



# 2023

## BENEFITS GUIDE

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# 2023 BENEFITS GUIDE

At Oswego Community Unit School District 308 (CUSD 308), we offer our employees a competitive and comprehensive benefits program to recognize how important you are to the district. This benefits guide summarizes our program in a quick and easy-to-understand way. Please review your plan documents for more details.

## New Hire Enrollment

Welcome to our team! As a new employee, you are eligible for coverage on the first of the month following day of employment. However, you must enroll in benefits within 30 days of your date of hire.

## Annual Enrollment

Annual enrollment is your yearly opportunity to review your current benefits and make benefit changes for the upcoming plan year. During annual enrollment, you can add, change, or decline coverage. In addition, you can add and/or drop dependents during this time. This year's annual enrollment will take place on October 31 through November 13, 2022.

## Changing Your Benefits Mid-Year

Once you make your elections, you will not be able to make changes until next year's annual enrollment unless you experience a qualifying life event.

Examples of qualifying events include the following:

- ▶ Change of legal marital status (e.g., marriage, divorce, death of spouse, legal separation)
- ▶ Change in number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
- ▶ Change in employment or job status

Please note, you must make changes to your benefits within 30 days of your qualifying event. If you do not make changes during this time, you may have to wait until next year's annual enrollment to make your change.

## Benefits Eligibility

### Covering Yourself

You may enroll in the benefits program if you are a regular full-time or eligible part-time employee who is actively working a minimum of 30 hours per week.

### Covering Your Family Members

Eligible dependents generally include your legally married spouse and children up to age 26. Some age limitations may apply to certain insurance programs. Children may include natural, adopted, step-children, or children obtained through court-appointed legal guardianship.

### Eligibility Documentation

Please be prepared to share dependent eligibility information during enrollment including date of birth and Social Security Number. Other documentation may be required depending on your benefit elections.



# NEW FOR 2023

Below are the new changes that will be happening to our Medical and Pharmacy programs:

- ▶ **CCM+ Program through Livongo Hypertension and Diabetes Management**— a robust program with the goal of helping you manage your chronic conditions. The Diabetes program provides a blood glucose meter, test strips, and lancets right to members' doors with real-time personalized coaching at no cost to the member. Similarly, the Hypertension program provides a blood pressure cuff with real-time personalized coaching at no cost to the member. Members who are eligible for the program will receive outreach from Livongo directly.
- ▶ Changing our telemedicine provider from MDLive to First Stop Health.
- ▶ Replacing the current Coupon Accumulator program with the new Flex program. This program that helps you find cost assistance (coupon) programs to help cover the cost of your medicine(s). With FlexAccess, your cost share (what you pay when you buy your prescription) for your medicine(s) could be reduced. Please note, coupons will not accumulate towards the deductible and out-of-pocket maximum. You can call **888.302.3618** or email Member Services at [member.services@flexaccessrx.com](mailto:member.services@flexaccessrx.com).
- ▶ CVS (Including Target) will no longer be a participating pharmacy in the pharmacy network.





# MEDICAL COVERAGE

CUSD offers a robust medical insurance program to our employees. We partner with Blue Cross Blue Shield of Illinois to offer this coverage.

## Plan Highlights

You have the option of choosing one of three programs. Our plans offer coverage for most healthcare services. When you receive care in-network, you will benefit from our negotiated discounts with BCBSIL.

### Important Insurance Terms

- ▶ **Deductible:** the amount of money you are responsible for paying up-front before your plan shares your costs
- ▶ **Coinsurance:** the percentage you and the plan pay; in our plans, you pay a smaller percentage and the plan pays a larger percentage
- ▶ **Copay:** a fixed amount for certain services you pay in some of our plans
- ▶ **Out-of-pocket maximum:** the limit on your expenses; once you reach this limit, the plan covers all eligible expenses for the remainder of the plan year

## BCBSIL Member Site

Visit [www.bcbsil.com](http://www.bcbsil.com) to take advantage of all the helpful tools and resources available including the following:

- ▶ In-network provider and pharmacy searches
- ▶ A list of prescription drugs covered by our plans
- ▶ Access to temporary ID cards and means to order another ID card
- ▶ Information regarding paid and pending claims

### What is a Network?

A network is a group of providers your plan contracts with at discounted rates. You will always pay less when you receive care in-network.

If you choose to see an out-of-network provider, you may be balance billed, which means you will be responsible for charges above BCBSIL's reimbursement amount.



