

This summary is designed to give you an outline of the health benefit programs offered through Decatur School District 61. Contained in the summary are tips for you on using the plans.

Your 2024 Benefit Summary provides information on your district's benefit plans, including:

- BCBS Member Resources
- Medical Option—PPO, HDHP
- Blue365 Discount Programs

- Dental Plan, Voluntary Life and AD&D plan
- Additional Voluntary Coverages

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 **www.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
 Print a tempo card or
- Compare hospitals and physicians
- Receive email alerts
- Print a temporary ID card or order a replacement card
- View and print Explanation of Benefits (EOB)

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 **www.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**.

Wellbeing Management

The Wellbeing Management program is designed to help you take charge of your health and provide you with the tools to better manage your benefits. Members have access to a variety of resources through Blue Cross and Blue Shield's secure website and Blue Access for Members.

24/7 Nurseline — Around-the-Clock, Toll-Free Support (PPO Members 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.

Note: For medical emergencies, call 911 or your local emergency service first.

Teladoc Diabetes and Hypertension Management (only available to PPO members)

The Teladoc for Diabetes and Hypertension management programs provide 24/7 personalized coaching, connected blood glucose meter, connected blood pressure monitor and an app to help manage chronic conditions. Services are covered as preventative with no out-of-pocket costs to members. The program is provided to all PPO 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 w/HSA plans only)

Call a Benefits Value Advisor to help you compare cost on 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 your appointment
- Tell you about online educational tools

Call 800.458.6024 before your next procedure!

BCBS Member Rewards (PPO and HDHP w/HSA plans only)

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

- Compare costs and quality 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.**

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 have compassionate help when they need it.

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, not hours or days like the ER, urgent care or doctor's office. Plus, you can get care from anywhere in the US: home, office, or on the road!

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

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On a vacation, on 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 your account and complete your medical history, you will have access to speak with a doctor by phone or video on your mobile device, computer, or phone.

Copay for PPO is \$0

Copay for HDHP members is \$53



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 Blue Cross member.

PPO and HDHP Medical Plans

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

PPO and HDHP 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 www.bcbsil.com.

PPO and HDHP RX Information

Prime Therapeutics is the administrator of the PPO and HDHP prescription drug program. They oversee the 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 Lists. 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

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.

Dental Plan

Delta Dental of Illinois

Your district offers a dental plan through **Delta Dental of Illinois**. Dental members are free to use any dentist; however, additional discounts will be realized if a dentist that participates in the Delta Dental network is used. Please visit Delta Dental at their website at **www.deltadentalil.com** to conduct a provider search or contact Customer Service. Additionally, you can call Delta Dental Customer Service at **800.942.3772**.

Dental Plan			
Benefit	High Plan	Low Plan	
Deductibles	\$50 Individual/ \$150 Family	\$50 Individual/ \$150 Family	
Preventative (diagnostic exams, cleanings, fluoride treatment)	100%	100%	
Basic (fillings, general anesthesia, oral surgery)	80%	50%	
Major (onlays, partial/full dentures, crowns, periodontics)	50%	N/A	
Orthodontics*	50%	N/A	
Annual Maximum Benefit	\$2,000	\$1,000	
Lifetime Ortho Maximum	\$1,000	N/A	

