSA and the money in it is still yours to keep. You can choose to save it to pay for eligible health care expenses tax-free during retirement.

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Dental Plan

MetLife Dental Coverage

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

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

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

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

MetLife Dental PPO Plan	
Benefit	**PPO**
Deductibles (calendar year)	$50 Individual $150 Family (3)
Type A: Preventive Services (cleanings & exams)	Deductible waived, reimbursed at 100%
Type B: Basic Services (fillings, endodontics, periodontics and oral surgery)	Deductible applies, reimbursed at 80%
Type C: Major Restorative (crowns, bridges & dentures)	Deductible applies, reimbursed at 50%
Orthodontics (to age 19)	Deductible waived, reimbursed at 50% to a lifetime maximum of $1,000
Annual Maximum Benefit	$1,000

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

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

Personal Finance App

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



Vision Care Option

Coverage from an EyeMed Doctor To see a list of participating providers near you, go to www.eyemedvisioncare.com or call 866.299.1358		
Services	**Member Cost**	**Reimbursement**
Exam with Dilation	$10 copay	Up to $30
Exam Options		
Standard Contact Lens	Up to $40	N/A
Premium Contact Lens	10% off retail price	N/A
Frames	$130 allowance; 20% off balance over $130	Up to $65
Standard Plastic Lenses		
Single Vision	$25 copay	Up to $25
Bifocal	$25 copay	Up to $40
Trifocal	$25 copay	Up to $60
Standard Progressive	Up to $90	Up to $40
Premium Progressive	$90, 80% of charge less $120 allowance	Up to $40
Contact Lenses (allowance covers materials only)		
Conventional	$130 allowance; 15% off balance over $130	Up to $104
Disposables	$130 allowance	Up to $104
Medically Necessary	$0 copay, Paid in Full	Up to $200
Laser Vision Correction	15% off retail price OR 5% off promotional pricing	N/A
Frequency		
Exam	Once every 12 months	
Frames	Once every 24 months	
Lenses or Contact Lenses	Once every 12 months	



Voluntary Life (Reliance Standard)

With Reliance Standard's Voluntary Term Life Insurance, you have the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children – all at affordable group rates.

	EMPLOYEE	SPOUSE	CHILD*
Benefit	**Increments of $10,000**	**Increments of $10,000**	**Flat amount: $5,000, $10,000, $15,000 or $20,000**
Guarantee Issue Amount** (no medical required)	$150,000	$50,000	Flat amount: $5,000, $10,000, $15,000 or $20,000
Benefit Maximum	$500,000	$500,000	$20,000
Employee Contribution	100%	100%	100%

*You or your spouse must be insured in order for dependent children to be covered. Children age 14 days to 6 months are only eligible for $1,000 benefit.

**The guarantee issue will be less if older than age 60. In addition, the benefit amount is subject to age reduction.

Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability (EOI). Coverage is subject to approval by Reliance Standard.

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

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Dependent Eligibility Audit

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

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

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

Dropped dependents are NOT eligible for COBRA.

Who are eligible dependents?

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

What are examples of documents that will be required?

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

Making Changes to Your Benefits

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

Some examples of qualifying life events include:

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

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

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



Notes

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EDUCATIONAL BENEFIT COOPERATIVE
EBC
EST. 1984

Community High School District 94

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