## MEDICAL PLAN DETAILS

|                                                                 |                                                                                           | PPO Plan                      |                                           | HCA Plan                                                          |                               |                                           | HMO Plan         |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|-------------------------------------------------------------------|-------------------------------|-------------------------------------------|------------------|
|                                                                 | Blue Choice<br>(In-Network)<br>Tier 1                                                     | PPO<br>(In-Network)<br>Tier 2 | Non-PPO<br>(Out-of-<br>Network)<br>Tier 3 | Blue Choice<br>(In-Network)<br>Tier 1                             | PPO<br>(In-Network)<br>Tier 2 | Non-PPO<br>(Out-of-<br>Network)<br>Tier 3 | In-Network       |
| Rush Health System Partnership                                  | Covered at 100% once submitted through the reimbursement program.                         |                               |                                           | Covered at 100% once submitted through the reimbursement program. |                               |                                           | N/A              |
| Deductible                                                      |                                                                                           |                               |                                           |                                                                   |                               |                                           |                  |
| ▶ Employee Only                                                 | \$1,000                                                                                   | \$2,000                       | \$4,000                                   | \$3,000                                                           | \$6,000                       | \$9,000                                   | \$0              |
| ▶ Family                                                        | \$2,000                                                                                   | \$4,000                       | \$8,000                                   | \$6,000                                                           | \$12,000                      | \$18,000                                  | \$0              |
| Coinsurance                                                     | 80%                                                                                       | 60%                           | 50%                                       | 80%                                                               | 60%                           | 50%                                       | 100%             |
| Out-of-Pocket Maximum                                           |                                                                                           |                               |                                           |                                                                   |                               |                                           |                  |
| ▶ Employee Only                                                 | \$4,000                                                                                   | \$8,000                       | \$16,000                                  | \$4,000                                                           | \$10,000                      | \$20,000                                  | \$1,500          |
| ▶ Family                                                        | \$8,000                                                                                   | \$16,000                      | \$32,000                                  | \$8,000                                                           | \$20,000                      | \$40,000                                  | \$3,000          |
| 308 Deductible Contribution                                     |                                                                                           |                               |                                           |                                                                   |                               |                                           |                  |
| ▶ Employee Only                                                 | \$0                                                                                       | \$0                           | \$0                                       | \$500                                                             | \$500                         | \$500                                     | \$0              |
| ▶ Family                                                        | \$0                                                                                       | \$0                           | \$0                                       | \$1,000                                                           | \$1,000                       | \$1,000                                   | \$0              |
| Preventive Care                                                 | 100%                                                                                      | 100%                          | 50% after deductible                      | 100%                                                              | 100%                          | 50% after deductible                      | 100%             |
| Medical and Behavioral Virtual Visits Through First Stop Health | These programs are being carved out and will be provided by First Stop Health at no cost. |                               |                                           |                                                                   |                               |                                           |                  |
| Office Visit (PC/ Specialist)                                   | \$40/\$60 copay then 100%                                                                 | 60% after deductible          | 50% after deductible                      | \$40/\$60 copay then 100%                                         | 60% after deductible          | 50% after deductible                      | \$20/\$40 copays |
| Emergency Room                                                  | \$150 copay then 80%                                                                      | \$150 copay then 80%          | \$150 copay then 80%                      | 80% after deductible                                              | 80% after deductible          | 80% after deductible                      | \$150 copay      |
| Urgent Care                                                     | \$100 copay then 100%                                                                     | 60% after deductible          | 50% after deductible                      | 80% after deductible                                              | 60% after deductible          | 50% after deductible                      | \$20 copay       |
| Inpatient Care                                                  | 80% after deductible                                                                      | 60% after deductible          | 50% after deductible                      | 80% after deductible                                              | 60% after deductible          | 50% after deductible                      | \$250 copay      |
| Prescription Drugs                                              |                                                                                           |                               |                                           |                                                                   |                               |                                           |                  |
| Retail (30-day supply)                                          |                                                                                           |                               |                                           |                                                                   |                               |                                           |                  |
| Tier 1—Generics                                                 | \$20                                                                                      | \$20                          | 75% minus the copay amount                | \$20                                                              | \$20                          | 75% minus the copay amount                | \$20             |
| Tier 2—Preferred                                                | \$50                                                                                      | \$50                          |                                           | \$50                                                              | \$50                          |                                           | \$50             |
| Tier 3—Nonpreferred                                             | \$70                                                                                      | \$70                          |                                           | \$70                                                              | \$70                          |                                           | \$70             |
| Mail Order and 90 day Retail                                    |                                                                                           |                               |                                           |                                                                   |                               |                                           |                  |
| Tier 1—Generics                                                 | \$40                                                                                      | \$40                          | N/A                                       | \$40                                                              | \$40                          | N/A                                       | \$40             |
| Tier 2—Preferred                                                | \$100                                                                                     | \$100                         |                                           | \$100                                                             | \$100                         |                                           | \$100            |
| Tier 3—Nonpreferred                                             | \$140                                                                                     | \$140                         |                                           | \$140                                                             | \$140                         |                                           | \$140            |
| Prescription drug expense limit                                 |                                                                                           |                               |                                           |                                                                   |                               |                                           |                  |
| Employee Only                                                   | \$2,000                                                                                   |                               |                                           | \$3,100                                                           |                               |                                           | \$1,000          |
| Family                                                          | \$4,000                                                                                   |                               |                                           | \$6,200                                                           |                               |                                           | \$2,000          |

\* Deductible and Out-of-Pocket limits will cross-accumulate between the Blue Choice and PPO networks for the PPO and HCA plans.

HCA Plan funding: CUSD contribution funds are used to pay the first part of your deductible each year, you are then responsible for the remainder of the deductible amounts. If you do not use your funds in a given year, you are able to roll over 100% of the remaining funds to the next plan year, up to a maximum balance of \$1,500 individual or \$3,000 family.

This is a high level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

## Blue Choice Options (PPO and HCA plans)

You can save more money by using a doctor or hospital that is part of the Blue Choice Options 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 Options PPO Network Provider Saves You Money

The Blue Choice Options PPO network has many doctors and hospitals that can meet all your healthcare needs. They all meet Blue Cross and Blue Shield of Illinois (BCBSIL) quality standards and have agreed to offer you care and services at lower cost. Check the three tiers to see that you get the highest level of benefits in Tier 1 of the Blue Choice Options PPO network.

## Tier 1

### Blue Choice PPO Network

Best value, the least out-of-pocket costs with in-network provider

## 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

## How to Find a Tier 1 or Tier 2 Provider

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

- ▶ Choose Blue Choice Options (BCO) to find Tier 1 BCO providers
- ▶ Choose Participating Provider Organization (PPO) to find Tier 2 BCO providers
- ▶ Or you can browse by Category or Search for Names and Specialties

Log in to Blue Access for Member (BAM) at [bcbsil.com/member](https://bcbsil.com/member), register for a BAM account using your group and identification numbers, found on your member ID card.

When you search for providers in BAM, it will take you to network providers only.







# PRESCRIPTION DRUG COVERAGE

Each medical plan option automatically includes prescription drug coverage through BlueCross BlueShield. You have access to a national network of contracting pharmacies, which includes most national chains as well as independent pharmacies across the country. When you visit a contracting pharmacy and show your medical plan card, the claim is processed immediately at the time of purchase based on your coinsurance. You are only responsible for your share of the discounted price of the medication.

## Important Things to Know

### NEW Advantage Network (PPO/HCA) HMO Pharmacy Network (HMO)

Your network includes national and regional pharmacy chains, as well as independent pharmacies. Please note that CVS and Target are no longer included in the network. Log into [MyPrime.com](https://www.mypri.com), then click on **Pharmacies** to find an in-network pharmacy.

### Balanced Formulary (PPO/HCA) Performance Formulary (HMO)

Check the Balanced drug list to see if your medicines are covered by logging into [MyPrime.com](https://www.mypri.com) and select **Find Medicines**. When you use a drug on our still fill prescriptions for drugs that are not on the list, but you will pay more.

