Oak Lawn High School
District 229

2027 Benefits
Open Enrollment

It’s Open Enrollment!

- Open Enrollment is your annual opportunity to elect your insurance benefits.
  - One time each year you can make changes for any reason
  - Switch to a different plan

Note: If you are currently enrolled in the PPO Health and/or PPO Dental plan and decide to drop the plan, you will not be able to re-enroll in that PPO plan. The PPO plans are closed to new enrollees

  - Add or drop coverage
  - Add or drop dependents
  - Re-enroll in flexible spending accounts (FSAs) and HSA accounts



Changing Your Benefits

- **When it's not open enrollment, you can change your benefits if you have a change in:**
  - marital status
  - number of dependents or dependent eligibility
  - employment that affects eligibility (you or dependents)
  - residence that affects access to network providers
  - health coverage due to spouse's employment
  - eligibility for Medicare or Medicaid

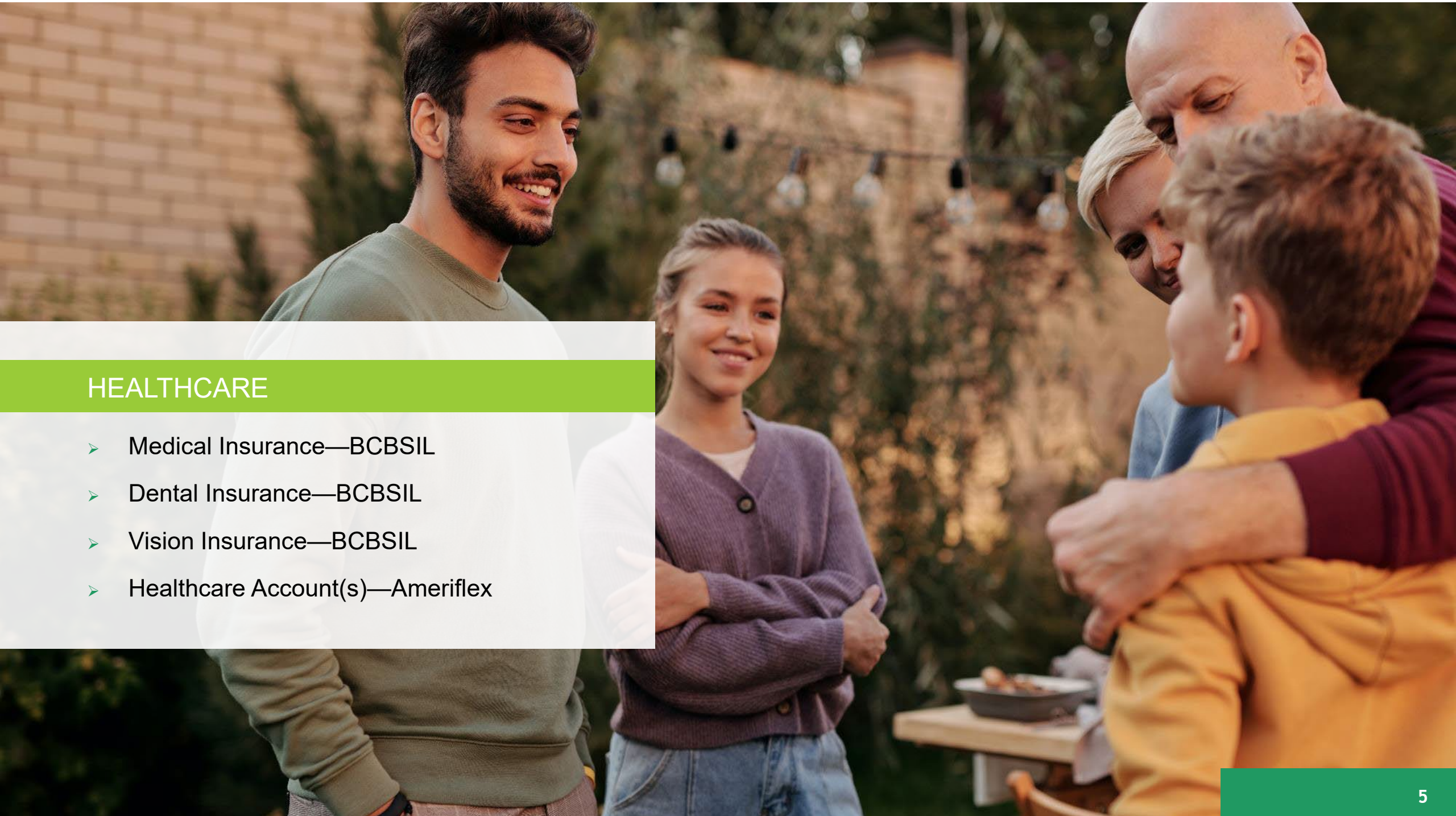


You must notify Human Resources within 30 days of the qualifying event to make changes



What's New or Changing for 2027?

