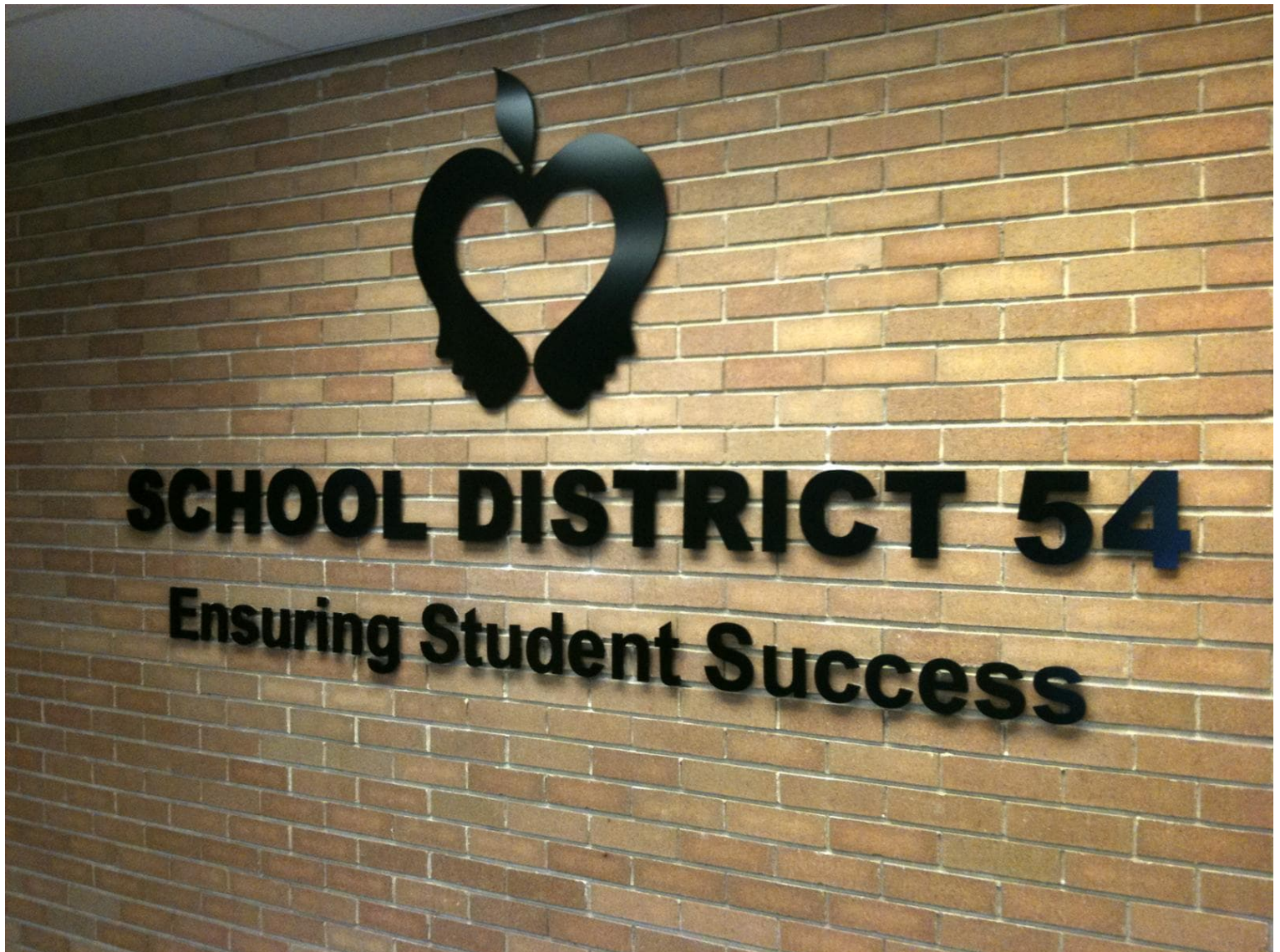


# *Employee Benefit Guide*

*January 1, 2020 – December 31, 2020*



## PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY

Schaumburg Community Consolidated School District 54 (District 54) strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Employee Benefit Guide.

You are required to enroll within 30 days of your initial eligibility (usually when you are initially hired into a benefit-eligible position). Benefit elections, including coverage waivers, are locked in until the next Open Enrollment period unless you qualify for a Special Enrollment opportunity as allowed under HIPAA.

Open enrollment is a short period each year when you can make changes to your benefits. Elections you make during open enrollment will become effective on January 1 of the following year. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

### TABLE OF CONTENTS

	Page
Who is Eligible?	3
Medical Plans – HMO IL and PPO	4
Blue Cross Blue Shield Network Provider Finder	6
MDLive Virtual Visits	7
Dental Plans – Blue Care Dental HMO and Delta Dental PPO	8
Vision Insurance – VSP	11
Flexible Spending Accounts – Health and Dependent Care	12
Basic Life Insurance	14
Voluntary Supplemental Life Insurance	15
Disability Income	16
Employee Assistance Program – Workplace Solutions	17
Bi-Weekly Employee Contributions	19
Important Notices	20
Contact Information	24

### NOTE:

District 54 conducts online enrollment through the Benefit App at <https://apps.sd54.org>.

You must be using a District 54 Computer and be logged in as YOURSELF to access and complete Online Open Enrollment.

