Minooka CCSD #201

Employee Health & Benefits Overview

2027



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Introduction

Minooka CCSD #201 is pleased to offer a comprehensive benefits package designed to support your health and financial well-being. These benefits help manage health care costs and provide financial protection for you and your eligible family members.

Please take the time to read this guide carefully to understand your benefit options and how they work. Making informed decisions about your benefits is an important step toward ensuring you and your family have the coverage and protection you need throughout the year.



Enrollment

New Employee Enrollment: Newly hired, full-time Minooka CCSD #201 employees are eligible for benefits beginning on their hire date. Employees may also choose to delay their benefit start date until the first day of the following month.

Existing Employee Enrollment: Current employees have an annual Open Enrollment period during which they may add, drop or make changes to their benefits for the upcoming calendar year. Open Enrollment typically takes place in November, with benefit changes becoming effective January 1 of the following year.

For the 2027 plan year, Open Enrollment will run November 1 - 15, 2026, with benefit changes effective January 1, 2027.

If you wish to enroll in or make changes to your benefits outside of your initial eligibility period or annual Open Enrollment, you may do so within **31 days of an IRS-recognized qualifying life event**, as described below:

- **Change in marital status:** Marriage, divorce, legal separation or the death of a spouse.
- **Change in the number of dependents:** Birth, adoption or the death of a dependent.
- **Change in employment status:** A change in employment status for you or your spouse that affects benefit eligibility.
- **Change in dependent eligibility:** A dependent becoming eligible or ineligible for coverage due to age, obtains other group coverage, or experiences a similar change affecting eligibility.

Benefit changes resulting from a qualifying life event must meet IRS consistency requirements. This means that any benefit election or change in coverage must be directly related to the qualifying event and consistent with the changes in eligibility under the medical and dental plans.

Voluntarily terminating existing benefits does not qualify as a life event. You may terminate your benefits during the annual Open Enrollment period, with termination effective January 1. Once coverage is terminated, you may not re-enroll until the next Open Enrollment period or within 31 days of a qualifying life event, subject to applicable plan rules.

It is your responsibility to notify the Benefits Specialist (Julia Adamic) in the District Office within 31 days of a life change event. Providing false or inaccurate information, or failing to disclose required information, may result in the loss of coverage. If you cover an individual who is not eligible for benefits, you may be required to reimburse the plan for expenses incurred on that individual's behalf, and further disciplinary action may be taken.

Dependent Eligibility Requirements

- **Divorced or legally separated spouses:** A spouse becomes ineligible for coverage on the date of the divorce or legal separation, subject to plan provisions.
- **Dependent children:** Dependent children become ineligible for coverage when they reach age 26, subject to applicable plan provisions.

It is essential to notify the Benefits Specialist (Julia Adamic) promptly when a dependent becomes ineligible for coverage. Timely notification helps ensure that your dependent receives information about any applicable rights to COBRA continuation coverage.

Your Medical Plan

Medical insurance is one of your most important benefits. Minooka CCSD #201 offers two medical plan options through BlueCross BlueShield of Illinois (BCBSIL), allowing you to choose the plan that best meets your needs and those of your family.

- **Blue Choice Options PPO**
- **High Deductible Health Plan (HDHP) with Health Savings Account (HSA)**

Both plans cover in-network preventive care services at no cost to you, but they differ in important areas, including deductibles, out-of-pocket maximums, and prescription drug coverage.

Both plans provide coverage for services received from in-network and out-of-network providers. However, your out-of-pocket costs are generally significantly lower when you use in-network providers. To find a provider within the BCBSIL network, visit **BCBSIL.com** or call **(800) 810-2583** or **(800) 458-6024**.

Be A Smart Health Care Consumer!

Being a smart health care consumer doesn't mean avoiding trips to the doctor. It means making informed decisions about when and why you seek care.