- Weight-loss drugs are **excluded** for all 3 plans.
  - GLP-1's for diabetes diagnosis are still covered, but they are not covered for weight-loss under the insurance plans. Direct-to-consumer will remain an option.



HEALTHCARE

- Medical Insurance—BCBSIL
- Dental Insurance—BCBSIL
- Vision Insurance—BCBSIL
- Healthcare Account(s)—Ameriflex

Which Plan Is Right for You?

	BlueAvantage HMO	BCO HSA	BCO PPO
Plan type	HMO	HDHP	PPO
Out-of-network coverage?	No (except in some emergencies)	Yes	Yes
Primary Care Physician (PCP) required?	Yes	No	No
Other Features	• No deductible • More predictable out-of-pocket costs • PCP referrals required	• Higher deductible • Compatible with tax-free health savings account (HSA) • No referrals required	• Members are subject to deductible/out-of-pocket expenses, but have the freedom to go to PPO providers • No referrals required

Things to Think About

1. Provider Availability

   Will you be able to visit the doctors, hospitals and other facilities you want to?

2. Your Premium Cost

   What is going to come out of your paycheck every pay period? What about for the whole year?

3. Benefit Payment Costs

   How much you will have to pay out of your pocket for your medical expenses? Co-pays, deductibles?

4. Medical Services

   Consider your health status and services you expect to consume during the year

Preventive Care

- Preventive care is 100% covered in-network
  - Preventive care = annual exam and lab tests to monitor health and detect potential issues
  - Not all exams and tests are considered preventive
  - Check with your health plan if you have questions
  - All medical plans cover preventative care

Typical Screenings for Adults

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammogram
- OB/GYN screening
- Prostate cancer screening
- Testicular exam



Stay Healthy by Getting Regular Check-ups

Medical Plans

- **BlueAdvantage HMO**
- **Blue Choice Options (BCO) HSA**
- **Blue Choice Options (BCO) PPO**

Look up network providers at: www.bcbsil.com

- HMO network – BlueAdvantage
- HSA network – Blue Choice Options (BCO) Tier 1 or PPO Tier 2
- PPO network – Blue Choice Option (BCO) Tier 1 or PPO Tier 2

Medical coverage includes:

- Preventive and emergency care
- Doctor visits
- Prescription drugs



HMO Overview

- Each covered employee and dependent chooses a participating medical group/individual practice association (IPA) and selects a PCP within that group
  - Female members may also choose an OB-GYN or a woman's principal health care provider (WPHCP)* in addition to their PCP – **must be in same medical group**
- Your PCP will coordinate your covered health care services and provide specialist referrals when appropriate
- You may change medical groups by calling BCBSIL customer service.
- If you need urgent care, check with your medical group before seeking services to find out if you need your PCP's referral or approval

Out-of-network coverage on the HMO plan is available in case of emergency –
In an emergency, call 911 or go directly to the nearest emergency department.



Your PCP will guide you in making health care treatment decisions for preventive care and managing chronic conditions

Medical Plan Options –

- A PPO plan allows you to receive care in-network or out-of-network. You always pay the deductible and copays, up to the out-of-pocket maximum. Coinsurance is what the plan pays after the deductible is met.
- **The plan is a "BlueChoice Options" plan because it gives you access to 3 network tiers:**
- **$ Tier 1:** BlueChoice Options (BCO): You pay the least out-of-pocket amount
- **$$ Tier 2:** PPO: You pay a higher out-of-pocket than BCO, but still considered in-network
- **$$$ Tier 3:** Out-of-Network: You pay the highest out-of-pocket cost and may be subject to balance-billing.