## WHO IS ELIGIBLE?

If you are a permanent employee working at least .5 FTE (full-time equivalent) for District 54, you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, the following family members are generally eligible for medical, dental and vision coverage:

- Legal Spouse or Civil Union Partner
- Dependent Children under the age of 26, married or unmarried
- Step Children or Adopted Children under the age of 26, married or unmarried
- Disabled dependents may be allowed on the plan after age 26 with pre-approved certification - Contact HR

## ENROLLMENT METHOD

District 54 conducts enrollment through the Benefit App at <https://apps.sd54.org>. You must be using a District 54 Computer and be logged in as YOURSELF to access and complete Online Enrollment.

## HOW TO MAKE CHANGES

If you experience a Qualifying Life Event, you will have a brief window of opportunity to make changes to your benefits. Qualifying events include things such as:

- Marriage, divorce or legal separation;
- Birth or adoption of a child;
- Change in a child's dependent status;
- Death of a spouse, child or other qualified dependent;
- Change in residence (only if the change affects benefit access, for example moving out of the HMO area); and
- Losing or gaining other coverage.

If you experience a Qualifying Life Event, be sure to notify Human Resources **within 30 days** of the date of the event.

## WHAT CHANGES CAN I MAKE DURING OPEN ENROLLMENT?

- Changes to a Health, Dental or Vision plan (for example, changing from PPO to HMO, or Family to Single +1)
- Enrollment or termination of coverage in a Plan for yourself or eligible dependents
- Enrollment in a Flexible Spending Account for pre-tax savings on medical and/or dependent care expenses

## MEDICAL INSURANCE – HMO ILLINOIS

The following chart provides a summary of our HMO Illinois Plan option (HMO).

BCBS of Illinois	In-Network	Out-of-Network
HMO Illinois Network	Your Responsibility	No Benefits
Deductible (Single/Family)	\$0	N/A
Coinsurance (amount You pay)	0%	N/A
Out-of-Pocket Limit (Single/Family)	\$3,000/\$6,000	N/A
<b>Office/Clinic Visits</b>		N/A
Office Visit – Primary or Specialist	\$20 copay	N/A
Virtual Visits – <span style="color: red;">not available for all HMO Groups</span>	Availability varies by Medical Group	N/A
Preventive Care per the Affordable Care Act	No charge	N/A
<b>Diagnostic Services</b>		
Outpatient Laboratory	0%	N/A
Diagnostic Radiology	0%	N/A
Complex Imaging (CT/PET scans, MRIs)	0%	N/A
<b>Emergency Services</b>		
Urgent Care Center Visits – (associated with Medical Group)	\$50 copay	N/A
Emergency Room Services	\$150 copay	\$150 copay
Emergency Use of Ambulance	0%	N/A
<b>Hospital Care</b>		
Inpatient Hospital Services	\$100/day copay for first 3 days	N/A
Outpatient Surgery	\$75 copay	N/A
<b>Mental Health/Substance Abuse</b>		
Inpatient	\$100/day copay for first 3 days	N/A
Outpatient	Benefit per type of service	N/A
<b>Prescription Coverage – per 30 day supply</b>	<b>Rx Copay</b>	
Preferred Generic (p)	\$0	N/A
Non-Preferred Generic Drugs (np)	\$10	N/A
Preferred Brand Drugs (P)	\$20	N/A
Non-Preferred Brand Drugs (NP)	\$30	N/A
Preferred Specialty Drugs (P)	\$75	N/A
Non-Preferred Specialty (NP)	\$75	N/A
Mail Order (not available for some drugs)	90-day supply for 2x the Rx copay	

## MEDICAL INSURANCE – PPO

The following chart provides a summary of our Preferred Provider Organization Plan (PPO).

BCBS of Illinois Participating Provider Organization	In-Network Your Responsibility	Out-of-Network Your Responsibility
Deductible (Single/Family)	\$650/\$1,950	\$2,000/\$6,000
Coinsurance (amount You pay)	20% after Deductible	40% after Deductible
Out-of-Pocket Limit (Single/Family)* *Includes Deductible	\$2,650/\$5,000	\$5,500/\$11,000
<b>Office/Clinic Visits</b>		
Primary Care Office Visit	20% after Deductible	40% after deductible
Specialist Office Visit	20% after Deductible	40% after deductible
MDLive Virtual Visits	\$40 copay	Not Applicable
Preventive Care per the Affordable Care Act	No charge	40% after deductible
<b>Diagnostic Services</b>		
Outpatient Laboratory	20% after deductible	40% after deductible
Diagnostic Radiology	20% after deductible	40% after deductible
Complex Imaging (CT/PET scans, MRIs)	20% after deductible	40% after deductible
<b>Emergency Services</b>		
Urgent Care Center Visits	\$50/visit copay	40% after deductible
Emergency Room Services	\$150/visit copay	\$150/visit copay
Emergency Use of Ambulance	20% after deductible	40% after deductible
<b>Hospital Care</b>		
Inpatient Hospital Services	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
<b>Mental Health/Substance Abuse</b>		
Inpatient	20% after deductible	40% after deductible
Outpatient	Per Type of Service	Per type of Service
<b>Prescription Coverage – per 30 day supply</b>		
	Preferred Pharmacy /	Non-Preferred Pharmacy / Non-Network
Preferred Generic (p)	\$0	\$10 Copay + 25%
Non-Preferred Generic Drugs (np)	\$10	\$20 Copay + 25%
Preferred Brand Drugs (P)	\$40	\$50 Copay + 25%
Non-Preferred Brand Drugs (NP)	\$60	\$75 Copay + 25%
Preferred Specialty Drugs (P)	\$75	*** ***
Non-Preferred Specialty (NP)	\$75	*** ***
Mail Order (not available for some drugs)	90-day supply for 2x the Rx copay	
***Specialty Drugs should be obtained through Alliance Rx Walgreens Prime Pharmacy. Reference the phone number on the back of your ID card.		

