

# Benefits Summary

Gower School District 62  
All Eligible Employees

2021 - 2022





# Medical Insurance | BlueCross BlueShield

## Health Maintenance Organization (HMO)

HMOs give you access to a network of doctors and hospitals, but restrict services to in-network providers only. HMO participants must choose a contracting medical group and primary care physician (PCP) to provide or coordinate their healthcare services. If you require specialty care, an outpatient procedure, or a hospitalization, you must receive a referral from your PCP. There are no out-of-network benefits.

## Preferred Provider Organization (PPO)

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. Once the applicable deductible is met, services will be covered by the plan coinsurance until the annual out-of-pocket maximum is met. The types of services that accumulate toward your deductible are office visits, inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.), emergency room visits, and urgent care visits. Prescription drug copays do not accumulate toward your deductible or overall out-of-pocket maximum.

Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

Choice of plan options:	HMO BA Plan 2 <i>In-Network Benefits Only</i>	HMO BA Plan 4 <i>In-Network Benefits Only</i>	PPO <i>In-Network Benefits Shown</i>
<b>Network</b>	<b>Blue Advantage</b>	<b>Blue Advantage</b>	<b>PPO</b>
<b>Deductible</b>			
Individual	\$0	\$2,000	\$500
Family	\$0	\$6,000	\$1,000
<b>Coinsurance</b>	100%	80%	80%
<b>Out-of-Pocket Max</b>			
Individual	\$1,500	\$6,850	\$2,500
Family	\$3,000	\$14,700	\$7,500
<b>Physician Services</b>			
Well Adult / Well Child	No Charge	No Charge	No Charge
Physician Office	\$25 copay	\$35 copay	\$20 Copay
Specialist Visit	\$25 copay	\$55 copay	\$20 Copay
<b>Emergency Room</b>	\$100 copay	\$1,000 copay + 20% coinsurance	Deductible then 20%
<b>Urgent Care</b>	\$25 copay	Deductible then 20%	Deductible then 20%
<b>Prescription Drugs — Retail</b>	<b>Copays:</b>	<b>Copays:</b>	<b>Copays:</b>
Generic / Preferred Brand / Non-Preferred Brand / Specialty	\$10 / \$20 \$35 / \$35	\$10 / \$50 \$100 / \$150/\$250	\$10 / \$20 \$35 / \$50
<b>Prescription Drugs — Mail Order</b>	<b>Copays:</b>	<b>Copays:</b>	<b>Copays:</b>
Generic / Preferred Brand / Non-Preferred Brand	\$20 / \$40 \$70	\$30 / \$150 \$300	\$20 / \$40 \$70
<b>Prescription Out-of-Pocket Max</b>	\$5,100 / \$10,200	Included in Medical Out-of-Pocket Maximum	\$4,850 / \$7,200



## How to Find a BCBS Medical Provider



Visit [www.bcbsil.com/find-a-doctor-or-hospital](http://www.bcbsil.com/find-a-doctor-or-hospital)



Call Customer Service toll-free:

**HMO:** 800-892-2803

**PPO:** 800-828-3116

NOTE: This Benefit Summary is a brief synopsis of coverage only. See plan documents for full details. In the event of any inconsistency between this Summary of Benefits and such documents, the applicable provisions of the plan documents will govern.



# BlueCross BlueShield Value Added Benefits

## **BlueAccess for Members (BAM):** [www.bcbsil.com](http://www.bcbsil.com)

BAM is a secure member website that gives you immediate access to your health care and benefit information. Check claim status, find in-network providers, use the hospital comparison tool, print medical or dental ID cards, and more.

To access BlueAccess Mobile download the app.

## **Virtual Visits—MDLIVE (PPO Members Only)**

MDLIVE's telehealth program provides enrolled members with access to non-emergency medical care without ever leaving the couch. Visit a doctor virtually, 24 hours a day, 7 days a week, for a variety of ailments and symptoms. Log on to [MDLIVE.com/bcbsil](http://MDLIVE.com/bcbsil) or call **888.676.4204** today for additional info on this benefit.

## **Maternity Care Program: 888.421.7781**

Personalized support provided by Obstetrical nurses.

## **24/7 Nurseline: 800.299.0274 (PPO Members Only)**

General health info and guidance for specific conditions from fevers to bee stings from a registered nurse.