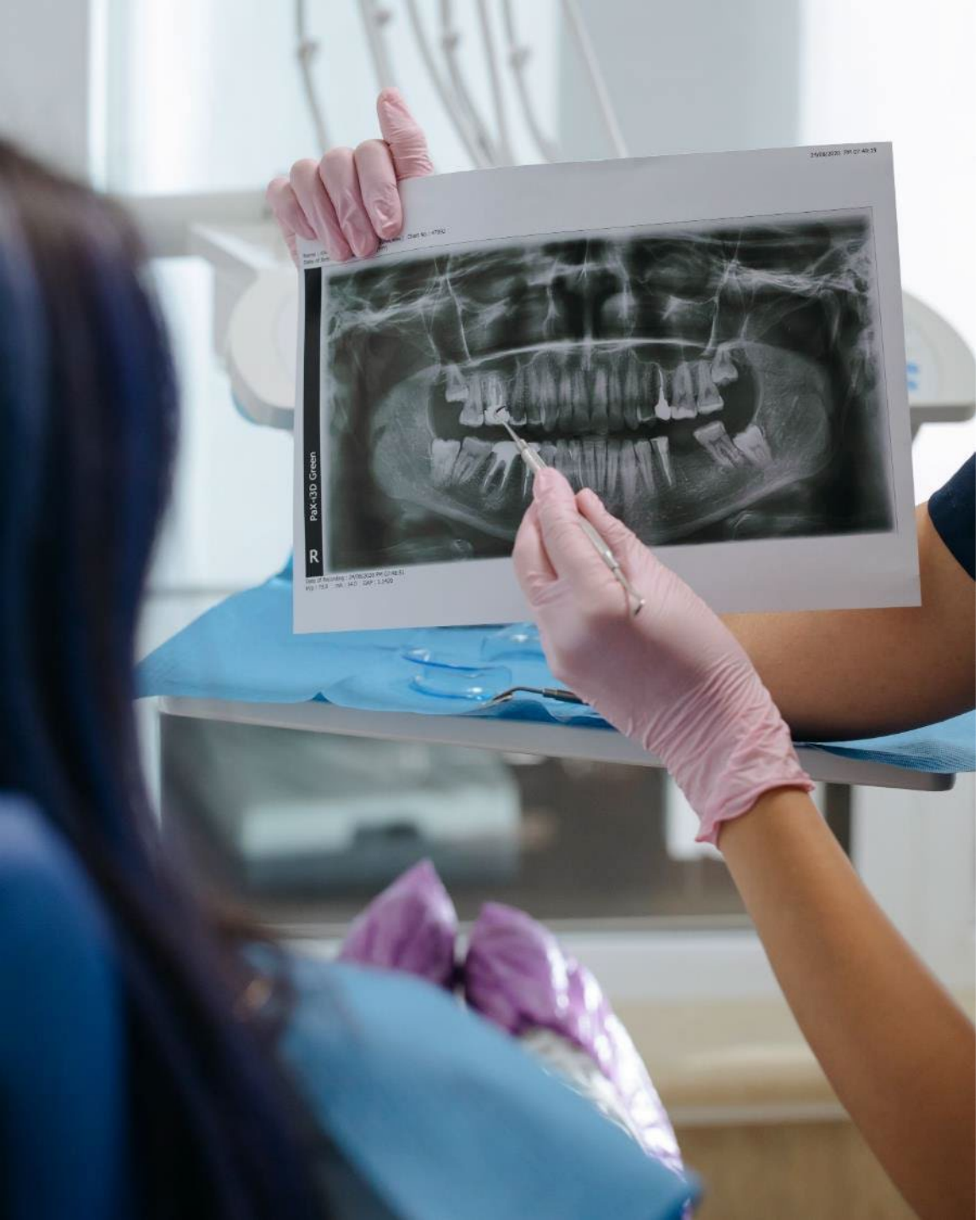
		HMO	HSA BCO			PPO BCO		
		In-Network	BCO Network	In-network	Out-of-Network	BCO Network	In-Network	Out-of-Network
PLAN FEATURES								
Annual Deductible (Individual/Family)	Embedded	None	$3,400/$6,800	$4,000/$8,000	$6,000/$12,000	$400/$800	$800/$1,600	$1,600/$3,200
Annual Out-of-Pocket Maximum (Individual/Family)	Embedded	$1,500 / $3,000	$3,400/$6,800	$5,000/$10,000	$10,400/$20,800	$1,400 / $3,800	$2,800/$7,600	$5,600/$15,200
Annual HSA Employer Contribution (Individual/Family)		Not eligible	$500/$1,000			Not eligible		
YOUR COSTS FOR CARE								
Coinsurance		100%	100%*	20%*	40%*	20%*	30%*	40%*
Preventive Care		No cost	No cost	No Cost	40%*	No cost	No cost	No cost
Primary Care Physician (PCP)		$20 copay	No Charge	20%*	40%*	$20 copay	$25 copay	40%*
Specialist Visit		$20 copay	No Charge	20%*	40%*	$40 copay	$50 copay	40%*
Urgent Care		$20 copay	No Charge	20%*	40%*	20%*	30%*	40%*
Emergency Room Waived if admitted		$100 copay	Ded, then 100%			$150 copay plus 20%* (copay waived if admitted)		
Inpatient Hospital		No Charge	Ded, then 100%	20%*	40%*	20%*	30%*	40%*
Outpatient Hospital		$20 copay	Ded, then 100%	20%*	40%*	20%*	30%*	40%*
Lab/X-Ray (Outpatient)		No Charge	Ded, then 100%	20%*	40%*	20%*	30%*	40%*
Prescription Drugs		$10/$20/$35	Ded, then 100%	Ded, then 100%	Ded, then 100%	$10/$40/$60	$10/$40/$60	$10/$40/$60
Annual out-of-pocket maximum		$1,000/$2,000	N/A	N/A	N/A	N/A	N/A	N/A