Regular checkups and recommended preventive screenings can help identify potential health concerns early, before they become more serious. Preventive care supports not only your physical well-being but also your financial health, as many preventive services are covered by your medical plan at no cost when you use in-network providers and meet plan requirements. Taking advantage of preventive care is an important step toward staying healthy and managing your health care costs.

Prior Authorization Requirements

Preadmission review is required for certain services, including, but not limited to, the following examples:

- Inpatient hospital admissions, including emergency and maternity admissions
- Skilled nursing facility care
- Coordinated Home Care Program services
- Private duty nursing
- Mental health treatment
- Substance abuse rehabilitation

Failure to notify the Medical Services Advisory Program within the required timeframe—at least one business day before a scheduled admission or within two days after an emergency admission—may result in a **$1,000 reduction in benefits**.

Pharmacy Network Information

Minooka CCSD #201's medical plan uses a designated network of pharmacies for in-network prescription coverage. This network, called the **Advantage Network**, includes more than 55,000 pharmacies but **excludes CVS Pharmacy locations**. To find an in-network pharmacy, log in to myprime.com and select **"Find a Pharmacy."**

Blue Choice OPT PPO

Blue Choice Options℠

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

What Is a Blue Choice Options Plan?

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

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

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

Tier 1
Blue Choice OPT PPO Network
Best value, the least out-of-pocket costs with in-network providers

Tier 2
Larger Statewide PPO Network
Larger network, more out-of-pocket costs with these providers

Tier 3
Out-of-Network
Out-of-network, highest out-of-pocket costs, you may have to pay those fees up front

How to Find a Tier 1 or Tier 2 Provider

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

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

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

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

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

Dual Network PPO Blue Choice Options/PPO

Plan Features	Tier 1 BCO	Tier 2 PPO	Tier 3 Out-of-Network
Calendar Year Deductible			
Individual	$500	$750	$1,125
Family	$1,000	$1,500	$2,250
Out-of-Pocket Maximum (Includes Deductible)			
Individual	$1,875	$2,800	$4,200
Family	$3,750	$5,625	$8,425
Plan Maximum	Unlimited	Unlimited	
Co-Insurance Coverage	90% after deductible	70% after deductible	50% after deductible
Services			
Preventive Care *Routine Physical Exam, Pap Smear, Mammogram, Prostate Exam, Immunizations*	100% no deductible	100% no deductible	50% after deductible
Office Visit	$20/$20 copay	$20/$20 copay	50% after deductible
Inpatient Hospital Services	90% after deductible	70% after deductible	50% after deductible
Outpatient Surgical Services	90% after deductible	70% after deductible	50% after deductible
Outpatient Lab & X-ray	90% after deductible	70% after deductible	50% after deductible
Emergency Room Care	$500 copay*, then 90% after deductible **copay waived if admitted*		
Ambulance	90% after deductible		
Prescription Drug**	$5/$25/ $50/$50 copay	$5/$25/ $50/$50 copay	$5/$25/ $50/$50 copay
Prescription Drug OoP Maximum (separate)			
Individual	$2,000	$2,000	$2,000
Family	$4,000	$4,000	$4,000

** Generic / Preferred Brand / Non-Preferred Brand & Specialty (Specialty not covered out-of-network)

High Deductible HSA Blue Choice Options/PPO

Plan Features	Tier 1 BCO	Tier 2 PPO	Tier 3 Out-of-Network
Calendar Year Deductible			
Individual	$3,500	$5,250	$7,875
Family	$7,000	$10,500	$15,750
Out-of-Pocket Maximum			
Individual	$3,500	$5,250	$7,875
Family	$7,000	$10,500	$15,750
Plan Maximum	Unlimited	Unlimited	
Co-Insurance Coverage	100%	80% after deductible	50% after deductible
Services			
Preventive Care *Routine Physical Exam, Pap Smear, Mammogram, Prostate Exam, Immunizations*	100% no deductible	100% no deductible	50% after deductible
Office Visit	100% after deductible	80% after deductible	50% after deductible
Inpatient Hospital Services	100% after deductible	80% after deductible	50% after deductible
Outpatient Surgical Services	100% after deductible	80% after deductible	50% after deductible
Outpatient Lab & X-ray	100% after deductible	80% after deductible	50% after deductible
Emergency Room Care	100% after deductible		
Ambulance	100% after deductible		
Prescription Drug*	100% after deductible		
Prescription Drug OoP Maximum			
Individual	N/A - combined with Medical		
Family	N/A - combined with Medical		