Don't forget to ask for generics! Generic medications contain the same active ingredients as brand-name drugs but cost less.

### Formulary Exclusions

Certain medications that may have been covered in the past are excluded from coverage under your pharmacy plan this year. Some excluded medications have clinical alternatives that are less expensive or provide greater clinical efficacy. Blue Cross manages your list of covered medications throughout the year as new drugs come to market, therefore, this list is subject to change. For more information on your drug coverage and clinical alternatives for excluded drugs, contact Blue Cross.

### Prior Authorization

This program encourages safe and cost-effective medication use. This applies to certain high-cost drugs that have the potential for misuse. Before medications included in the prior authorization program can be covered under the benefit plan, your doctor will need to get approval through BCBSIL. A list of these medications can be found on the Blue Access for Members website.

### Step Therapy

The step therapy program encourages safe and cost-effective medication use. Under this program, a "step" approach is required to receive coverage for certain high-cost medications. This means that to receive coverage you may need to first try a proven, cost-effective medication before using a more costly treatment, if needed.

### Extended Supply Network (ESN)

Convenience of up to 90-day supply at a local in-network pharmacy. With the 90-day supply option, there are less trips to the pharmacy and few missed doses of medication.

# PRESCRIPTION DRUG COVERAGE— CONTINUED

## Home Delivery

To help you manage maintenance (or long-term) medications and control costs, you can receive up to a 90-day supply of your prescription delivered directly to you. Mail service claims are processed based on your copayments. Standard shipping is always free. Maintenance medicine(s) are covered under your health plan and supplied by **Express Scripts Pharmacy**. You can set up your Express Scripts Pharmacy account by using your member ID and registering at [esrx.com/BCBSTX](https://esrx.com/BCBSTX) or by calling **833.715.0942**.

## Specialty Pharmacy

This program provides delivery of medications directly to your Health Care Practitioner, administration location or to your home if you are undergoing treatment for a complex medical condition. In order to receive maximum benefits for Specialty Drugs, you must obtain the Specialty Drugs from **Accredo**. You can visit [accredo.com/BCBSTX](https://accredo.com/BCBSTX) to get started. Accredo offers condition-specific specialty drug therapeutic resource centers focused on individualized counseling and education to help improve members' overall health outcomes.



# ADDITIONAL BCBS PROGRAMS

## Wondr Weight Loss Program

Wondr® is a common-sense, online weight loss program based on Eatology™, the study of when, why, and how we eat. Unlike diets, which rely on your willpower and 'eat this, not that' advice, Wondr teaches you simple, repeatable skills to help you lose weight and keep it off in the real world, while still eating the foods you love!

### Here's How Wondr Works

Instead of making you count points, track calories, or change your diet to kale smoothies, we use a science-based approach based on the eating patterns that people who don't struggle with their weight use naturally. During the initial 10 weeks of the program, you'll log in to your Wondr dashboard to learn tips like:

- ▶ Ways to enjoy your favorite foods without going overboard
- ▶ How to manage the differences between appetite and hunger
- ▶ How to keep thirst from hijacking your weight loss
- ▶ The reasons we eat, many of which have nothing to do with hunger
- ▶ How to stop eating around emotions like stress, anger, and depression
- ▶ How to sleep better, become more physically active, reduce stress, and more!

### Who's Eligible?

Employees enrolled on the BCBSIL PPO, HCA and HMO medical plans are eligible for this program through Wondr.

### Is There a Cost?

There is no out-of-pocket cost for employees enrolled on the BCBSIL medical plan. Wondr is covered as a preventive medical expense under your health plan.

To learn more, visit

[www.wondrhealth.com/CUSD308](http://www.wondrhealth.com/CUSD308).





# ADDITIONAL BCBS PROGRAMS— CONTINUED

## New Enhanced Livongo Program called Chronic Condition Management Plus (CCM+)

We're excited to announce enhancements to the Livongo program, a health benefit being offered at no cost to you. Livongo helps you manage diabetes, prediabetes, hypertension, and other health goals like managing weight, stress, and more.

**Eligible Members:** The program is provided to you and your family members with coverage through the company health plan.

The benefits you get with Livongo include:

- ▶ **Connected devices.** Receive tools that enable you to track and manage your health on the go by automatically logging your data in a private dashboard and easy-to-use app.
- ▶ **Expert coaching.** Talk to a Livongo health coach for advice on nutrition, weight loss, and more, whenever you need extra support.
- ▶ **Digital behavioral health support.** Get 24/7 access to practical tips and technique that help you better manage stress, sleep, anxiety, depression, and more

## Livongo Chronic Management Plus: Diabetes, Prediabetes, Hypertension

Eligible population:

- ▶ Employees, spouses, and dependents covered through BCSB
- ▶ Diabetes: No age restrictions
- ▶ Hypertension: 18+
- ▶ Prediabetes: 18+

## Livongo Diabetes, Prediabetes, and Hypertension Program

CUSD makes managing diabetes and high blood pressure easy with Livongo, your free diabetes and hypertension management program.

The Livongo diabetes program includes smart glucose meter tools to help you manage your diabetes. Your meter comes with health summary reporting, personalized tips with every blood glucose check, strip reordering, and automatic blood glucose check uploads, so you can ditch the paper and go electronic. You can even keep your family aware of your status by setting alerts. Add an extra layer of care by working with a Livongo coach to analyze your needs and create a personalized plan that fits your lifestyle.

Suffering from hypertension? Livongo offers the Livongo for Hypertension program to help you manage your blood pressure.

Livongo is covered under BCBSIL as a preventive medical expense under your health plan, so you can benefit from this program at **no cost**. Make managing your diabetes and blood pressure simple and start living with Livongo. Visit [welcome.livongo.com/CUSD308](https://welcome.livongo.com/CUSD308) and use the code CUSD308 to get started.