## BLUE CROSS BLUE SHIELD PROVIDER FINDER

To locate a participating provider in the BCBS medical networks, please follow the steps below:

1. Go to [www.BCBSIL.com](http://www.BCBSIL.com)
2. Click on “Find a Doctor or Hospital”
3. **Not a Member Yet?**
  - a. Click on “Search as Guest”
4. Click on “Search In-Network Providers”
5. **How do you get insurance?**
  - a. Select “Through my employer or my spouse’s employer”
6. **Are you a member or are you shopping for an insurance plan?**
  - a. Select “I am a member”
7. **Select the type of care you are looking for**
  - a. Select “Medical” (If you are searching for the Blue Care Dental HMO plan, select Find a Dentist under the Helpful Links.)
8. **Where do you live?**
  - a. Change the default from Illinois only if you are searching for providers in another state.
9. **Select Plan / Network**
  - a. **HMO Illinois (HMO)**
  - b. **Participating Provider Organization (PPO)**
10. Once you reach this point, you will be able to search by provider’s name, location or specific provider types.
  - a. Enter the zip code in the **Located near** field.
  - b. Select the **Distance** from the zip code entered (i.e. within 15 miles).
11. Click on “**Find a Doctor or Hospital**”



If you enroll in the HMO Illinois plan, you **must** provide a **3-digit** Medical Group Number and **PCP or NPI** number to be assigned to your selected physician. You can find these numbers through this Provider Finder tool.

**OR**

**Call HMO Customer Service for assistance:**  
(800) 892-2803; say “member” and then “join.”

## MDLive Virtual Visits – PPO Plan\* Reach a Doctor 24/7/365

Powered by  
**MDLIVE®**

MDLive is the on-demand healthcare solution that gives you the medical care you need, when you need it. You can talk to a doctor anytime, anywhere about non-emergent medical conditions.

With MDLive, you can talk to a doctor 24/7/365 by phone, online video or mobile app. Use MDLive for medical advice and care when:

- Your primary care doctor is not open;
- You are at home, traveling or do not want to take time off work to see a doctor; or
- You have a non-emergency issue that can be handled without an in-person consult.

### Common Conditions Treated:



- Allergies
- Bronchitis
- Cold/flu
- Headaches/migraines
- Eye/ear infections
- Rash/skin infections
- Sinus infections
- Stomach ache/diarrhea
- Urinary tract infection
- Many other conditions

### Getting Started is Easy

You will need your BCBS Member ID Number to register.

- Go to Blue Access for Members<sup>SM</sup> or [MDLIVE.com/bcbsil](https://MDLIVE.com/bcbsil).
- Download the MDLIVE app from Apple's App Store<sup>SM</sup> or Google Play<sup>TM</sup>.
- Call MDLIVE at (888) 676-4204.
- Text **BCBSIL** to **635-483**. (MDLIVE's online assistant Sophie will help you activate your account.)



MDLIVE: Talk to a Doctor 24/7

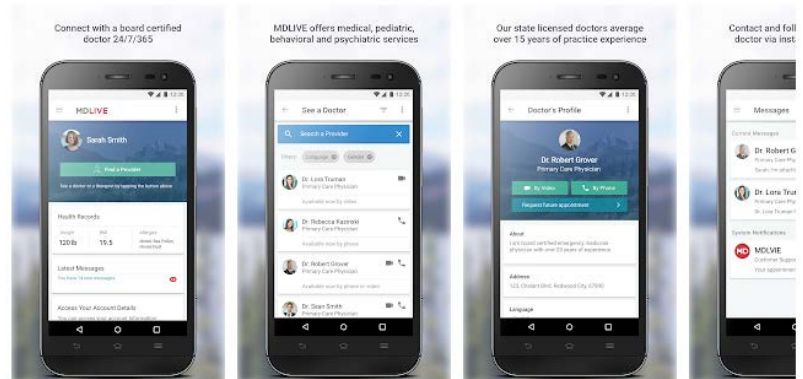
MDLIVE Inc Medical

★★★★★ 905

Everyone

Add to Wishlist

Install



The average wait time is less than 15 minutes to consult with a state-licensed, board-certified physician averaging 15 years of practice experience.

**\$40 Copay –  
No Deductible!  
Pay by credit card  
prior to consult.**

**\*HMO Members should check with their Medical Group to determine if there is a virtual visits/telemedicine option available.**

## DENTAL INSURANCE – two options

Aside from protecting your smile, dental care ensures good oral and overall health. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart.

District 54 offers you a choice of BCBS Blue Care Dental HMO or Delta Dental PPO Plan. These plans provide coverage for diagnostic and preventive care, basic restorative services, major restorative services, and orthodontia.

### *Understanding Your Dental Plan Options*

**The Blue Care Dental HMO plan** is designed to provide the dental coverage in the form of fixed copay amounts determined by the type of service rendered. All care must be completed by a BCBS Blue Care Dental HMO network provider. There are no annual limits or late entrant provisions.