Decatur School District 61 Medical Plans Comparison

~	Blue Cross and Blue Shield PPO		Blue Cross and Blue Shield HDHP*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible**				
Individual	\$1,000		\$2,100	\$4,200
Family	\$3,000		\$4,200	\$8,400
Out-of-Pocket Limit** (deductible included)				
Individual	\$3,250	\$9,750	\$6,750	\$13,500
Family	\$9,750	\$29,250	\$13,500	\$27,000
Lifetime Maximum	Unlir	mited	Unlimited	
Covered Expenses				
Hospital				
Inpatient Services	80%	60%	80%	60%
Outpatient Surgery	80%	60%	80%	60%
Emergency Room	80%		0%	
Physician				
Inpatient Services	80%	60%	80%	60%
Outpatient Surgery	80%	60%	80%	60%
Office Visits (PCP/Specialist)	80%	60%	80%	60%
Other				
X-ray and Lab	80%	60%	80%	60%
Therapy–Speech, occupational or physical therapy	80%	60%	80%	60%
Mental/Nervous–Inpatient	80%	60%	80%	60%
Mental/Nervous–Outpatient	80%	60%	80%	60%
Substance Abuse–Inpatient	80%	60%	80%	60%
Substance Abuse–Outpatient	80%	60%	80%	60%
Wellcare	100% (no deductible)	60%	100% (no deductible)	60%
Prescription Drugs	Prime Therapeutics		Prime Therapeutics	
Retail Pharmacy 34-day supply	\$5 Generic \$40 Preferred Brand \$60 Non-Preferred Brand		80% 80% 80%	
Mail Order 90-day supply	\$10 Generic \$80 Preferred Brand \$120 Non-Preferred Brand		80% 80% 80%	

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.



^{*}The HDHP plan has an aggregate deductible. Those enrolled in family coverage are responsible for the entire family deductible before coinsurance applies for any individual in the family

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



Vision Plan

Coverage from EveMed

To see a list of participating providers near you, go to www.eyemedvisioncare.com or call 866.299.1358.

Benefit	In-Network Cost	Out-of-Network Reimbursement	
Exam at PLUS provider	\$0 copay	Up to \$40	
Exam once every plan year	\$10	Up to \$40	
Prescription Glasses			
Frames once every other plan year	\$0 copay; 20% off balance over \$200 allowance	Up to \$140	
Lenses once every plan year	\$25 copay for single, bifocal, trifocal, and lenticular lenses	Up to \$30 - \$70	
Contacts once every plan year	\$0 copay; 15%-100% off balance over \$200 allowance	Up to \$140 - \$300	
Laser Vision correction 15% off retail or 5% off promo price			

Voluntary Life and AD&D Insurance

Reliance Standard Life Insurance

If you are actively at work at least 25 hours per week, you can apply for voluntary life insurance for yourself, your spouse and your children through Reliance Standard. Voluntary Accidental Death and Dismemberment Amounts will be equal to the elected Life Insurance amount.

Benefit Amount:

Employee and Spouse:

Minimum \$10,000 up to \$500,000 in \$10,000 increments for you and your spouse.

Eligible Dependent Child(ren):

Choice of \$2,500, \$5,000, \$7,500, \$10,000

Guaranteed Issue Amount

Employee Under Age 69: \$250,000 Spouse Under Age 60: \$50,000

All Child amounts are guaranteed issue.

Does your spouse work for DPS 61?

A person may not be covered as both an employee and a spouse with Voluntary Life coverage. If your spouse is employed by the district and has Voluntary Employee Life coverage, you may not cover them with Voluntary Spouse Life coverage.



Additional Voluntary Coverages

Decatur PSD 61 offers additional voluntary coverage through Voya. Eligible employees are able to elect additional coverage for: accident, critical illness and hospital indemnity. All of these benefits supplement your health plan and provide you and your family with additional financial protection you may need

To learn more about these benefits, visit **presents.voya.com/stageebrc/DecaturSD61** or call Voya's Employee Benefits Customer Service at **877.236.7564**.

Accident Coverage

Accidents can happen in an instant. Our accident insurance pays you a tax-free benefit after a coverage accident so you can focus on what's truly important-getting better. More than 150 events resulting from non-work related injuries or accidents are covered by this plan.

Accident-related treatment	Basic	Enhanced
Emergency room treatment	\$300	\$350
X-ray	\$75	\$100
Stitches	\$60	\$120

Wellness Benefit

Accident Coverage provides an annual benefit payment if you complete an eligible health screening test whether or not there is any out-of-pocket cost to you.