# ADDITIONAL BCBS PROGRAMS— CONTINUED

## Hinge Health's Virtual Physical Therapy Program

Hinge Health provides an innovative and complete 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—including preventive, acute conditions, chronic, or surgical and then begin your journey with Hinge. Through a combination of education, exercise therapy, and digital coaching, you can discover health alternatives to help manage your pain. You can request to 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.
  - ▶ **Behavioral health**—Cognitive behavioral therapy and unlimited one-on-one coaching.
  - ▶ **Education**—Personalized and interactive education curriculum.\*
- \* Approval required by Hinge Health for members to participate in program.
- Visit [hingehealth.com/for/oswego1](https://hingehealth.com/for/oswego1) to enroll.

### Who's Eligible?

Employees enrolled on the BCBSIL PPO or HCA medical plans are eligible to participate.



# BENEFIT VALUE ADVISOR (BVA)

## A Benefits Value Advisor is Like a Tour Guide, Helping to Point You in The Right Direction

A BVA can help you save money on health procedures and tests, and also:

- ▶ Simplify complex benefit options, making them easier to understand
- ▶ Help you use your benefits more wisely and get better value
- ▶ You will get guidance for benefits such as medical, dental, pharmacy, and other available coverages so you only need one call to get support; BVAs can also help you:
  - ▷ Maximize your benefits
  - ▷ Get cost estimates for various providers and procedures
  - ▷ Help to schedule appointments
  - ▷ Assist with referrals to clinical staff/programs
  - ▷ Help with preauthorization
  - ▷ Provide non-clinical Behavioral Health support

The same procedure performed in the same area by different providers can differ greatly in cost. You may also be unsure of exactly why your doctor ordered the test. A BVA can help explain. Log in to your Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) account and click on "Doctors and Hospitals." If you haven't registered, go to [bcbsil.com](https://bcbsil.com), click the "Log In" tab and then click the "Register Now" link.

One call can put you on a course for getting the most from your benefits. **Call the number on the back of your member ID card before your next procedure.**

In addition, BVA now has 24/7 Enhanced Member Telephonic and Digital support (Live chat functionality).





# NEW TELEMEDICINE AND VIRTUAL COUNSELING (FIRST STOP HEALTH/FSH)

## Talk to a Counselor\*

Sometimes you just need someone to talk to. Talk to a licensed counselor to work through:

- ▶ Anxiety
- ▶ Depression
- ▶ Substance Misuse
- ▶ Workplace Issues
- ▶ Marital/Relationship

## Talk to a Doctor 24/7

Get treatment within minutes for minor injuries, illnesses, and prescriptions:

- ▶ Cough and Sore Throat
- ▶ Infection (Sinus, Ear, UTI, etc.)
- ▶ Skin Rash
- ▶ Muscle/Joint Point
- ▶ Medication Refill\*

\* Doctors can write prescriptions when needed. Prescription costs are applicable to your medical plan.

## Doctors are available 24/7 through First Stop Health.

Simply call **888.691.7867**. When it is appropriate to call First Stop Health: when you don't feel well, experience a minor injury or illness, run out of a prescription while traveling, need virtual counseling, or have a medical question.

### Why use telemedicine?

- ▶ It saves you time and money. First Stop Health's doctors can diagnose and treat you from the comfort of home or wherever you are.

### How does it work?

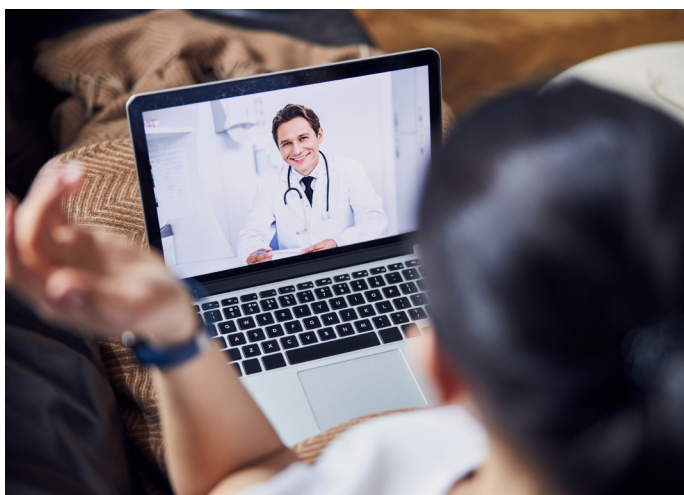
- ▶ Call, log in at [fshealth.com](https://fshealth.com), or download the First Stop Health mobile app to request your doctor visit. You're all set to get started—no registration required!

### How much does it cost?

- ▶ Nothing! It is free! It is provided to you and your eligible family members as part of the CUSD 308's benefits package.

And that's not all! First Stop Health's doctors can diagnose and treat a wide variety of health concerns, and can also answer your medical questions.

Call **888.691.7867** at any time and they are available.



# RUSH HEALTH SYSTEM PARTNERSHIP

Oswego Community Unit School District 308 is partnering with Rush to encourage preventative care, the establishment of a patient-provider relationship, and expand access to affordable care for staff and their families. SD 308 staff enrolled in the PPO or HCA insurance plan and their enrolled dependents are eligible for 100% reimbursement of co-insurance (out-of-pocket percentage) and deductible expenses for services provided by Rush providers and facilities, with the exception of the emergency room.

## How It Works:

1. SD 308 PPO or HCA benefit-enrolled participant visits a Rush provider or facility (other than the emergency room) and pays their coinsurance and/or deductible costs for the visit.
2. The staff member completes a form online and submits proof of the services and payment to the district.
3. A reimbursement is issued to the staff member for all approved costs paid out-of-pocket.

For questions about the program, contact Glenn Campos at [gcampos@sd308.org](mailto:gcampos@sd308.org) or 630.636.3680.

Only Rush providers and facility charges are eligible for the program. The list of providers can be found here: <https://providers.rush-health.com/>.

Wellness visits, and care for illness/injury are covered for reimbursement, including Urgent Care locations. Emergency room visits are NOT covered under this program. Requests for reimbursement cannot be made if the payment was from a Health Savings Account.