**The Delta Dental PPO plan** is designed to provide the dental coverage you need with the freedom to visit the dentist of your choice—in or out of the network. Plan benefits for in-network services are based on the percentage of the negotiated fee that participating dentists have agreed to accept as payment in full. In-network services will result in your lowest out-of-pocket costs. There is an annual benefit limit of \$300 for anyone joining the plan after a lapse in District Dental coverage.

### *Website Access for Dental Plans*

Depending on which plan you select, the BCBS (Dental HMO) or Delta Dental websites are quick and easy ways for you to get the information you need about your dental benefits—all in one place. Log in at

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

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

Get more information on your dental benefits, link to detailed coverage information and perform tasks such as:

- Find a participating dentist;
- View your benefits, copays or coinsurance;
- View your claims;
- And more!

Download the applicable mobile app on your smartphone for quick access.





## DENTAL INSURANCE-Blue Care Dental HMO

The following chart provides a summary of our Blue Care DHMO 630 Plan. Find a Dental Care provider at [www.bcbsil.com](http://www.bcbsil.com).

Dental HMO	In-Network	Out-of-Network
<b>Benefits Per Plan Year</b>		
Annual Deductible	No Deductible	No Coverage <u>except</u> for Emergency Treatment
Annual Maximum	No Annual Maximum	
<b>Class I: Diagnostic &amp; Preventive</b>		
Oral Examinations	\$0 Copayment	N/A
Cleanings		
Fluoride (child to age 19)		
Full Mouth / Bitewing X-rays		
Space Maintainers		
Sealants		
<b>Class II: Basic Restorative Services</b>		
Periodontal Maintenance	Copayment based on Type of Service	N/A
Periodontal Surgery		
Amalgam & Composite Fillings		
Simple Extractions		
Root Canal		
<b>Class III: Major Restorative Services</b>		
Crowns	Copayment based on Type of Service	N/A
Dentures		
Bridges		
Implants		
<b>Class IV: Orthodontics</b>		
Orthodontics (Dependent children to age 19)	\$1,500 Copayment	N/A
Orthodontic Lifetime Maximum	One Phase II Course of Treatment and Retention	

*Emergency Dental Services are limited to \$50 for palliative care only. Patient is responsible for payment and claim filing for BCBS consideration.*

*You must visit the Dental Center you selected at the time of enrollment. You can change your Dental Center by calling Customer Service at 800-323-7201. Changes requested by the 20<sup>th</sup> of the month will be effective the 1<sup>st</sup> of the following month.*

## DENTAL -Delta Dental PPO



The following chart provides a summary our **Delta Dental PPO Plan**. Deductibles and maximums are combined across all three tiers, i.e., Delta PPO, Delta Premier and Out-of-Network Dentist. Find a provider at [www.deltadentalil.com](http://www.deltadentalil.com).

**Note:** If you enroll in the Delta Dental PPO Plan after having no District 54 Dental Plan immediately prior, your benefits for the first 12 months are limited to \$300. This limit does not apply to new employees enrolling when initially hired.

Delta Dental PPO Plan #00733-00001 Benefits Per Plan Year	Delta PPO Dentist	Delta Premier Dentist	Out-of-Network
Annual Deductible	\$25 / \$75	\$25 / \$75	\$25 / \$75
Annual Maximum	\$1,000	\$1,000	\$1,000
<b>Class I: Diagnostic &amp; Preventive</b>			
Oral Examinations	Plan pays 100% of Reduced Fee <sup>1</sup> (deductible does not apply)	Plan pays 100% of Maximum Plan Allowance <sup>2</sup> (deductible does not apply)	Plan pays 100% of Maximum Plan Allowance <sup>3</sup> (deductible does not apply)
Cleanings			
Fluoride (children to age 14)			
Full Mouth / Bitewing X-rays			
Space Maintainers			
<b>Class II: Basic Restorative Services</b>			
Sealants (to age 16)	Plan pays 80% of Reduced Fee <sup>1</sup>	Plan pays 80% of Maximum Plan Allowance <sup>2</sup>	Plan pays 80% of Maximum Plan Allowance <sup>3</sup>
Periodontics			
Endodontics			
Amalgam & Composite Fillings			
Simple Extractions			
<b>Class III: Major Restorative Services</b>			
Crowns	Plan pays 50% of Reduced Fee <sup>1</sup>	Plan pays 50% of Maximum Plan Allowance <sup>2</sup>	Plan pays 50% of Maximum Plan Allowance <sup>3</sup>
Dentures (12-month waiting period)			
Bridges (12-month waiting period)			
<b>Class IV: Orthodontics</b>			
Orthodontics (Dependent children to age 19)	Plan pays 50% of Reduced Fee <sup>1</sup>	Plan pays 50% of Maximum Plan Allowance <sup>2</sup>	Plan pays 50% of Maximum Plan Allowance <sup>3</sup>
Orthodontic Lifetime Maximum			

1. You will not be "balance billed" for charges exceeding Delta's allowed PPO fees.
2. You will not be "balance billed" for charges exceeding Delta's Maximum Plan Allowance.
3. You are responsible, and may be billed, for charges exceeding Delta's maximum Plan Allowance.

Although the Benefit Percentages are the same across all 3 tiers, the discounts and reduced fees applied to PPO and Premier Dentists results in improved benefits and lower out of pocket expenses!

## VISION INSURANCE



District 54 vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. For a list of in network providers, use the Provider Locator on [www.vsp.com](http://www.vsp.com) or call 800.877.7195. Our plan uses the **VSP Signature Network** and also provides discounts at some participating retail chains.