- Employees benefit amount is \$50
- Spouse's benefit amount is \$50
- The annual benefit for child coverage is 100% of employee benefit

Critical Illness

There are more than just medical bills to pay after a heart attack, stroke or other unexpected covered medical condition. Critical Illness Insurance provides a benefit payment that can help.

How much coverage is available?

You have the option to enroll in coverage in the amount(s) below.

Coverage Amount			
For you	Choice of \$10,000, \$20,000 or \$30,000		
Your spouse	50% of Employee Benefit		
Your children**	25% of Employee Benefit		

^{**}Child(ren) up to age 26

Sample of Benefit Amount

Covered Condition	% of Benefit	
Heart attack*	100%	
Stroke	100%	
Major organ transplant**	100%	
Coronary artery bypass	25%	

^{*}A sudden cardiac arrest is not in itself considered a heart attack.

Wellness Benefit

Critical Illness coverage provides an annual benefit payment if you complete an eligible health screening test (such as an annual physical) or experience a covered hospital stay and receive a benefit payment.

- For employees, the annual benefit amount is \$50.
- Your spouse's annual benefit amount is \$50.
- The annual benefit for child coverage is 100% of employee benefit.

^{**}Listed in the certificate of coverage as "major organ transplant," which means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.



Hospital Indemnity

Out-of-pocket costs from a stay in a hospital or other medical facility can be overwhelming. As expenses add up, Hospital Indemnity Insurance can help.

How does it work?

Hospital Indemnity Insurance pays a benefit for an eligible confinement or other covered loss that occurs on or after your coverage effective date and subject to any exclusions, noted in the plan's certificate. You can elect coverage under Standard or Enhanced and each avilable admission benefit is payable up to a maximum of 1 per calendar year.

Admission

When you are admitted to a covered medical facility, you become eligible for an admission benefit for the first day of confinement. This benefit is payable once per confinement, up to a maximum of 1 admission (s) per calendar year.

Type of Admission	Benefit Amount Basic	Benefit Amount Enhanced
Hospital Admission	\$1,000	\$2,000
Critical Care Unit (CCU) Admission	\$1,000	\$2,000

Beginning on Day 2 of your confinement, for each day that you have a stay in a covered facility, you'll be eligible for a fixed daily benefit payment. The benefit amount and maximum number of days per confinement varies by facility.

Type of Facility	Daily Benefit Basic	Daily Benefit Enhanced
Hospital confinement (1 x the daily benefit amount, up to 10 days maximum per confinement)	\$100	\$200
Critical Care Unit (CCU) confinement Critical Care Unit (CCU) confinement (1 x the daily benefit amount, up to 10 days maximum per confinement)	\$100	\$200
Rehabilitation Facility confinement Rehabilitation Facility confinement (1/2 of the daily benefit amount, up to 10 days maximum per confinement)	\$50	\$100

Wellness Benefit

Hospital Indemnity coverage provides an annual benefit payment if you complete an eligible health screening test (such as an annual physical) or experience a covered hospital stay and receive a benefit payment.

- For employees, the annual benefit amount is \$50
- Your spouse's annual benefit amount is \$50
- The annual benefit for child coverage is 100% of employee benefit

Note: A benefit is payable only once per year, even if the covered person receives multiple health screening tests.



Health Savings Account (HSA)

Diversified Benefit Services, Inc.

An HSA is a tax advantaged account that lets you save for medical expenses and reduce your taxable income. You are eligible to participate in the HSA if you enroll in the High Deductible Plan, have no other medical coverage, are not enrolled in Medicare, and not a dependent on someone else's tax returns. Read on to understand how an HSA works and why you may want to consider contributing to one!

1. An HSA Offers Triple Tax Savings

- Contributions to your HSA are tax-free and lower your taxable income.
- If you are able to invest your HSA, the interest earnings are not taxed.
- You can use your HSA to pay for eligible medical expenses, and you won't be taxed on that withdrawal

2. Use Your HSA Now or Save it for Retirement

Your HSA is designed to help you pay for medical expenses now, or you can choose to save it to pay for future qualified health care expenses. Annual Contribution maximums are set by the IRS. The maximum contributions for 2024 are \$4,150 (single) or \$8,300 (family). This includes your employer contribution. If you are over 55, you can make an additional "catch up contribution" up to \$1,000. Your account balance rolls over year after year. The funds do not expire.