*Preventive Generic Drugs (IRS Approved) no deductible

Health Savings Account

When you enroll in Minooka CCSD #201's **High Deductible HSA (HDHP),** you are also enrolled in a Health Savings Account (HSA). An HSA allows you to save money on a pre-tax basis to pay for qualified out-of-pocket health care expenses.

The funds in your HSA belong to you and remain yours, even if you leave the district or retire. You can use the funds to pay for current or future qualified medical expenses or allow the balance to grow for use during retirement.

You may choose to contribute to your HSA through pre-tax payroll deductions. The Internal Revenue Service sets annual contribution limits based on the calendar year. For 2027, the maximum combined contributions from you and your employer are:

- **Individual coverage:** $4,500
- **Family coverage:** $9,000

Individuals age 55 or older may contribute an additional **$1,000 per year** as a catch-up contribution. These limits include contributions from both you and your employer.

HSA Eligibility Requirements

You generally cannot contribute to an HSA if:

- You are enrolled in Medicare Part A or Part B.
- You are covered by another medical plan that is not HSA-qualified.
- You participate in a general-purpose Health Care Flexible Spending Account (FSA), including one through your spouse's employer.

A **limited-purpose FSA** that reimburses only eligible dental and vision expenses may be compatible with an HSA.

Using Your Money

Funds from your HSA can be withdrawn at any time. However, withdrawals used for expenses that are not qualified medical expenses are generally subject to income tax and an additional 20% tax penalty, if you are under age 65.

Once you reach age 65, withdrawals for nonqualified expenses are no longer subject to the additional 20% penalty, but they are still subject to applicable income taxes.

Qualified Medical Expenses

At any age, you may use HSA funds tax-free to pay for qualified medical expenses for yourself and your IRS-eligible dependents, even if your dependents are not covered under your medical plan.

Examples of qualified expenses include:

- Out-of-pocket expenses, including deductibles and coinsurance
- Eligible dental care services
- Eligible vision care services
- Prescription medications
- Eligible over-the-counter (OTC) medications
- COBRA continuation coverage premiums

For a full list of qualified medical expenses, refer to IRS Publication 502 at www.IRS.gov.

Important: Keep receipts and other documentation for all HSA withdrawals to verify that funds were used for qualified medical expenses in the event of an IRS audit.

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

$1,700 annually for individual coverage

$3,400 annually for family coverage

Prescriptions

Mail-Order Program

Express Scripts Pharmacy offers a safe, convenient, and cost-effective way to receive your maintenance medications, potentially saving you time and money. Through this program, you can obtain up to a 90-day supply of long-term (or maintenance) medications delivered directly to your home.

Maintenance medications are prescriptions taken on an ongoing basis to manage chronic conditions such as high cholesterol, high blood pressure, or diabetes.

You have several convenient options to fill a mail-order prescription:

- **Online:** Visit express-scripts.com/rx and follow the instructions to register and create your profile.
- **Through MyPrime:** Log into myprime.com and follow the links to Express Scripts Pharmacy.
- **By phone:** Call 1-833-715-0942, available 24 hours a day, 7 days a week, to refill or transfer a current prescription or get started with home delivery.

Specialty Pharmacy Program

Members who take specialty medications to treat complex or rare conditions may be required to follow the specialty pharmacy program requirements.