* After deductible

Monthly Medical Plan Contributions

Coverage Tiers	HMO	PPO	HSA
Employee Only	$147.25	$190.68	$155.09
Employee + Spouse	$488.21	$632.16	$512.20
Employee + Child(ren)	$468.51	$606.65	$493.45
Family	$724.86	$938.59	$763.44

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Dental Plans – BlueCross BlueShield

Covers four types of care:

- Preventive care — routine exams, cleanings, X-rays
- Basic care — fillings, oral surgery
- Major care — bridges, dentures
- Orthodontia

Dental Plan Highlights

Two plans from which to choose:

DHMO Plan

- The DHMO dentist you select provides all dental care for you and your family.
- If specialty care is required, your dentist will refer you to a specialist who is also in the Dental HMO network.
- Under the DHMO, there are no deductibles, no annual benefit maximums and no claim forms to complete. Office visit copay and most diagnostic and preventive care copay is $0.

PPO Plan (closed to new enrollees)

- BlueCross BlueShield's network dentists have agreed to reduced fees
- Annual Maximum is $2,000 per person



Dental Plan Options

Benefits	Dental HMO Plan	Dental PPO Plan closed to new enrollees	
	Network Only; Primary Dentist Req'd.	**In-Network**	**Out-of-Network**
Deductible	None	$100 single $200 family	$100 single $200 family
Calendar Year Maximum	Unlimited	*The maximum the Plan will pay per year per person* $2,000	
Preventive Services	See copay schedule	100%	100% of U&C* Fee
Basic Services	See copay schedule	80% after deductible	80% of U&C* Fee after deductible
Major Services	See copay schedule	50% after deductible	50% of U&C* Fee after deductible
Orthodontic Services	*Adult & Child to age 19* $1,500 copay	*Dependent Child to age 26* 50% after deductible	*Dependent Child to age 26* 50% of U&C* Fee after deductible
Orthodontia Lifetime Maximum	N/A	$1,000	$1,000
Network	**BlueCare Dental HMO**	**BlueCare Dental PPO**	

Monthly Dental Plan Contributions

Coverage Tiers	DHMO	PPO (closed to new enrollees)
Employee Only	$4.85	$7.51
Employee + Spouse	$16.03	$30.60
Employee + Child(ren)	$17.65	$29.36
Family	$26.62	$45.43

Vision Plan

In-Network	Out-of-Network	In-Network	Out-of-Network
Exam (once every 12 months)		**Frames (once every 24 months)**	
$10 copay	$30 allowance	$150 retail allowance (20% off balance)	$75 allowance
Lenses (Any one option)		**Contacts**	
Lenses or Contacts are limited to once every 12 months		Lenses or Contacts are limited to once every 12 months	
Single Vision		**Conventional**	
$10 copay	$25 allowance	$150 allowance; 15% off balance	$120 allowance
Bifocal		**Disposable**	
$10 copay	$40 allowance	$150 allowance	$120 allowance
Standard Progressives		**Medically Necessary**	
$75 copay	$40 allowance	100% covered	$210 allowance



Find an in-network provider at:
www.eyemedvisioncare.com/bcbsilvis

Monthly Vision Plan Contributions

Coverage Tiers	Monthly Cost
Employee Only	$0.92
Employee + Spouse	$3.00
Employee + Child(ren)	$3.16
Family	$4.65



Healthcare Account(s)

- Health savings account (HSA)
- Flexible spending account (FSA)
- Dependent Care spending account (DCFSA)

Health Savings Account (HSA)

- Five reasons to look into the HSA
  - Personal savings account for healthcare expenses—office visits, labs, dental, vision, prescriptions, and more
  - Tax-free contributions, expenses, earnings
  - Use for spouse and tax-dependent children even if not on your health plan
  - Unlimited rollover of unused balance
  - Extra retirement savings! After 65, use HSA for healthcare expenses (tax-free) or regular living expenses (taxable).



Bonus! Oak Lawn High School helps you save!

Administered by Ameriflex

Health Savings Account (HSA)

- IRS 2027 Annual Contribution Limit (including Oak Lawn Contributions)
  - Individual Coverage: $4,500 per year
  - Family Coverage: $9,000 per year
  - Contribute an additional $1,000 per year if age 55 and older

Oak Lawn High School Contributions

Individual Coverage: $500

Family Coverage: $1,000



Are you Eligible for an HSA?

