



This summary is designed to give you an outline of the health benefit programs offered through Maercker School District 60. Contained in the summary are tips for you on using the plans.

Your 2022 Benefit Summary provides information on your district's benefit plans, including:

- BCBS Member Resources
- Medical Options—PPO and HMO
- Dental
- Medical Plans Comparison
- Blue365 Discount Programs

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
- 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.

To take advantage of the BCBS Global Core program, contact BCBSIL for coverage details. 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.

Livongo: Diabetes Management Simplified (only available to PPO members)

The Livongo for Diabetes program makes living with diabetes easier by providing you with a glucose meter, testing strips and lancets, and coaching. The program is provided to all PPO members as well as your family members with diabetes.

Join today at join.livongo.com/EBC/register or call **(800) 945.4355**. Use registration code: **EBC**

Benefits Value Advisor (PPO 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 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.**

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.



Life/AD&D Insurance (Effective 12/1/13)

Administered by Reliance Standard Insurance Company

- Employee: 3x Salary, Maximum \$150,000
- Life Reduction: No age reduction. Terminates at retirement.

EAP

Administered by ACI Specialty Benefits under agreement with Reliance Standard

Questions? Contact ACI Specialty Benefits toll-free at **855.RSL.HELP (855.775.4357)** or email rsli@acieap.com <http://rsli.acieap.com>.

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 Medical Plan

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

PPO 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 RX Information

Prime Therapeutics is the administrator of the PPO 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 List. 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

HMO Medical Plan

When you join one of the HMOs of Blue Cross and Blue Shield of Illinois, you choose a contracting medical group within your network and then a family practitioner, internist or pediatrician from your chosen medical group to serve as your primary care physician (PCP).

To find a medical group and PCP in either network, go to www.bcbsil.com and use the Provider Finder.

HMO Customer Service: **800.892.2803** (8:00 a.m. to 6:00 p.m., Monday through Friday).

Your HMO ID number is located on your ID Card (Blue Cross and Blue Shield of IL).

HMO RX Information

Prime Therapeutics is the administrator for the HMO prescription drug program. Your HMO medical card serves as your prescription ID card. HMO members utilize the Performance Drug List. To find a participating retail or mail-order pharmacy and for more information visit myprime.com. Or, log into BlueAccess for Members and click on the Prescription Drugs link.

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

Guardian/First Commonwealth Voluntary Dental Coverage

Your district offers dental HMO and PPO plans through **First Commonwealth**. Members must go to a First Commonwealth dentist in order to receive benefits.

Please visit Guardian at www.guardiananytime.com to conduct a provider search. Additionally, you can call Customer Service at:

DHMO Member Services: **866.494.4542**


Guardian PPO Member Services: **800.541.7846**

Benefit	Guardian PPO		First Commonwealth DHMO Plan 3000
	In-Network	Out-of-Network	
Deductibles (calendar year)	\$50 Individual \$150 Family	\$75 Individual \$225 Family	None
Preventive Services Periodic oral evaluation	100%, deductible waived	80% of Usual & Customary*, deductible waived Frequency: once every 6 months.	Per Schedule of Copayments
Basic Services	80%	80% of Usual & Customary	
Major Services	50%	50% of Usual & Customary	
Endodontics and Periodontics	Covered under Major Services		
Orthodontia	Not covered		None
Waiting Periods	Timely applicants—12 months for Major		
Annual Maximum Benefit	\$1,000		Unlimited

*Member also responsible for all charges over Usual & Customary.

Dependent Age: to 26 for all unmarried or married dependents and to age 30 for all unmarried military dependents who are Illinois residents.

Maercker School District 60 Medical Plans Comparison

	Blue Cross and Blue Shield PPO		Blue Cross and Blue Shield Blue Advantage HMO (PCP Required)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$500	\$1,000	N/A	No coverage
Family	\$1,500	\$3,000	N/A	No coverage
Coinsurance	70%	50%	100%	No coverage
Annual Out-of-Pocket (deductible included)				
Individual	\$1,500	\$4,000	\$1,550	No coverage
Family	\$4,500	\$12,000	\$3,100	No coverage
Covered Expenses				
Hospital				
Inpatient Services	70%	50% after \$300 per admission deductible	100%	No coverage
Outpatient Emergency Care	100% after \$150 copay (waived if admitted)		100% after \$250 copay (waived if admitted)	
Physician				
Office Visits	100% after \$30 copay	50%	100% after \$20 copay	No coverage
Specialist Office Visit	100% after \$60 copay	50%	100% after \$40 copay	No coverage
Other				
X-ray and Lab	70%	50%	100%	No coverage
Therapy-Speech, occupational or physical therapy	70%	50%	100% (60 visits combined per calendar year)	No coverage
Mental/Nervous-Inpatient	70%	50% after \$300 per admission deductible	100%	No coverage
Mental/Nervous-Outpatient Professional Services	100% after \$30 copay	50%	100% after \$20 copay	No coverage
Substance Abuse-Inpatient	70%	50% after \$300 per admission deductible	100%	No coverage
Substance Abuse-Outpatient Professional Services	100% after \$30 copay	50%	100% after \$20 copay	No coverage
Wellcare	100%	50%	100%	No coverage
Vision Care	Exam and Eyewear: Discounts available at participating Davis Vision and EyeMed providers. For details on how to find an EyeMed Provider for your annual vision exam, see page 4.		Exam: No charge, one every 12 months For details on how to find an EyeMed Provider for your annual vision exam, see page 4.	No coverage
Prescription Drugs	Prime Therapeutics		Prime Therapeutics	
Retail Pharmacy 34-day supply	\$15 Generic \$60 Formulary Brand \$100 Non-Formulary Brand		\$10 Generic \$40 Formulary Brand \$70 Non-Formulary Brand	
Mail Order 90-day supply	\$30 Generic \$120 Formulary Brand \$200 Non-Formulary Brand		\$20 Generic \$80 Formulary Brand \$140 Non-Formulary Brand	

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.

Maercker SD 60 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **630.515.4854**.

UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **630.515.4854**.





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.
Base: \$19/month
Core: \$29/month
Power: \$39/month
Elite: \$99/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 EyeMed (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 onTarget is designed to give you the tools and support you need to make these choices, while rewarding you for your hard work.

Well onTarget features:

Well onTarget Member Wellness Portal

The heart of Well onTarget 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.

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.