## **Blue365 Discounts**

Additional special program discounts. Details can be found on Blue Access for Members via [www.bcbsil.com](http://www.bcbsil.com). Once logged in, go to the *My Coverage* tab and click on *Discounts* found under *Member Advantages*.

## **Well on Target Member Wellness Program**

Access health and wellness resources that can help you manage your health. Resources include health assessments, self-directed courses and health coaching.

## **Express Scripts: 833.715.0942**

Express Scripts is the prescription home delivery vendor.

## **Accredo: 833.721.1619**

Accredo is the prescription specialty drug vendor.



## Tips to Save Money

### **Preventive/Wellness Exams Covered at 100%**

- Preventive care is one physical exam per year per enrolled member.
- Females get an annual well-woman exam covered at 100% in addition to their annual physical exam.
- No out-of-pocket costs apply - these exams are fully covered *as long as your physician codes them as preventive*.

### **Prescription Drugs**

- Ask your doctor if there's a generic version of any medication you're currently taking or being prescribed.
- Take advantage of the Prescription Savings Programs at major retailers.
- Ask about free samples from your doctor and/or manufacturer rebates.

### **High Cost Scans, X-Rays & Tests**

- MRI, PET scans, CT scans, etc. are less costly at in-network free-standing imaging centers than at hospitals.
- When possible, compare cost options prior to scheduling your necessary services.

### **Emergency Room Alternatives**

The ER is a costly experience for issues that aren't true emergencies. Below are alternatives that can offer quick care at a more affordable cost.

- Doctor's office: for non-life threatening symptoms, call and let them know your symptoms require immediate attention.
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit [cvs.com](http://cvs.com) or [walmart.com](http://walmart.com) to find a clinic near you.
- Urgent Care: less costly than the ER and can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.



# Dental Insurance | BlueCross BlueShield

## Dental Preferred Provider Organization (DPPO)

The DPPO allows the flexibility to use any dentist, in or out-of-network. Staying in-network will allow your annual maximum to last longer. If you visit a dentist out-of-network, you may be responsible for paying the bill at the time of service and receiving reimbursement later.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost. We recommend you request a predetermination of benefits for major services.

### Preventive:

- Annual cleanings
- Bitewing X-rays
- Space maintainers
- And more

### Basic:

- Fillings
- Root canals
- Oral Surgery
- And more

### Major:

- Dentures
- Bridges
- Inlays, Onlays, Crowns
- And more

Choice of plan options:	DPPO 1500 In-Network / Out-of-Network	
Network Name	BlueCare Dental	
Individual Deductible	\$25 per calendar year	
Family Deductible	\$25 per person per calendar year (maximum \$75)	
Preventive Coinsurance	100%	100%
Basic Coinsurance	80%	80%
Major Coinsurance	50%	50%
Annual Plan Maximum	\$1,500	\$1,500
Orthodontia	\$50 per person	\$50 per person
Orthodontia Age Limit	Age 19	Age 19
Orthodontia Maximum	\$1,500	\$1,500

*Note: If you and/or your dependent(s) originally waive dental coverage for any reason, or if your coverage becomes effective more than 31 days after your initial eligibility date, no benefits will be payable for Major and/or Orthodontia treatment within 12 months after the effective date of coverage.*

Enhanced benefit is a dental benefit that provides additional dental benefits to members with specific medical conditions such as cardiovascular disease, diabetes or pregnancy. These services apply towards your annual maximum.

Benefit for one of the following:

- Scaling and Root Planning
- Periodontal Maintenance
- One Additional Cleaning



## How to Find a BCBS Dental Provider



Visit [www.bcbsil.com/provider/dental.htm](http://www.bcbsil.com/provider/dental.htm) and search for a provider in BlueCare Dental.



Call Customer Service toll-free at **800-367-6401**



# Vision Insurance | VSP

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the true benefit of vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. If you visit a vision provider out-of-network, you will be responsible for paying the bill at the time of service and receiving reimbursement later.