# FREQUENTLY ASKED QUESTIONS

1. **Which plans are affected by this new program?** Both PPO plans. You must be enrolled in either the PPO Plus plan or Blue Edge HCA plan to get reimbursed under this program. If you are in the HMO Blue Advantage plan, as a function of how HMO programs are designed, the RUSH agreement is not applicable. The HMO network is preset and the discounts available to employees enrolled in the HMO are dependent on maintaining the previously agreed upon network.
2. **How do I find a doctor that is eligible under the RUSH Health Medical program?** Employees that want to use a RUSH Health reimbursable provider can use the links below to find eligible RUSH Health Medical providers
  - A. Go to <https://doctors.rush.edu/> to find RUSH Health Medical provider searchable by specialty and location.
  - B. Go to <https://providers.rush-health.com/> to find both independent RUSH Health Medical reimbursable providers as well as non-eligible reimbursing participating providers. Providers or doctors that indicate they are associated with Riverside Health Systems are **not** covered under the reimbursable agreement.
  - C. Go to <https://www.rush.edu/locations> to find RUSH Health Medical sites and locations by department and specialty.
3. **Can we use Benefit Value Advisor (BVA) to find an in-network RUSH Health Medical Provider?** BVA does not work in coordination with RUSH Health and is not aware of the program. If you use BVA services, they can direct you to any provider in the PPO network, not just RUSH Health.
4. **Which types of medical services are reimbursable?** The RUSH Health Medical program will reimburse employee claims for all services that are currently covered under the BCBSIL PPO plans with the exception of emergency room services, provided that the service(s) were performed by a RUSH Health Provider covered under this program. Use the information provided under FAQ #2 to confirm whether a provider is associated with RUSH Health. You **MUST** specify that you are only interested in seeing a RUSH Health Provider. Other providers outside of RUSH Health are not subject to this new agreement.





# FLEXIBLE SPENDING ACCOUNT (FSA)

A flexible spending account (FSA) allows you to set aside pre-tax dollars from your paycheck to cover qualified expenses you would normally pay out of your pocket. We will be offering two types of FSA programs through the same administrator, Navia.

## Healthcare FSA

The healthcare FSA helps you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. The maximum contribution to the healthcare FSA is \$3,050 per plan year.

Funds you elect to contribute to the healthcare FSA are available in full on the first day of the plan year. For example, if you elect to contribute \$1,000, the full election is available to you on day one. You'll continue to pay for the election pre-tax from your paycheck throughout the plan year.

You can carryover up to \$610 of your remaining 2022 funds and it will be added to your 2023 election. You can still contribute up to \$3,050 for FSA medical for 2023. This means your total available funds could be as much as \$3,660.

## Dependent Care FSA

The dependent care FSA lets you set aside pre-tax dollars to use toward qualified dependent care. The maximum amount you may contribute to the dependent care FSA is \$5,000 (or \$2,500 if married and filing separately) per plan year. Funds you contribute to the dependent care FSA function like a debit card; you need to accumulate the funds before you can use them.

## Use It or Lose It

Careful consideration should be given to your FSA contribution amounts for the plan year. At the end of the year or grace period, you lose any money left over in your FSA.

### Eligible Expenses

- ▶ Healthcare FSA
- ▶ Doctor's visit copays
- ▶ Prescription drug copays
- ▶ Medical and dental deductibles
- ▶ Over-the-counter medications (with a written prescription)
- ▶ Hearing aids
- ▶ Eyeglasses

### Dependent Care FSA

- ▶ Cost of child or adult daycare\*
- ▶ Nursery school
- ▶ Preschool (excluding kindergarten)

\* An eligible dependent is a tax dependent child under age 13 or a tax dependent spouse, parent, or child unable to care for themselves.

# DENTAL COVERAGE

Our dental carrier will continue to be with Delta Dental to offer you and your family member's dental insurance. We will have the same plan design as last year. Visit [www.deltadentalil.com](http://www.deltadentalil.com) to find in-network providers and access to a variety of online tools and programs.

|                          | Delta Dental PPO Network     | Delta Dental Premier Network | Non-Network Dentist          |
|--------------------------|------------------------------|------------------------------|------------------------------|
| Calendar Year Deductible |                              |                              |                              |
| Individual               | \$50                         | \$50                         | \$50                         |
| Family                   | \$150                        | \$150                        | \$150                        |
| Calendar Year Maximum    |                              |                              |                              |
|                          | \$1,500                      | \$1,500                      | \$1,500                      |
| Coinsurance              |                              |                              |                              |
| Preventive               | 100% no deductible           | 100% no deductible           | 100% no deductible           |
| Basic                    | 80% after deductible         | 80% after deductible         | 80% after deductible         |
| Major                    | 50% after deductible         | 50% after deductible         | 50% after deductible         |
| Orthodontia              |                              |                              |                              |
| Coinsurance              | 50% after deductible         | 50% after deductible         | 50% after deductible         |
| Lifetime Maximum         | \$1,500                      | \$1,500                      | \$1,500                      |
| Benefit Applies To       | Dependent children to age 26 | Dependent children to age 26 | Dependent children to age 26 |

This is a high-level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.



## Finding In-Network Providers

Remember to visit in-network dentists to receive the deepest level of discount on your services.

To find a participating in-network dentist in your area, go to [www.deltadentalil.com](http://www.deltadentalil.com) or call **800.323.1743**.

## Important Note Regarding Orthodontia Services

The lifetime ortho maximum illustrated is different from the calendar year maximum. For orthodontia services, this limit does not reset each year. This is the most your plan will cover for your services for the lifetime of your participation in this program.