- Must be enrolled in the HDHP HSA plan
- May not have a general purpose FSA account or be eligible to use one (such as spouse's FSA)
- Can not be another person's tax dependent
- May not be enrolled in Medicare, Medicaid or Tricare
- May not be enrolled in any other non-HDHP healthcare coverage except:

  Accident, Long Term Care, Disability, Dental, Vision, Insurance that pays a fixed amount per day of hospitalization, Limited Purpose FSA



Flexible Spending Accounts (FSA)

- An employer sponsored plan, regulated by the IRS that lets you save your money, tax-free, through payroll deductions.
- You can save up to 30% with this tax break on eligible expenses.
- A **Healthcare FSA** allows you to be reimbursed for eligible medical, dental and vision expenses. 100% of your election is available for use on January 1st.
- A **Limited Purpose FSA,** for those who open and contribution to a Health Savings Account (HSA), allows you to be reimbursed for eligible dental and vision expenses. 100% of your election is available for use on January 1st.
- A **Dependent Care FSA** allows you to be reimbursed for eligible daily care of an eligible child under age 13, elderly parents, or other dependents that are unable to care for themselves. Funds are available throughout the year as you contribute via payroll deduction.

① Determine **how much** to contribute
② Funds are taken from your paycheck **before taxes**
③ You may only change your FSA election mid-year if you have a corresponding qualifying life event (e.g. birth, marriage, divorce, death, loss of coverage, change in day care provider, etc.

All FSA plans include a $680 rollover provision, allowing you keep to $680 of your FSA dollars for the following year.

Account type	Annual Contribution Maximum
Healthcare FSA *For those enrolled in the HMO or PPO medical plan, or waiving coverage*	$3,400
Limited Purpose FSA *For those enrolled in the HSA PPO medical plan*	$3,300
Dependent Care FSA *For those enrolled in any medical plan or waiving coverage*	$7,500

Limited Purpose FSA

LPFSA Eligibility

- You (or your spouse if covered under your medical plan) **cannot have any funds in a Healthcare FSA** if you enroll in the **HDHP/HSA Plan**
- Instead, you may elect a **Limited Purpose FSA** to be used for eligible **dental and vision expenses only**.
- **If you made a Healthcare FSA election in 2026, elect and open a new HSA for 1/1/27, you will need to empty your FSA by 12/31/26 to have a $0.00 balance. Otherwise, you cannot open an HSA until after April 1, 2027.**

Benefits of a LPFSA

- Allows you to save money on taxes for your qualified **dental and vision expenses** in the current plan year
- Cash flow – funds are available day 1, while HSA funds are as they're deposited
- Helps you save the money in your HSA for future health care expenses & additional "401(k)"

MyAmeriflex

Easily access and manage your FSA funds.



Quickly and conveniently pay for qualified medical expenses with your MyAmeriflex Card. The card will automatically withdraw the funds from your FSA account when you swipe it at eligible merchants and (in most cases) eliminates the hassle of having to verify the eligibility of an expense later on.



Convenience and award-winning customer service – right at your fingertips! With the MyAmeriflex Mobile App, you can access your account from anywhere. Check your balance, file a claim, or check on the status of a reimbursement, all from your mobile phone.



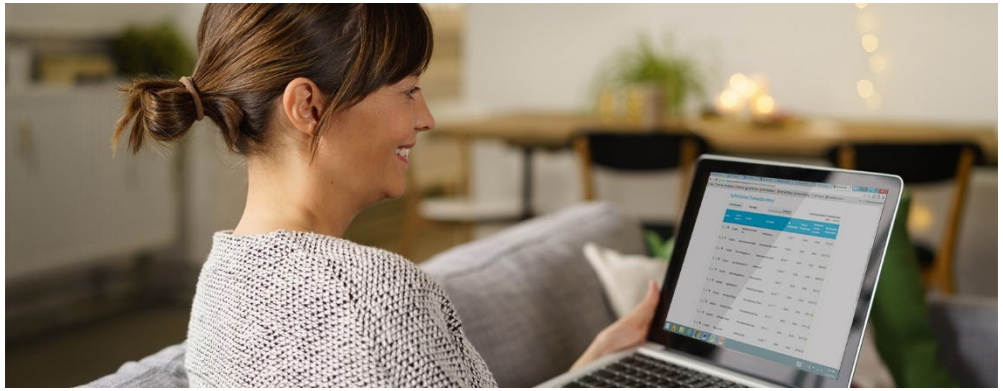
Account management just got easier. By logging into MyAmeriflex, you can gain access to resources aimed at helping you maximize the value of your FSA plan. In addition to managing all aspects of your account, you can also access interactive how-to's, spending calculators, and more.

MyPlanConnect

Hassle-free claims reimbursement.

With MyPlanConnect, your healthcare FSA charges are connected with your medical insurance Explanation of Benefits (EOB). Through this integration, AmeriFlex detects use of your FSA debit card and automatically matches your purchase with your insurance EOB.