To be eligible for coverage, specialty prescriptions must be filled through **Accredo Specialty Pharmacy.**

Accredo provides specialized medications and personalized support to help members manage complex health conditions. Services include:

- **Specialty-trained staff** to answer questions about your medications and condition.
- **24/7 support** for assistance when you need it.
- **Free shipping** with safe, reliable and timely delivery.
- **Convenient refill reminders** and digital tools to help manage your prescriptions.



TELAMEDICINE

Minooka CCSD #201 offers all benefit-eligible employees who enroll in one of the District's health insurance plans access to **Teladoc Health,** a convenient and affordable way to receive medical care from home or wherever you are. Teledoc connects you with board-certified physicians specializing in internal medicine, family practice, and pediatrics who can diagnose and treat many common medical conditions, recommend treatment and prescribe medication when appropriate.

Doctors are available 24 hours a day, 7 days a week, 365 days a year by phone, web or mobile app. With your consent, Teladoc can share information about your consultation with your primary care physician to help coordinate your care.

What can the Teladoc Doctors treat?

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infections
- Sinus issues
- Dermatology
- Mental Health
- And more!

When can I use Teladoc?

- When you need medical care quickly
- Are considering the ER or urgent care for a non-emergency issue
- Are traveling for vacation or business
- Need short-term prescription refills

Who are the Doctors at Teladoc?

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

Teladoc Rates	
PPO Plan	$5 copay for General Medicine $20 copay for Dermatology, Mental Health & Primary 360
HSA Plan	$55 copay for all indications *(goes toward out-of-pocket accumulation)*

Download the app to talk to a doctor

Visit Teladoc.com/BCBSIL - OR - Call 1-800-TELADOC (835-2362)

Your Dental Plan



Minooka CCSD #201 provides dental coverage through **Guardian Dental**. You have the flexibility to visit any dentist; however you can maximize your benefits and potentially reduce out-of-pocket costs by choosing a dentist with the Guardian PPO Network.

To find an in-network dentist, **visit** **www.guardiananytime.com**

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

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

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

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

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

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

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

Who is it for?

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

What does it cover?

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

Why should I consider it?

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

Oral Health Rewards Program

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

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

Automatic rollover

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

Your Dental Plan

Maintaining good oral health involves more than brushing and scheduling twice-yearly dental cleanings. Dental insurance helps you stay on top of preventive care, which can support your overall health, while providing benefits to help offset the cost of more extensive dental procedures. Dental coverage can reduce your out-of-pocket expenses when unexpected or costly dental work is needed.

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

A sample of Services Covered by Your PPO plan:

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

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

Your Vision Plan

Minooka CCSD #201 provides vision coverage through **EyeMed** utilizing the Insight PPO Vision Network.

Routine eye exams are an important part of maintaining your vision and overall health. In addition to identifying vision problems, eye exams may help detect signs of certain health conditions, including diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis and rheumatoid arthritis. It is recommended you have an eye exam annually. To find an in-network provider, **visit Eyemed.com or call 1-866-804-0982.**

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

Additional Plan Discounts:

- Fixed copayments for options including anti-reflective and scratch-resistant coatings, UV treatment, tint, and photochromic lenses.
- 20% discount on the amount exceeding the $120 frame allowance.
- Standard polycarbonate lenses are available at no additional charge after the applicable co-payment.





Your Life and Accidental Death & Dismemberment Plan

Planning your financial security is important, especially when faced with an unexpected injury or loss. Minooka CCSD #201 provides **Basic Life and Accidental Death and Dismemberment Insurance** through **Voya Financial** to help provide financial protection during difficult circumstances. These benefits are provided to benefit eligible employees at **no cost.**

The following is an overview of the key plan features. Please refer to your benefit plan certificate for complete coverage details, terms and conditions.

Life Insurance

Provides a life insurance benefit of $40,000, or other amount specified in your employment contract.

Accidental Death & Dismemberment (AD&D)

Provides benefits for certain covered accidental injuries resulting in the loss of a limb or other covered body part. You will receive 50% of your life insurance benefit for the loss of one member (hand, foot, eye) and 100% for the loss of two or more members. In the event that death occurs from a covered accident, both the Life and AD&D benefit would be payable.