## Examples of Services

- ▶ **Preventive**—exams, cleanings, fluoride, X-rays, and sealants
- ▶ **Basic**—fillings, extractions, periodontics, repairs, and oral surgery
- ▶ **Major**—crowns, inlays, dentures, and dental impacts

# VISION COVERAGE

Your vision carrier will continue to be with VSP to offer you and your family member's vision insurance. We will have the same plan design as last year. Visit [www.vsp.com](http://www.vsp.com) to find in-network providers and access to a variety of online tools and programs.

|                               | In-Network                                                                                                                                           | Out-of-Network |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Copay</b>                  |                                                                                                                                                      |                |
| Exam                          | \$20                                                                                                                                                 | Up to \$45     |
| Materials                     | \$0                                                                                                                                                  | Exam allowance |
| <b>Lenses</b>                 |                                                                                                                                                      |                |
| Single                        | \$0                                                                                                                                                  | Up to \$30     |
| Bifocal                       | \$0                                                                                                                                                  | Up to \$50     |
| Trifocal                      | \$0                                                                                                                                                  | Up to \$65     |
| Lenticular                    | \$0                                                                                                                                                  | Up to \$100    |
| <b>Frames</b>                 |                                                                                                                                                      |                |
|                               | \$170 featured frame brands allowance<br>\$170 on any frame at Visionworks<br>\$120 frame allowance<br>20% savings on the amount over your allowance | \$55           |
| <b>Contacts</b>               |                                                                                                                                                      |                |
| Elective                      | \$120 allowance for contacts and contact lens exam (fitting and evaluation)                                                                          | \$105          |
| Medical Necessary             | Covered in full                                                                                                                                      | \$210          |
| <b>Frequency</b>              |                                                                                                                                                      |                |
| Exam                          | 12 months                                                                                                                                            | 12 months      |
| Lenses                        | 12 months                                                                                                                                            | 12 months      |
| Contacts (in lieu of glasses) | 12 months                                                                                                                                            | 12 months      |
| Frames                        | 24 months                                                                                                                                            | 24 months      |

This is a high level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

## Finding In-Network Providers

Remember to visit in-network provider to receive the deepest level of discount on your services.

To find a participating in-network dentist in your area, go to [www.vsp.com](http://www.vsp.com) or call 800.877.7195.





# 2023 INSURANCE RATES

Please find enclosed information for the Blue Cross Blue Shield of Illinois Blue Choice Options PPO, Blue Choice Options HCA, Blue Advantage HMO, Delta Dental, and VSP Vision plans. Your enrollment or waiver of the benefits must be completed online. Please contact the Benefits Coordinator with any questions at **630.636.3680**.

OEA part-time teachers who work from 50% to 60% can elect medical, dental, and vision coverage; and those that elect to do so are responsible for 50% of their total monthly premium. Part-time teachers who work from 61% to 75% can elect medical, dental, and vision coverage; and those that elect to do so are responsible for 30% of their total monthly premium.

Note: bus drivers, bus monitors, and teacher assistants are paid 19 pay periods.

| Blue Choice Options PPO     | 24 Pay Periods<br>Employee (24)<br>Cost per Pay Period | 19 Pay Periods<br>Employee (19)<br>Cost per Pay Period | Employer<br>Cost per Month | Total<br>Monthly Premium |
|-----------------------------|--------------------------------------------------------|--------------------------------------------------------|----------------------------|--------------------------|
| Individual (OEA)            | \$66.35                                                |                                                        | \$567.91                   | \$700.60                 |
| Individual (OESPA/OTA/OCMA) | \$82.93                                                | \$104.76                                               | \$534.74                   | \$700.60                 |
| Employee + Children         | \$157.65                                               | \$199.13                                               | \$1,016.49                 | \$1,331.78               |
| Employee + Spouse           | \$164.25                                               | \$207.47                                               | \$1,059.07                 | \$1,387.57               |
| Family                      | \$243.80                                               | \$307.95                                               | \$1,572.00                 | \$2,059.60               |

| Blue Choice Options HCA     | Employee (24)<br>Cost per Pay Period | Employee (19)<br>Cost per Pay Period | Employer<br>Cost per Month | Total<br>Monthly Premium |
|-----------------------------|--------------------------------------|--------------------------------------|----------------------------|--------------------------|
| Individual (OEA)            | \$55.85                              |                                      | \$478.05                   | \$589.74                 |
| Individual (OESPA/OTA/OCMA) | \$69.81                              | \$88.18                              | \$450.12                   | \$589.74                 |
| Employee + Children         | \$133.19                             | \$168.24                             | \$858.79                   | \$1,125.17               |
| Employee + Spouse           | \$138.35                             | \$174.76                             | \$892.08                   | \$1,168.78               |
| Family                      | \$200.59                             | \$253.38                             | \$1,293.40                 | \$1,694.58               |

| Blue Advantage HMO          | Employee (24)<br>Cost per Pay Period | Employee (19)<br>Cost per Pay Period | Employer<br>Cost per Month | Total<br>Monthly Premium |
|-----------------------------|--------------------------------------|--------------------------------------|----------------------------|--------------------------|
| Individual (OEA)            | \$54.07                              |                                      | \$462.81                   | \$ 570.94                |
| Individual (OESPA/OTA/OCMA) | \$67.58                              | \$85.37                              | \$435.77                   | \$570.94                 |
| Employee + Children         | \$128.47                             | \$162.28                             | \$828.36                   | \$1,085.30               |
| Employee + Spouse           | \$133.85                             | \$169.07                             | \$863.06                   | \$1,130.76               |
| Family                      | \$198.68                             | \$250.96                             | \$1,281.07                 | \$1,678.42               |

# 2023 INSURANCE RATES—CONTINUED

| Delta Dental (All Unions) | Employee (24)<br>Cost per Pay Period | Employee (19)<br>Cost per Pay Period | Employer<br>Cost per Pay Period | Total<br>Monthly Premium |
|---------------------------|--------------------------------------|--------------------------------------|---------------------------------|--------------------------|
| Individual                | \$5.45                               | \$6.88                               | \$16.34/\$20.64                 | \$43.58                  |
| Employee + Children       | \$13.68                              | \$17.27                              | \$41.02/\$51.82                 | \$109.40                 |
| Employee + Spouse         | \$10.90                              | \$13.76                              | \$32.68/\$41.29                 | \$87.17                  |
| Family                    | \$17.42                              | \$22.01                              | \$52.26/\$66.02                 | \$139.38                 |

| VSP Vision          | Employee (19/24)<br>Cost per Pay Period | Employee (OTA)<br>Cost per Pay Period | Employer<br>Cost per Pay Period | Total<br>Monthly Premium |
|---------------------|-----------------------------------------|---------------------------------------|---------------------------------|--------------------------|
| Individual          | \$0.00                                  | \$0.69                                | \$2.08                          | \$4.40                   |
| Employee + Children | \$0.00                                  | \$1.33                                | \$3.98                          | \$8.40                   |
| Employee + Spouse   | \$0.00                                  | \$1.26                                | \$3.79                          | \$8.00                   |
| Family              | \$0.00                                  | \$2.05                                | \$6.16                          | \$13.00                  |