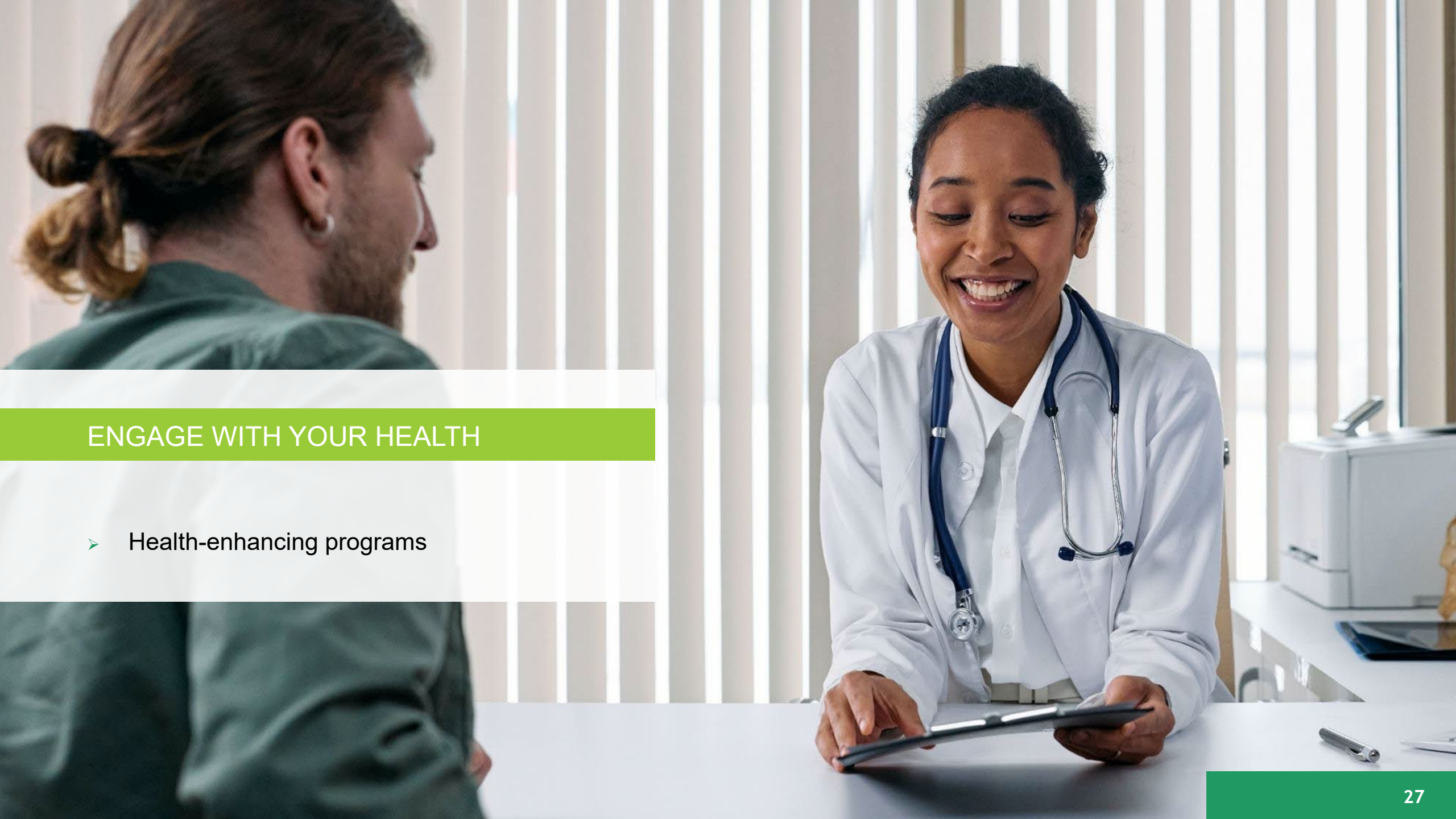
MyPlanConnect can verify the eligibility of a claim without the need for you to submit supporting documentation (substantiation).



ACTION REQUIRED!

To set up this connection, login to the AmeriFlex member convenience portal and click the link for MyPlanConnect.

Follow the applicable steps, where you will link out and login to the BlueCross member portal, BlueAccess for Members, to connect your claims activity.