A summary of your available vision benefits can be found below.

VSP	In-Network Member Costs	Out-of-Network Reimbursement
Well Vision Exam	\$0 copay	Up to \$50
Contact Lens Fitting & Exam	\$60 maximum copay	
Frames	\$170 allowance; \$190 allowance for featured frame brands; 20% discount on the excess; \$95 Costco & Walmart frame allowance	Up to \$70
<b>Lenses</b>		
Single Vision	\$0	Up to \$50
Lined Bifocal	\$0	Up to \$75
Lined Trifocal	\$0	Up to \$100
Polycarbonate lenses for children	\$0	
<b>Lens Enhancements</b>		
Standard Progressive Lenses	\$0	Up to \$75
Premium Progressive Lenses	\$80 - \$90	Up to \$75
Custom Progressive Lenses	\$120 - \$160	Up to \$75
Other lens enhancements	Savings of 35-40%	N/A
<b>Contacts (in lieu of glasses)</b>	\$150 allowance- elective	Up to \$105-elective
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price	N/A
<b>Frequency</b>		
Examination	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frames	Once every <b>24</b> months	Once every <b>24</b> months
Extra Savings: Get 30% off additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your Well Vision Exam. Or get 20% from any VSP provider within 12 months of your last Well Vision Exam.		

## FLEXIBLE SPENDING (HEALTH) ACCOUNT (FSA)

District 54 offers a Flexible Spending Account (FSA) program through Allied Benefit Systems that allows you to direct a portion of your pay, on a pretax basis, into a special separate account that can be used throughout the year for reimbursement of certain out-of-pocket health care expenses.

### WHAT ARE QUALIFIED FSA EXPENSES?

A list of expenses is available at the IRS website, [www.irs.gov](http://www.irs.gov) in IRS Publication 502, "Medical and Dental Expenses." Below are some examples of eligible expenses. This list is not all-inclusive.

- Acupuncture
- Alcohol & Drug Addiction Treatment
- Bandages
- Breast Pumps and Supplies
- Chiropractor
- Copays and deductibles
- Crutches
- Dental Treatment
- Doctor Visits
- Eyeglasses, contact lenses and exams
- Prescriptions
- Over-the-counter drugs (with a written prescription)
- Hearing Aids and Batteries
- Nursing Services
- Physical Therapy
- Psychiatric Care
- Smoking Cessation
- Thermometers
- And More!

IRS rules dictate that unspent funds at the conclusion of the plan year are forfeited back to the plan. This is referred to as the "use it or lose it" provision. You should carefully consider the amount of money you expect to pay out of pocket during the plan year to minimize the risk of forfeited funds. The maximum contribution for a health care FSA is \$2,750 for the 2020 plan year.

Note: there is a \$3.75 monthly maintenance fee for this account.

### FSA CASE STUDY

FSAs provide you with an important tax advantage that can help you pay for health care expenses on a pre-tax basis. The example that follows illustrates how you can save money with an FSA

*Bob and Jane live in Texas and have a combined annual gross income of \$60,000. They are married and file their income taxes jointly. Since Bob and Jane expect to spend \$3,000 in eligible medical expenses in the next plan year, they decide to direct a total of \$2,650 into their FSAs. The table demonstrates their savings.*

Your Estimated Tax Savings			
Without Healthcare FSA		With Healthcare FSA	
Gross Annual Pay	\$60,000	Gross Annual Pay	\$60,000
Estimated Tax Rate (20%)	(\$12,000)	Health FSA Contribution	(\$2,650)
Net Annual Pay	=\$48,000	Adjusted Gross Pay	=\$57,350
Estimated Annual Healthcare Expenses	(\$2,650)	Estimated Tax Rate (20%)	(\$11,470)
Final take-home pay	=\$45,350	Final Take Home Pay	=\$45,880
Take home this much more with a Health FSA:			\$530

## DEPENDENT CARE ACCOUNT (DCA)

Dependent care FSAs (DCAs) give you the ability to pay for work related-dependent care expenses with pretax dollars, which allows you to save on federal income taxes, FICA taxes and, as applicable, state income taxes. DCAs may provide you more tax advantages than the federal income tax credit. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately). Our DCA plan is administered by Allied Benefit Systems.

Note: there is a \$3.75 monthly maintenance fee for this account.

## WHAT ARE QUALIFIED DCA EXPENSES?

You can only use the dependent care account to receive reimbursement for the cost of care of a qualifying person. A qualifying person includes:

- Your dependent child under the age of 13, or
- Your spouse or dependent who is physically or mentally unable to care for him or herself. (This can include a parent.)

A list of expenses is available at the IRS website, [www.irs.gov](http://www.irs.gov) in IRS Publication 502, "Dependent Care." Below are some examples of eligible expenses. This list is not all-inclusive.

- Child Day Care
- Adult Day Care
- Summer Day Camps
- Transportation to and from eligible care



## BASIC LIFE INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you. District 54 provides full-time employees with \$50,000 Basic Life and Accidental Death & Dismemberment insurance through Standard Insurance Company. If you are benefit-eligible, but working less than full time, your benefit is prorated. Benefits are reduced at age 70 and terminate at your retirement. Upon termination of coverage, conversion to an individual policy may be available; contact Standard Insurance for details. This benefit is for employees only – no coverage is provided for spouse and/or children. The following highlights are not the complete policy provisions or definitions; any discrepancy will be governed by the policy language.