Accelerated Benefit

If you have been diagnosed with a terminal illness and life expectancy is 12 months or less, you may be eligible to receive up to 75% of your life insurance benefit in advance. These funds may help cover eligible expenses associated with your care that are not covered by other insurance.

The amount paid through the accelerated benefit will reduce the life insurance benefit payable upon your death. For example, if you receive $15,000 through the accelerated benefit, the remaining death benefit would be reduced accordingly.

Portability/Conversion

If your employment ends or you become ineligible for coverage, you may have the option to continue coverage through portability or convert your existing coverage to an individual life insurance policy, subject to the plan's terms and eligibility requirements. For conversion, the election must be made within **31 days** of the date your coverage terminates. Please refer to your benefit plan certificate for specific requirements and deadlines.

Voluntary Life Insurance Plan

Minooka CCSD #201 provides all eligible employees the opportunity to purchase supplemental term life insurance through Voya Financial. This coverage is optional and employees are responsible for the full cost of their elected coverage through after-tax payroll deductions.

The information below highlights some of the plan features. Please refer to your benefit plan certificate for complete coverage details, eligibility requirements and terms and conditions.

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

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

Employee & Spouse Rate Per Person Per $1,000

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

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

Covers all dependent children regardless of the number of children.

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

Voluntary Critical Illness Insurance

Critical Illness Insurance through Voya Financial helps provide financial protection when you experience a covered serious illness and face unexpected out-of-pocket expenses.

If you are diagnosed with a covered condition, the plan pays a **lump-sum benefit** that you can use however you choose, including medical bills, household expenses, or other financial obligations. Benefits are paid in addition to any other insurance coverage you may have.

The information below highlights key plan features. Please refer to your benefit summary for complete coverage details, covered conditions, eligibility requirements, and terms and conditions.

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

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



Critical Illness Insurance Rates

Employee Coverage

Monthly Rates

Includes Wellness Benefit Rider

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

Spouse Coverage*

Monthly Rates

Includes Wellness Benefit Rider

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

Children Coverage

Monthly Rates

Includes Wellness Benefit Rider

Coverage Amount	Rate
$2,500	$1.00
$5,000	$2.00
$7,500	$3.00
$10,000	$4.00

Payroll Contributions

Bi-Weekly Employee Premium Contributions

Coverage Tier	Medical	Dental	Vision	Total Bi-Weekly Premium Contributions
Employee Only				
Blue Choice OPT PPO (**without** Wellness)	$71.26	$2.24	$0.21	$73.71
Blue Choice OPT PPO (with Wellness)*	$61.26	$2.24	$0.21	$63.71
Value HSA - HDHP (**without** Wellness)	$59.64	$2.24	$0.21	$62.09
Value HSA - HDHP (with Wellness)*	$49.64	$2.24	$0.21	$52.09
Employee & Family - New Hire (60/40)				
Blue Choice OPT PPO (**without** Wellness)	$418.56	$14.52	$1.39	$434.47
Blue Choice OPT PPO (with Wellness)*	$398.56	$14.52	$1.39	$414.47
Value HSA - HDHP (**without** Wellness)	$342.20	$14.52	$1.39	$358.11
Value HSA - HDHP (with Wellness)*	$322.20	$14.52	$1.39	$338.11
Employee & Family (90/10) ***after paying into the plan for 5 years***				
Blue Choice OPT PPO (**without** Wellness)	$174.77	$5.65	$0.54	$180.96
Blue Choice OPT PPO (with Wellness)*	$154.77	$5.65	$0.54	$160.96
Value HSA - HDHP (**without** Wellness)	$145.22	$5.65	$0.54	$151.40
Value HSA - HDHP (with Wellness)*	$125.22	$5.65	$0.54	$131.40