ENGAGE WITH YOUR HEALTH

- Health-enhancing programs



Wondr

Metabolic Syndrome Reversal Program

- Online program and mobile app allows members access anywhere at any time
- Builds behavioral skills (no dieting) to promote long-term weight loss and risk reduction
- Integration with activity trackers and voice-controlled/ smart speakers

Enroll at
Wondrhealth.com/BCBSIL

HMO & PPO plan members

BlueCross BlueShield of Illinois

Digital Mental Health

- Online programs through Learn to Live at no added cost for
  - Stress, anxiety and worry
  - Depression
  - Social anxiety
  - Insomnia
  - Panic
  - Substance use
  - Resiliency

Not available to HMO Members

learntolive

- Available to employees and their family members 13 years and older
- Programs in English and Spanish
- Personal coaching by phone, text or email
- **HSA PPO plan only**

Get started with a mental health assessment:

- Log in to Blue Access for Members℠
- Choose Wellness, then find Digital Mental Health

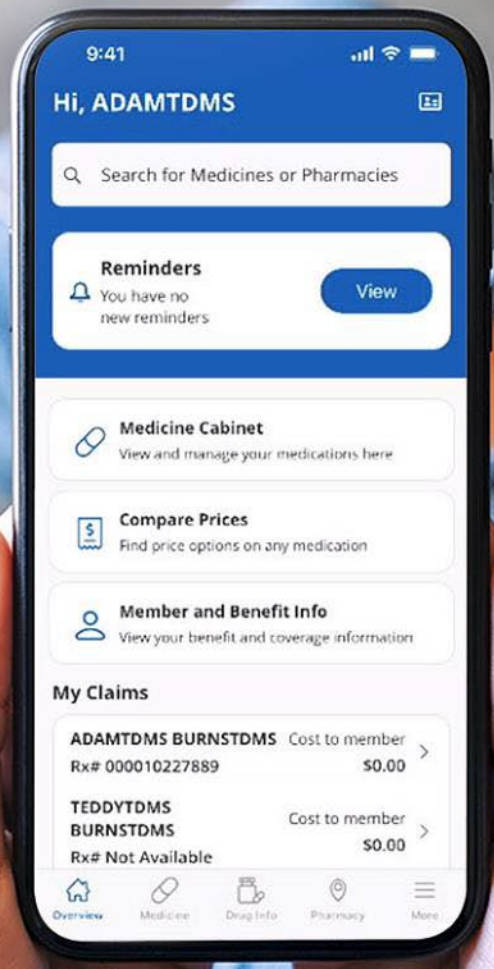
MyBlueRxIL Digital App

Making the member experience easy and intuitive

With the MyBlueRxIL app, members can:

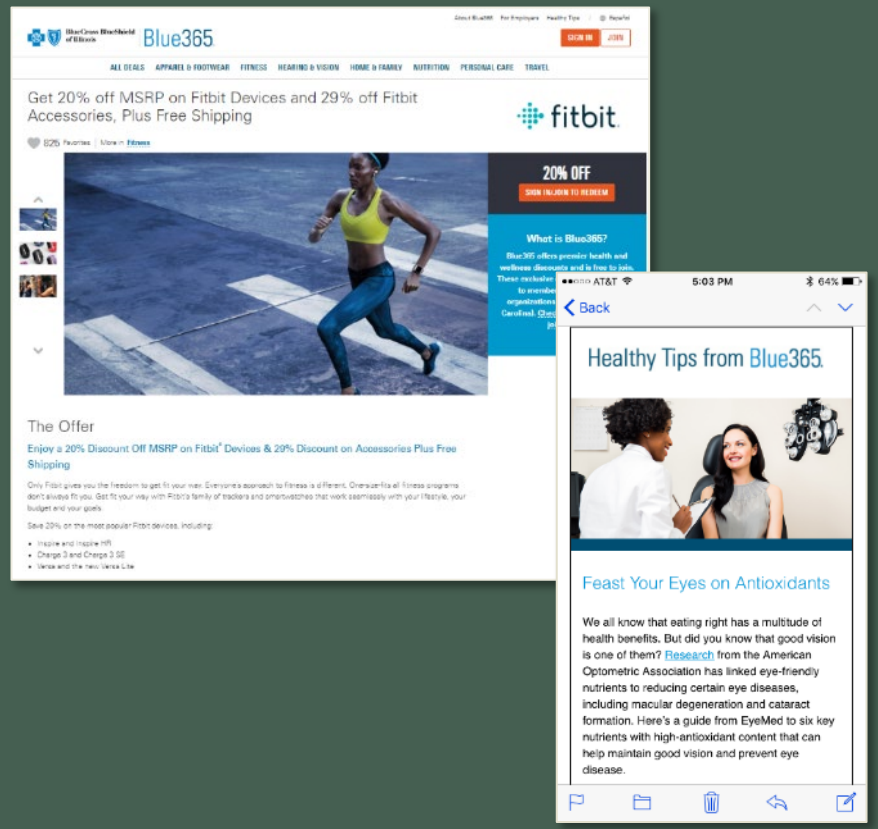
- Compare drug costs at different pharmacies
- Receive reminders when it's time to refill a prescription
- Learn more about their prescription drugs, such as drug interactions, side effects or dosing instructions
- Search for and contact in-network pharmacies
- See their prescription drug costs and find available lower-cost options
- View prescription drug claims, coverage info, prior authorization approvals and refills

The MyBlueRxIL app removes confusion and complexity from the pharmacy experience and, quite simply, makes pharmacy easier.