3. Pay for the Care You Need

Use the money in your HSA to pay for eligible medical expenses such as:

- Doctor's visits
- Prescriptions
- Diagnostic tests
- Dental work
- Acupuncture

This is just a small list of the medical expenses you can pay for with your HSA. You can find a full list at https://www.irs.gov/publications/p502.

For more information, you can access Diversified Benefits at 262.367.3300 or https://www.dbsbenefits.com/.

Flexible Spending Account (FSA)

Diversified Benefit Services, Inc.

An FSA is a tax advantage account that allows you to set aside a portion of your salary, before taxes, to pay for qualified medical or dependent care expenses. Because that portion of your income is not taxed, you end up with more money in your pocket. Follow these three steps to make the most of your FSA election.

- 1. Plan—how much money you want to set aside
- 2. Spend— on out-of-pocket medical expenses
- 3. Collect—the money you've set aside
- Health FSA—set aside money to pay expenses not covered by your medical insurance. There are two types of accounts:
 - If you have traditional medical insurance, you'll use a regular Health FSA for things like coinsurance, prescriptions and vision and dental expenses.
 - If you have a high deductible health plan (HDHP) along with a health savings account (HSA), you can use a <u>Limited Purpose FSA</u> to pay for dental, vision and medical preventive care until your annual deductible is met.
- **Dependent Care Account (DCA)**—set aside money for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse. To be eligible for this type of account, both you and your spouse (if applicable) must work, be looking for work, or be full-time students. The current IRS limits for FSA contributions is \$3,200 for 2024. The current IRS limit for Dependent Care FSA is \$5,000 per household.

Note: In some cases, you will be required to substantiate your claims by submitting your receipt or your BCBS Explanation of Benefits (EOB) as substantiation for your expense

Note: If you contribute to a Health Savings Account (HSA) you cannot have a Health FSA.

For more information, you can access Diversified Benefits at 262.367.3300 or https://www.dbsbenefits.com/.



Blue365 Discount Programs

Fitness Program

The Fitness Program is a four-tier membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 11,000 participating gyms on hand, you can work out at any place or at any time. Choose a gym close to home and one near your office. To search for a gym, please log in to Blue Access for Members or call **888.762.2583**.

Other program perks are:

• 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 Base: \$19/month Core: \$29/month Power: \$39/month Elite: \$129/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 Program

PPO and HMO members can receive discounts on glasses, contact lenses, laser vision correction services, examinations and accessories through Davis Vision and EyeMed providers. HMO members receive their vision exam benefit via EyeMed only. For a list of providers near you, go to **www.eyemed.com**, click *Find a Provider*, then choose the "Select Network" for HMO members and "Advantage Network" for PPO Members.

Davis Vision: **888.897.9350** | HMO EyeMed (Select Network): **866.273.0813** |

PPO EveMed (Advantage Network): 866.273.0813

For more discount programs, sign up on the Blue365 website at www.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 on Target is designed to give you the tools and support you need to make these choices, while rewarding you for your hard work.

Well on Target features:

Well on Target Member Wellness Portal

The heart of Well on Target 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, tool 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 popular health and wellness merchandise and services.

Wondr

Digital Weight Loss Program

A lot can happen in 10 weeks. Blue Cross and Blue Shield of Illinois is offering Wondr™, a digital weight loss program where you can eat your favorite foods and still lose weight. By learning science-based behavioral skills, you can finally feel like you have control. Employees, spouses and covered dependents age 18 and over enrolled in the BCBSIL medical plan are eligible to apply to the program at no cost. Visit wondrhealth.com/EBC to learn more.

Navigate

Wellbeing Solutions

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.

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.