## Carrier Provider Directories

Due to their size, provider directories will not be distributed on an individual basis. To verify if your provider is in the medical, dental or vision network, please use the contacts listed below:

Medical/Pharmacy  
Blue Cross Blue Shield  
[www.bcbsil.com](http://www.bcbsil.com)  
**800.526.6593**

Dental  
Delta Dental  
[www.deltadentalil.com](http://www.deltadentalil.com)  
**800.323.1743**

Vision  
VSP  
[www.vsp.com](http://www.vsp.com)  
**800.877.7195**





# LEGAL SERVICES

MetLaw®, a group legal plan available through Hyatt Legal Plans, provides access to experienced, licensed experts who can assist with a broad range of personal legal needs. For a low monthly fee, you will have direct access to top attorneys ready to help you take care of life's planned and unplanned legal events, including creating a will, buying or selling a home, immigration matters, adoption, and many other covered matters.

\$18.00 per month covers you, your spouse and dependents (under age 26). Telephone and office consultations are available for an unlimited number of personal legal matters with an attorney of your choice.





# LIFE/AD&D AND DISABILITY INSURANCE

We will continue to partner with Dearborn National to offer you Life/AD&D and Disability insurance.

## Basic Life and Accidental Death and Dismemberment (AD&D)

Basic life and accidental death and dismemberment (AD&D) coverage is provided automatically at no cost to any eligible employee upon employment. Depending on your employee class, you may be eligible to receive a benefit of one times your annual base salary, a flat \$50,000, or \$100,000.

## Employee Voluntary Life and AD&D Insurance

If you are newly eligible, you can purchase additional life insurance in increments of \$10,000 up to 5 times your annual salary to a maximum benefit of \$500,000. The same coverage options exist for voluntary AD&D insurance.

## Spouse and Child Voluntary Life and AD&D Insurance

For employees who have elected voluntary life and AD&D coverage, voluntary life and AD&D coverage is available for their spouse and children. The voluntary spouse life coverage is for \$5,000 up to \$500,000 in increments of \$5,000, not to exceed 100% of the employee benefit amount. A child(ren) can be covered as follows: birth to 14 days: \$1,000; age 15 days to 6 months: \$1,000; age 6 months to 19 years (26 if full-time student): \$2,000 up to \$10,000 in increments of \$2,000. Employees have the option to choose different amounts when electing both voluntary life and voluntary AD&D.

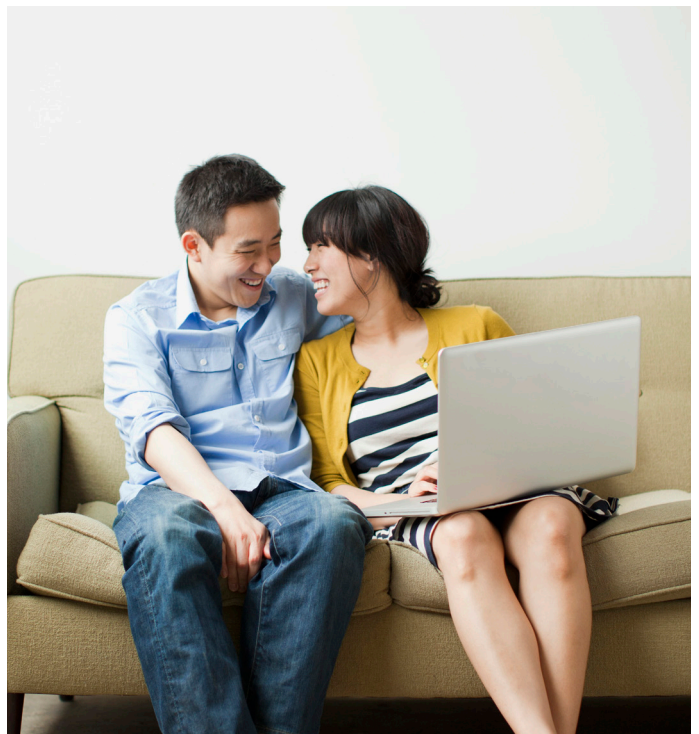
## Long Term Disability (LTD)

Long term disability (LTD) insurance is provided to you at no cost to you and it provides you with financial assistance in the event you are unable to work for an extended period of time. The plan covers 60% of your pre-disability earnings. The maximum monthly LTD benefit is \$6,000.

### What is Evidence of Insurability (EOI)?

If EOI is required, this means you must provide certain information about your health in order for the insurance company to review your information and approve you for coverage.

If you are newly eligible and have not previously waived coverage, you can elect up to the guaranteed issue amount without submitting EOI. You may be required to submit EOI if you have previously waived this coverage or if you elect above the guaranteed issue amount.



# EMPLOYEE ASSISTANCE PROGRAM (EAP)

We are continuing to partner with Dearborn National to provide an employee assistance program to help you and your family members find solutions and resources to tackle life's challenges. From simple questions such as quick ways to de-stress or how to find more time in your schedule, to more difficult issues such as finding support after the loss of a loved one, your program is there to work with you and offer suggestions, options, and information.

EAP specialists will confidentially discuss challenges you and your family may be facing and provide you with consultation, information, action plans, and resources within your community. Dearborn National's work-life balance employee assistance program (EAP) offers unlimited access to master's level consultants by telephone, resources and tools online, and up to three face-to-face visits with a consultant for help with a short term problem.

## Accessing the EAP

- ▶ Phone consultations: **866.899.1363**; unlimited calls, 24/7
- ▶ Online tools and resources: visit [www.guidanceresources.com](http://www.guidanceresources.com)
- ▶ Face-to-face counseling: three sessions per year—you can call or email to get started
- ▶ Enter Your Company ID: DISRES

There are strict standards of confidentiality in place to protect your privacy. Treatment information is not shared with anyone without your written permission.