Blue365® Member Discount Program

Member discounts simply for being a BCBSIL member



Screen images are for illustrative purposes only.

- Exclusive health and wellness deals from national and local retailers
- Save money on fitness gear, family activities, gym memberships, healthy eating, dental, vision, hearing aids and more from top national and local retailers
- Go to **www.blue365deals.com/BCBSIL** to register, view your available discounts and sign up for weekly emails

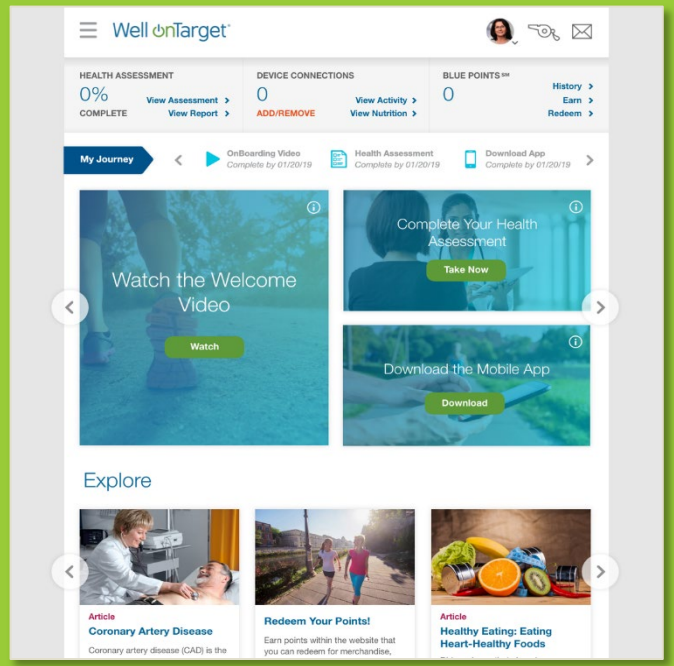
Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Employees should check their benefit booklet or call the Customer Service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program and are subject to change. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.

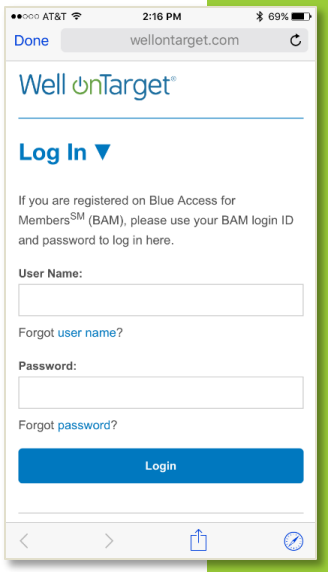
BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

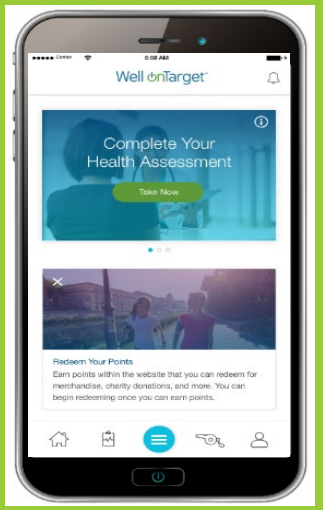
Member Wellness Portal

Well onTarget® Highlights

- Health Assessment
- Member dashboard
- Digital self-management programs
- Trackers and tools
- Interactive symptom checker
- Health and wellness content
- Text message alerts
- Blue Points℠ rewards*
- Fitness Program
- Tracking for fitness and nutrition and also device integration
- Personal wellness challenges
- Mobile app (AlwaysOn)









TAKE ACTION

Enrollment Checklist

What you need to do:

If you wish to enroll or make any changes to your current BCBSIL Medical, Dental and/or Vision elections:

- **Complete the BCBS enrollment/change form** and return to the Business Office by **Friday, Dec. 11th at 3:30pm**
- **Complete the AmeriFlex Health Savings Account Contribution Form** with your annual & per pay period HSA contribution election and return to the Business Office by
  Wednesday, Dec. 2nd at 3:30pm
- New BCBS ID cards will be mailed 2-3 weeks from the date of enrollment.

If you wish to make a Flexible Spending Account (FSA) election for 2027, (Remember: Current elections do NOT carry over!)

- **Complete the AmeriFlex FSA enrollment form** and return to the Business Office by
  Wednesday, Dec. 2nd at 3:30pm
- **Remember to check the "Limited Purpose FSA" if you also open a Health Savings Account (HSA).**

Review your first payroll statement in 2027 for adjusted premium and HSA or FSA contribution deductions



Thank you!