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

COBRA

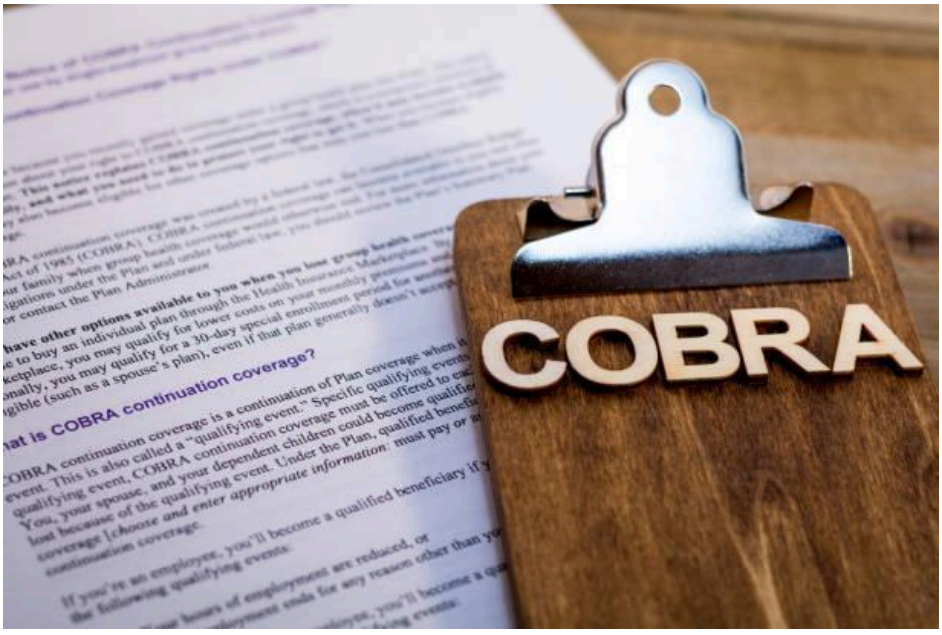
The Consolidated Omnibus Budget and Reconciliation Act (COBRA) gives eligible employees and their covered dependents the opportunity to continue group health insurance coverage for a limited period when coverage would otherwise be lost due to qualifying events.

Qualifying events may include:

- **Involuntary or voluntary job loss**, other than termination for gross misconduct
- **Reduction in work hours** that results in loss of coverage
- **Transition between jobs** that results in loss of coverage
- **Birth or adoption of a child**
- **Death of a covered employee**
- **Divorce or legal separation** from a covered employee
- **Other qualifying life events** that result in the loss of group health coverage

COBRA continuation coverage is generally available for a limited period, and individuals who elect coverage are typically responsible for paying the full premium, including the portion previously paid by the employer, plus an allowable administrative fee.

Eligibility, coverage duration, and election deadlines depend on the qualifying event and applicable requirements.



Contact Information

If you have questions about plan benefits or other information covered in this packet, please contact:

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(815) 467-0595



Carrier Contact Information	Phone	Website
Medical Carrier – BCBSIL	(800) 828-3116	www.bcbsil.com
Provider Locator	(800) 810-2583	www.bcbsil.com/find-a-doctor-or-hospital
Preauthorization - Medical	(800) 635-1928	
Preauthorization – Mental Health / Substance Abuse	(800) 851-7498	
Pharmacy Line – BCBCIL	(800) 423-1973	www.myprime.com
Pharmacy Mail Order – Express Scripts	(800) 282-2881	Express-scripts.com
Specialty Pharmacy - Accredo	(833) 721-1619	Accredo.com/bcbsil
Teladoc	(800) 835-2362	www.teladoc.com
Dental Carrier - Guardian	(888) 600-1600	www.guardiananytime.com
Vision Carrier – Eye Med	(866) 804-0982	www.eyemed.com
Life Insurance – Voya Financial	(800) 955-7736	www.voya.com
TELUS Health EAP (Employee Assistance Program)	(833) 303-3750	one.telushealth.com
Samaritan Fund Program	(866) 764-9290	Samaritanfundprogram.com