<b>Life Insurance Benefit Amount</b>	Full-time Employees: \$50,000 Part-time .5 FTE Employee: \$25,000
<b>Benefit Age Reduction</b>	At Age 70-74: 65% of benefit amount remains At Age 75-79: 45% of benefit amount remains At Age 80 and above: 30% of benefit amount remains
<b>Accidental Death &amp; Dismemberment Benefit Amount</b>	The amount of your AD&D benefit is equal to the amount of your Life Insurance Benefit. The amount payable for certain losses is less than 100%. See the policy certificate for details.
<b>Seat Belt and Air Bag Benefit:</b>	The Seat Belt Benefit is the lesser of \$10,000 or the amount of AD&D Insurance Benefit for loss of life. The amount of the Air Bag Benefit is the lesser of \$5,000 or the amount of AD&D Insurance Benefit payable for loss of life.
<b>Accelerated Death Benefit</b>	An Accelerated Benefit is available under certain criteria if you are terminally ill as a result of an illness which is reasonably expected to result in death within 12 months. See the policy certificate for details.
<b>Conversion and Portability Options to Continue Life Insurance</b>	You may have the right to continue your Life Insurance through Standard Insurance following termination of your coverage under this plan. There are certain restrictions and timelines that dictate your options. See the policy certificate for details.

**Beneficiary Designation:** It is important to keep your beneficiary designation current. You can change it at any time during the year by contacting Human Resources. A will, divorce decree, marriage or other family circumstances will not automatically update your beneficiary; you must make your requested changes in writing to Human Resources.

You can also make beneficiary changes online at <https://apps.sd54.org> >> Benefits >> Life Be sure to **Save** Changes.

## VOLUNTARY SUPPLEMENTAL LIFE INSURANCE

Beginning March 1, 2020, Schaumburg Community School District 54 Employees working at least 15 hours per week will have an opportunity to purchase additional Life Insurance on themselves and their spouse and/or children. The following highlights are not the complete policy provisions or definitions; any discrepancy will be governed by the policy language.

<p><b>Life Insurance Benefit Amount</b></p>	<p>Employee: Maximum benefit is \$250K in \$10k increments                  Spouse: Maximum benefit is \$30K in \$5k increments                  Child: Maximum benefit is \$10K</p>
<p><b>Life Guarantee Issue Amount</b>                  (Guaranteed only if you apply when initially eligible on March 1, 2019, or within 30 days of your date of hire)</p>	<p>Employee: \$250K                  Spouse: \$30K                  Child: \$10K  <i>If you waive the opportunity to purchase Voluntary Supplemental Life Insurance during your initial eligibility period, any request for coverage at a later date will be subject to medical review and possible denial.</i></p>
<p><b>Benefit Age Reduction</b>                  Applies to Employee &amp; Spouse based on Employee's age</p>	<p>At Age 70: To 65% of benefit amount remains                  At Age 75: To 45% of benefit amount remains                  At Age 80 and above: To 30% of benefit amount remains</p>
<p><b>Incremental Buy-Up Opportunity</b>                  Annually during Open Enrollment</p>	<p>If <u>you</u> are enrolled in the Voluntary Supplemental Life insurance for an amount less than the \$250K maximum, you may elect to increase your coverage by one or two increments, not to exceed \$250K, without having to answer health questions. If <u>your spouse</u> is enrolled in the Dependents Life insurance for an amount less than the \$30K maximum, you may elect to increase your spouse's coverage by one or two increments, not to exceed \$30K, without having to answer health questions. If your child(ren) is/are not currently enrolled in Dependents Life insurance, you may elect the maximum coverage amount of \$10K without having to answer health questions.</p>
<p><b>Accidental Death &amp; Dismemberment Benefit Amount</b></p>	<p>The amount of your AD&amp;D benefit is equal to the amount of your Life Insurance Benefit. The amount payable for certain losses is less than 100%. See the policy certificate for details.</p>
<p><b>Seat Belt and Air Bag Benefit:</b></p>	<p>The Seat Belt Benefit is the lesser of \$10,000 or the amount of AD&amp;D Insurance Benefit for loss of life.                  The amount of the Air Bag Benefit is the lesser of \$5,000 or the amount of AD&amp;D Insurance Benefit payable for loss of life.</p>
<p><b>Conversion and Portability Options to Continue Life Insurance</b></p>	<p>You may have the right to continue your Life Insurance through Standard Insurance following termination of your coverage under this plan. There are certain restrictions and timelines that dictate your options. See the policy certificate for details.</p>

**Beneficiary Designation:** It is important to keep your beneficiary designation current. You can change it at any time during the year by contacting Human Resources. A will, divorce decree, marriage or other family circumstances will not automatically update your beneficiary; you must make your requested changes in writing to Human Resources.

## DISABILITY INCOME BENEFITS

District 54 provides full-time employees with long-term disability income benefits to supplement any disability benefits you may be eligible for through your union or certification affiliation. District 54 pays for the full cost of long-term disability insurance.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. You must contact Human Resources within the first 6 months of disability to apply for this benefit. It is your responsibility to complete all paperwork and coordinate required information with your physician. Claim determinations are made by Standard Insurance Company. The following are highlights only and not the complete policy provisions or definitions; any discrepancy will be governed by the policy language.