Vision Plan Details:	Frequency*	In-Network	Out-of-Network
Network	VSP Choice Network		
Eye Exam	Every 12 months	\$0 WellVision Exam Copay Up to \$60 Contacts Exam Copay	\$45 max reimbursement
Lenses » Single vision » Bifocal » Trifocal » Lenticular » Polycarbonate for children	Every 12 months	\$25 copay	Reimbursement varies
Frames	Every 24 months	\$175 allowance (\$195 for featured brands) + 20% off balance over allowance	\$70 max reimbursement
Elective Contacts**	Every 12 months	\$175 allowance	\$105 max reimbursement

\*Vision benefit frequencies are based on the date of service within the policy year.

\*\*Contacts and glasses are not covered by the plan in the same calendar year. Discounts may apply if additional materials are purchased.

Primary EyeCare is VSP's most robust medical eye care plan, providing treatment and services for all vision-related medical conditions such as dry eye, cataracts, pink eye, eye injury, and foreign body removal and diseases.

Included in the Primary EyeCare benefit:

- Covered-in-full retinal screening for members with diabetes, even if you don't show signs of diabetic eye disease.
- Additional medical eye exams to monitor and track diabetic eye disease, glaucoma and/or AMD.
- Additional medical eye exams and other services for non-chronic conditions.

For additional discounts on materials and services, visit <https://www.vsp.com/offers/special-offers>



## How to Find a VSP Vision Provider



Visit [www.vsp.com/eye-doctor](http://www.vsp.com/eye-doctor)



Call Customer Service toll-free at **800-877-7195**

Vision ID cards are not required for service as providers are able to locate you in their system. If you would like an ID card, you can login to your account to print your Member ID card.





# Basic Life and AD&D Insurance | Dearborn National

Basic Life Insurance is provided at no cost to you in order to ease the financial burden on your loved ones should you pass away. Accidental Death and Dismemberment (AD&D) provides an additional benefit to your beneficiary should you suffer loss of life due to a covered accident; AD&D will also pay a benefit to you should you suffer loss of limb, sight, or vision due to a covered accident.

All Eligible Employees	Basic Life	Accidental Death & Dismemberment
Benefit Amount	\$10,000 per Employee	\$10,000 per Employee

Assistant Superintendent, Chief School Business Official and Principals	Basic Life	Accidental Death & Dismemberment
Benefit Amount	\$250,000 per Employee	\$250,000 per Employee

Superintendent	Basic Life	Accidental Death & Dismemberment
Benefit Amount	\$750,000 per Employee	\$750,000 per Employee



## Voluntary Term Life and AD&D Insurance

Voluntary Term Life/AD&D allows you to purchase additional coverage. You may also elect voluntary life coverage for your spouse and/or dependent child(ren). AD&D coverage is not available for spouses and/or child(ren). An employee's maximum benefit election cannot exceed 5x their basic annual earnings. A spouse's maximum election cannot exceed 50% of the employee election. The cost of the benefit is 100% paid for by you. Age of participant and the amount of insurance you elect determines the premium you'll pay.

*EOI is required if electing over the guaranteed issue amount or if electing after initial eligibility. EOI forms must be submitted within 30 days of election.*

	Employee	Spouse	Child(ren)
Coverage Increments	\$25,000	\$10,000	Birth to 15 days: \$0 15 days to 6 months: \$500 6 months to age 26: \$5,000
Maximum Benefit Amount	\$100,000, not to exceed 5x annual earnings	\$50,000, not to exceed 50% of employee election	\$5,000
Guaranteed Issue Amount	\$100,000, not to exceed 3x annual earnings	\$20,000	\$5,000

### **IMPORTANT REMINDER: Be sure your beneficiary information is up-to-date!**

*To update your beneficiary information, reach out to your Human Resources Representative. You can update your beneficiary at anytime throughout the year.*



# Flexible Spending Account (FSA)

**Plan Year: January 1 to December 31.**

Flexible Spending Accounts (FSA) allow you to set aside money on a pre-tax basis to pay for qualified medical expenses and/or dependent care expenses you may incur throughout the year. The money you put into your FSA is done so on a pre-tax basis. This means you are lowering your taxable income and also not paying taxes when the money is used for qualified expenses.

## Health Care FSA

You may contribute up to \$2,750 per plan year to pay for qualified expenses for yourself and eligible family members. Funds in this account can be used to cover eligible expenses on your tax dependents, even if they are not enrolled in your health care plan. Your contribution cannot be changed mid-plan year unless you experience a qualifying life event. Eligible expenses include medical and dental plan deductibles and copays (if applicable), orthodontia expenses not covered by your dental plan, prescription drugs, prescription eye glasses and contact lenses, Lasik eye surgery and much more.