## Counseling and Work Life Services

- ▶ Stress management
- ▶ Work and home relationships
- ▶ Depression and grief
- ▶ Alcohol and substance abuse
- ▶ Child, adult, and elder care
- ▶ Legal and financial consultations
- ▶ Identity theft



# ADDITIONAL VOLUNTARY COVERAGES

CUSD offers additional voluntary coverage through MetLife. Eligible employees are able to buy additional coverage in the following areas: accident, critical illness, and hospital indemnity. All of these benefits can supplement your health plan and provide you and your family with the additional financial protection you may need. These plans pay benefits directly to you and you decide how to use the benefit.

## Accident Coverage

Accidents can happen in an instant. When they do, medical bills can pile up quickly. Our accident insurance pays you a tax-free benefit after a covered 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.

### New for 2023

Your plan has made the following enhancements:

- ▶ Removed the age reduction
- ▶ Increased the emergency care benefits to \$250 which includes at an ER room, physician's office or urgent care.
- ▶ Increased the therapy benefits to \$50
- ▶ Increased the hospital admission to \$1,500

| Example: Broken Ankle                       | \$ Paid to You |
|---------------------------------------------|----------------|
| Emergency Room                              | \$250          |
| X-ray                                       | \$200          |
| Broken Ankle, Closed Reduction (no surgery) | \$500          |
| Ankle Brace                                 | \$100          |
| Crutches                                    | \$100          |
| Physical Therapy                            | \$50           |
| Physician Follow-Up                         | \$75           |
| Total Dollars Payable To Employee           | \$1,275        |

## Accident Rates

| Coverage Level        | Employee Cost (Monthly) | Employee Cost (24) | Employee Cost (19) |
|-----------------------|-------------------------|--------------------|--------------------|
| Employee              | \$9.96                  | \$4.98             | \$6.29             |
| Employee + Spouse     | \$20.11                 | \$10.06            | \$12.70            |
| Employee + Child(ren) | \$20.31                 | \$10.16            | \$12.83            |
| Family                | \$25.18                 | \$12.59            | \$15.90            |

## IMPORTANT—Wellness Benefit

Critical Illness and Accident coverage pays a \$100 benefit per calendar year per insured individual if a covered health screening test is performed, which includes blood tests, chest X-rays, stress tests, mammograms, and colonoscopies. A full list of covered tests will be provided in your certificate.





## Critical Illness Coverage

There are a lot of expenses associated with a critical illness and a major medical plan usually won't cover them all. Critical illness coverage helps you focus on recuperation instead of being distracted by the extra expenses you may be facing. Similar to life insurance which pays your beneficiary a lump-sum benefit upon death; a critical illness plan pays you a cash benefit upon a diagnosis of a covered illness. There is no pre-existing limitation clause on coverage. Covered diagnoses include but are not limited to the following.

- ▶ Cancer
- ▶ Organ failure
- ▶ Heart attack
- ▶ Stroke

Please note that your plan has made an enhancement by removing the preexisting limitation clause.

For your specific critical illness premiums, please log on to your open enrollment system.

## Hospital Indemnity Coverage

Even a minor trip to the hospital can lead to unexpected medical bills. And even with major medical insurance, your plan may only pay for a portion of your stay. Hospital indemnity insurance is designed to provide financial assistance to help you meet the out-of-pocket expenses and extra bills which can occur. Benefits are paid directly to you based on the amount of coverage listed, regardless of the actual cost of treatment.

### New for 2023

Your plan has made the following enhancements:

- ▶ Removed the age reduction schedule
- ▶ Increased hospital admission to \$1,000 if admitted
- ▶ Increased the admission to 4× /calendar year

| Benefit Schedule                                     | \$ Paid to You                             |
|------------------------------------------------------|--------------------------------------------|
| First Day Hospital Confinement                       | \$1,000                                    |
| Daily Hospital Confinement (Maximum Days Payable—15) | \$200 per day to a max of 15 days per year |
| Hospital Intensive Care (Maximum Days Payable—15)    | \$200 per day to a max of 15 days per year |
| Total Dollars Payable To Employee                    | \$900                                      |

### Hospital Indemnity Rates

| Coverage Level        | Employee Cost (Monthly) | Employee Cost (24) | Employee Cost (19) |
|-----------------------|-------------------------|--------------------|--------------------|
| Employee              | \$14.24                 | \$7.12             | \$8.99             |
| Employee + Spouse     | \$26.24                 | \$13.12            | \$16.57            |
| Employee + Child(ren) | \$24.22                 | \$12.11            | \$15.30            |
| Family                | \$36.22                 | \$18.11            | \$22.88            |

### IMPORTANT—Wellness Benefit

Hospital Indemnity coverage pays a \$50 benefit per calendar year per insured individual if a covered health screening test is performed which includes blood tests, chest X-rays, stress tests, mammograms and colonoscopies. A full list of covered tests will be provided in your certificate.



# CONTACT INFORMATION



## General Benefits Questions

630.636.3680

[gcampos@sd308.org](mailto:gcampos@sd308.org)



## Employee Assistance Program

Dearborn National

866.899.1363

[www.guidanceresources.com](http://www.guidanceresources.com)

Your Company ID: **DISRES**



## Medical and Prescription Drugs

BCBS of IL

800.526.6593

[www.bcbsil.com](http://www.bcbsil.com)



## Accident

MetLife

800.438.6388

[metlife.com/mybenefits](http://metlife.com/mybenefits)



## Flexible Spending Account (FSA)

Navia

800.669.3539

[www.naviabenefits.com](http://www.naviabenefits.com)



## Critical Illness

MetLife

800.438.6388

[metlife.com/mybenefits](http://metlife.com/mybenefits)



## Dental

Delta Dental

800.323.1743

[www.deltadentalil.com](http://www.deltadentalil.com)



## Hospital Indemnity

MetLife

800.438.6388

[metlife.com/mybenefits](http://metlife.com/mybenefits)



## Vision

VSP Vision

800.877.7195

[www.vsp.com](http://www.vsp.com)



## Legal

MetLife

800.821.6400

[info.legalplans.com](http://info.legalplans.com)



## Life/AD&D and Disability

Dearborn National

866.406.3356

[www.dearbornnational.com](http://www.dearbornnational.com)



## Telemedicine—Medical & Behavioral Health

First Stop Health

888.691.7867

[member\\_services@fshealth.com](mailto:member_services@fshealth.com)



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## Notes

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This benefits guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.