	Long-term Disability
<b>Benefits Begin</b>	After 180 days
<b>Benefits Payable</b>	To Age 65 or Social Security Normal Retirement Age for disability beginning age 61 or younger; see policy for terms applicable when disability begins at age 62 or older.
<b>Percentage of Income Replaced</b>	60%
<b>Maximum Benefit</b>	\$12,500 Monthly for Full-time Employees; \$3,000 Monthly for Part-time Employees
<b>Benefit Offsets</b>	Your monthly benefit will be reduced by income received from other sources, including but not limited to: Income Continuation Sick Pay (including Sick Bank) TRS Disability IMRF Disability Social Security Partial Employment



## EMPLOYEE ASSISTANCE PROGRAM (EAP)



[www.wseap.com](http://www.wseap.com) / 1-877-215-6614

District 54 offers an Employee Assistance Program (EAP) provided through Workplace Solutions. This program, although sponsored and provided by District 54, is completely confidential. Your interactions with the EAP are not reported back to your employer. You can access these benefits 24 hours a day 7 days a week, either by phone or online including a mobile app. You can also find resources and self-help tools for your personal, family and work-related concerns on the EAP website.

### Confidential Counseling

- Anxiety
- Depression
- Emotional Health
- Effective Communication
- Family & Relationship Difficulties
- Grief
- Life Transitions
- Parenting Concerns
- Stress
- Substance Abuse

### Work-Life Balance

- Adoption Resources
- Career Transition Resources
- Child Care Options
- Education Resources
- Health & Wellness Information
- Home Health Care Services
- Home Maintenance
- Parenting Resources
- Pet Care Services
- Senior Housing Options

### Legal-Financial Fitness

- Bankruptcy
- Credit Report Review
- Debt Management
- Divorce & Custody Issues
- Estate Planning & Will Preparation
- Financial Counseling
- Financial Planning Resources
- Foreclosure
- Identity Theft Recovery
- Real Estate
- Small Claims

#### RESPONSIVE

Professional counselors are available to speak with you. Our team of caring professionals helps clarify the nature of your concern and presents the best options available to meet your needs.

#### CONFIDENTIAL

Your confidentiality is protected by federal and state law as well as our professional ethical standards. With very limited exceptions, disclosure of information to any source without prior written consent is prohibited.

#### 24|7 ACCESS

Support is available 24 hours a day, 7 days a week by calling our toll-free number: **877.215.6614**

#### ELIGIBILITY

Workplace Solutions' services are available to eligible employees and their dependents, as well as the eligible employee's household members.

#### COST

There is no cost to you or your eligible family members to utilize Workplace Solutions services.

Log In to the WORKPLACE SOLUTIONS PORTAL at [www.wseap.com](http://www.wseap.com)

Enter your organization's access code.

Gain access to hundreds of resources including:

- Webinars On Demand
- Work-Life & Legal-Financial resources
- Lifespeak On Demand video resources
- iConnectYou app

EMPLOYEE SERVICES

Enter access code

SD54

Log in

HR PROFESSIONAL

Enter access code

Log in

iConnectYou

Enter access code

39953

Download the app from the App Store (iOS) or Google Play Store (Android).

[www.wseap.com](http://www.wseap.com) | 877.215.6614   



## Maximizing Your EAP Resources

### Life Coaching ●●●

Engage in a thought-provoking creative process with a certified telephonic coach to navigate life's transitions and to maximize your personal and professional potential. An initial 45-60 minute session will start your 6 sessions with subsequent 30 minute follow-up sessions.

*Available in English and Spanish.*

### Aware Mindfulness-Based Stress Reduction ●●●

Aware is a unique research-based program that is an alternative modality of support for participants experiencing life stress, pain and challenges with focus and concentration. Through 6 weekly telephonic sessions, MBSR-trained health and wellness professionals provide one-on-one support and supply electronic resources for self-guided individual practice.

*Available in English and Spanish.*

### In My Hands: Computerized Cognitive Behavioral Therapy (cCBT) ●●●

In My Hands is an online self-paced program designed to help improve one's personal well-being, relationships and work and social roles. Seven online CBT sessions are delivered over the course of seven weeks, with scheduled e-mail and/or telephone support from qualified counselors and additional support as needed. Sessions include: Introduction to CBT; Self-Esteem and Thinking Styles; Low Mood and Depression; Stress and Anxiety; and Coping and Resilience. In My Hands makes extensive use of video and other multimedia elements and is easy to use.

*Currently available in English only.*

### Virtual Group Counseling ●●●

Connect with a group of 4-8 individuals experiencing similar issues for a 90 minute phone session once per week for a total of 8 weeks. For confidentiality reasons, no two people from the same organization will be invited to the same group. Participants can choose to participate anonymously in group sessions.

*Currently available in English only.*

### iConnectYou ●●●

Our free app provides information, resources and support at the touch of a button 24|7|365. You can access many program services through the app. The app supports calls, IM, text and video. Please find your passcode on the front side of this sheet.