## Dependent Care FSA

You may contribute up to \$5,000 per plan year to pay for qualified eligible dependent care expenses. Funds in this account are saved on a tax-free basis.

FSAs have a use-it-or-lose-it provision, so be conservative when electing how much to contribute. The Health Care FSA and Dependent Care FSA may have grace periods or allow rollover amounts. Please confirm with your HR representative.



# Employee Assistance Program (EAP)

The EAP, provided by Perspectives, offers caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. There is no cost, it's just there for you when you need it.

Possible reasons to call can include:

- Stress and depression
- Life transitions
- Grief and loss
- Parenting and child care
- Elder care referrals
- Domestic violence
- Workplace conflict
- Work/life balance
- Addiction and recovery
- Financial issues
- Legal assistance
- And more



# Travel Resource Services

Travel Resource Services, provided by Assist America, is a 24-hour emergency and information service that helps you access emergency assistance when you are traveling 100 or more miles away from home. The multilingual emergency assistance professionals will help you with your struggles to make sure you, your family and friends receive the best service when traveling.

Key services include:

- Medical Search and Referral
- Medical Monitoring
- Medical Evacuation/Return Home
- Dependent Children Assistance
- Replacement of Medication and Eyeglasses
- Emergency Travel Arrangements
- Emergency Cash
- Pre-Trip Information
- Interpretation/Translation
- Legal Assistance/Bail
- And More

Download the free Assist America Mobile App on your cellphone and use the reference number 01-AA-TRS-12201 to set up your app. You can also set up your account by calling 800-872-1414 or by emailing [medservices@assistamerica.com](mailto:medservices@assistamerica.com).



# Carrier Information

## Medical HMO BA Plan 2 and 4

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	www.bcbsil.com
<b>Phone Number</b>	(800) 892-2803
<b>Network</b>	Blue Advantage
<b>Policy Number</b>	B14369 / B01776

## Dental PPO 1500

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	www.bcbsil.com
<b>Phone Number</b>	(800) 367-6401
<b>Network</b>	BlueCare Dental
<b>Policy Number</b>	270729

## Basic Life and AD&D Insurance

<b>Carrier</b>	Dearborn National
<b>Website</b>	www.dearbornnational.com
<b>Phone Number</b>	(800) 721-7987

## Flexible Spending Account

<b>Carrier</b>	Asure Software
<b>Website</b>	www.asuresoftware.com
<b>Phone Number</b>	(888) 862-6272

## Travel Resource Services

<b>Carrier</b>	Assist America
<b>Email</b>	medservices@assistamerica.com
<b>Phone Number (US &amp; Canada)</b>	(800) 872-1414
<b>Other Locations (Call Collect)</b>	(609) 986-1234

## Human Resources Contact Information

<b>Contact</b>	Brian Riegler
<b>Email Address</b>	briegler@gower62.com
<b>Phone Number</b>	(630) 286-4926

## Medical PPO

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	www.bcbsil.com
<b>Phone Number</b>	(800) 828-3116
<b>Network</b>	PPO
<b>Policy Number</b>	165625

## Vision

<b>Carrier</b>	VSP
<b>Website</b>	www.vsp.com
<b>Phone Number</b>	(800) 877-7195
<b>Network</b>	VSP Choice Network
<b>Policy Number</b>	12019596

## Voluntary Term Life and AD&D Insurance

<b>Carrier</b>	Dearborn National
<b>Website</b>	www.dearbornnational.com
<b>Phone Number</b>	(800) 721-7987

## Employee Assistance Program

<b>Carrier</b>	Perspectives
<b>Website</b>	www.perspectivesltd.com
<b>Phone Number</b>	800-456-6327
<b>Login</b>	LIN500
<b>Password</b>	perspectives

## Human Resources Contact Information

<b>Contact</b>	Laura Kriha
<b>Email Address</b>	lkriha@gower62.com
<b>Phone Number</b>	(630) 286-4929

For additional benefit information, visit [Gower62.lincolnwayareaaffiliation.org](http://Gower62.lincolnwayareaaffiliation.org)



Brought to you by:



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Employer's employee benefit programs. Employees should review the Employer's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Employer reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.