*Available in English and Spanish. Video calls are staffed in English.*

**Bi-WEEKLY EMPLOYEE CONTRIBUTIONS (24 Pay Periods)**

**Based on Full-Time Employee Status**

<b>SEA Employees</b>		<b>SEA Employees</b>	
<b>Health Plan PPO</b>	<b>2020</b>	<b>Health Plan HMO Illinois</b>	<b>2020</b>
Employee Only	\$16.83	Employee Only	\$14.99
Employee Plus One	\$290.79	Employee Plus One	\$240.17
Family	\$332.91	Family	\$282.29
<b>SEEO and Non-Rep Employees</b>		<b>SEEO and Non-Rep Employees</b>	
<b>Health Plan PPO</b>	<b>2020</b>	<b>Health Plan HMO Illinois</b>	<b>2020</b>
Employee Only	\$0.00	Employee Only	\$0.00
Employee Plus One	\$323.10	Employee Plus One	\$266.85
Family	\$369.90	Family	\$313.65
<b>SEA / SEEO / Non-Rep</b>		<b>SEA / SEEO / Non-Rep</b>	
<b>Blue Care Dental HMO</b>	<b>2020</b>	<b>Delta Dental PPO</b>	<b>2020</b>
Employee Only	\$0.00	Employee Only	\$0.00
Family	\$30.50	Family	\$31.00
<b>SEA / SEEO / Non-Rep</b>		<b>SEA / SEEO / Non-Rep</b>	
<b>VSP Vision Care Plan</b>	<b>2020</b>	<b>Flexible Spending Accounts</b>	
Employee Only	\$5.50	Health Care Flex Account	Employee
Family	\$11.50	Dependent Care Flex Account	Choice

**Part Time Employees** cost-share on a pro-rated basis. Part-Time contributions can be found on [Google Drive](#).

*You can opt out of any benefit plan.*

\* Note if you *Opt Out*, you and your dependents will not be able to re-enroll until the next plan year, unless you qualify for a special enrollment period.

**For additional program rates and contributions,  
please refer to HR.**

## \*IMPORTANT NOTICES\*

### SPECIAL ENROLLMENT NOTICE

Federal HIPAA regulations require that we notify you about the following important provisions in your plans. Your Open Enrollment elections are locked in for the year unless you qualify under the HIPAA Special Enrollment provisions. You have the right to enroll in the plan under the Special Enrollment provisions without being considered a late enrollee if you acquire a new dependent, or, if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons:

#### **Loss of Other Coverage** (Excluding Medicaid or a State Children's Health Insurance Program)

If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or move out of the prior plan's HMO service area, or after the employer stops contributing toward the other coverage).

#### **Loss of Coverage For Medicaid or a State Children's Health Insurance Program**

If you are decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

#### **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption**

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

### DEPENDENT ELIGIBILITY TO AGE 26

Pursuant to the Affordable Care Act (ACA), an eligible child under the Health and Dental (and possibly Vision) plan includes a child under age 26 who is a natural child, step child, legally adopted child, child placed with you for adoption, or a child for whom you have been appointed legal guardian or have legal custody, or a child recognized under a Qualified Medical Child Support Order. There are no restrictions based on marital, financial or residency status; however, your dependent child's spouse and children are not eligible. Eligibility for a child is extended to age 30 for a Qualified Military Veteran. Check with Human Resources for the additional criteria for this extended eligibility.

### WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) OF 1998

The Women's Health and Cancer Rights Act of 1998, a federal law, provides certain rights to participants who have undergone a mastectomy. Specifically, a group health plan must provide benefits for all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction for the other breast to produce a symmetrical appearance, prostheses and treatment of physical complications relating to all stages of the mastectomy, including lymphedemas. Benefits for these items are generally comparable to those provided for similar types of medical services and supplies, and will be provided in a manner determined in consultation with the attending provider

and the patient. If you have any questions regarding these benefits, contact our plan administrator at the number on your ID card.

## **NOTICE OF PATIENT PROTECTIONS DISCLOSURE**

The District 54 HMO Medical Plan through Blue Cross Blue Shield requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in the Blue Cross Blue Shield network and who is available to accept you or your family members. Until you make this designation, Blue Cross Blue Shield designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Blue Cross Blue Shield at the number on your ID card.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Blue Cross Blue Shield or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Blue Cross Blue Shield at the number on your ID card.

## MEDICARE PART D NOTIFICATION

### Creditable Coverage Disclosure

Important Notice from District 54 About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with District 54 and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

---

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
  2. District 54 has determined that the prescription drug coverage offered by the District 54 plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
- 

#### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### **What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current District 54 coverage will not be affected. If you decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

#### **When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable Prescription Drug Coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that

coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer Prescription Drug Coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

- For more information about Medicare Prescription Drug Coverage, visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

**Date:** October 4, 2019  
**Name of Entity/Sender:** Schaumburg Community School District 54  
**Contact:** Nancy Rogers, Benefits Coordinator  
**Address:** 524 E. Schaumburg Road, Schaumburg, IL 60194

## Contact Information

### Medical- BCBS

Health PPO Customer Service: (800) 828-3116  
Health HMO Customer Service: (800) 892-2803  
Prescription Drug Inquiries: (800) 423-1973  
Prescription Mail Order Service: (800) 999-2655  
24/7 Nurse Line: (800) 299-0274  
MDLive Telehealth: (888) 676-4204

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

### BCBS Blue Care Dental HMO

Dental HMO Customer Service: (800) 323-7201

### Delta Dental PPO

PPO Customer Services: (800) 323-1743

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

### Vision-VSP

Vision Benefits/Claims/Provider Assistance: (800) 877-7195

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

### Flexible Spending Account - Allied Benefit Systems Dependent Care Account - Allied Benefit Systems

Member services: (800) 288-2078

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

### Employee Assistance Program - Workplace Solutions

Member Services: (877)215-6614

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

### Human Resources - Benefits

Nancy Rogers

[NancyRogers@sd54.org](mailto:NancyRogers@sd54.org)

### Family Medical Leave (FMLA)

Sue Longo

[SueLongo@sd54.org](mailto:SueLongo@sd54.org)

*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.*