SCHOOL DISTRICT 54

Ensuring Student Success

Employee

Benefit Guide

January 1, 2024 – December 31, 2024

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 Sue Longo in HR.

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Note:

District 54 Enrollment is on the Employee Navigator portal. Login from your District Google account:

www.employeenavigator.com/benefits/account/login

New users must register for an account and include the Company Identifier: SCSD54

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. Contact Sue Longo in HR if you have any questions regarding who is eligible.

- Legal Spouse or Civil Union Partner
- Dependent Children under the age of 26, married or unmarried
- Stepchildren 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 Employee Navigator. You will receive an email with directions to the registration / login page. We encourage everyone to complete the process online – this is the portal to confirm your benefit elections and capture your Beneficiary for Life Insurance benefits.

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; *even if you have Family coverage, don't forget to add your new 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).
- Losing or gaining other coverage, for example through a spouse's employer plan.

If you experience a Qualifying Life Event, be sure to **enter the Life Event on Employee Navigator** or contact Sue Longo in HR **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 PLAN (HMO)

BCBS of Illinois HMO Illinois Network	In-Network Your Responsibility	Out-of-Network 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
Prescription Drug Expense Limit (Single/Family)	$1,200/$3,000	N/A
Office/Clinic Visits		N/A
Office Visit – Primary or Specialist	$20 copay / $30 copay	N/A
Virtual Visits – not available for all HMO Groups	Availability varies by Medical Group	N/A
Preventive Care per the Affordable Care Act	No charge	N/A
Diagnostic Services		
Outpatient Laboratory	0%	N/A
Diagnostic Radiology	0%	N/A
Complex Imaging (CT/PET scans, MRIs)	0%	N/A
Emergency Services		
Urgent Care Visits – (through your Medical Group)	$50 copay	N/A
Emergency Room Services	$200 copay	$200 copay
Emergency Use of Ambulance	0%	N/A
Hospital Care		
Inpatient Hospital Services	$150/day copay for first 3 days	N/A
Outpatient Surgery	$100 copay	N/A
Infertility	Coverage for diagnosis and treatment per state law	
Mental Health/Substance Abuse		
Inpatient	$150/day copay for first 3 days	N/A
Outpatient	Benefit per type of service	N/A
Prescription Coverage – per 30-day supply	**Rx Copay**	
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)	$40	N/A
Preferred Specialty Drugs (P)	$75	N/A
Non-Preferred Specialty (NP)	$100	N/A
Mail Order (not available for some drugs)	90-day supply for 2x the Rx copay	

MEDICAL INSURANCE – PPO (Preferred Provider Organization Plan - PPO)

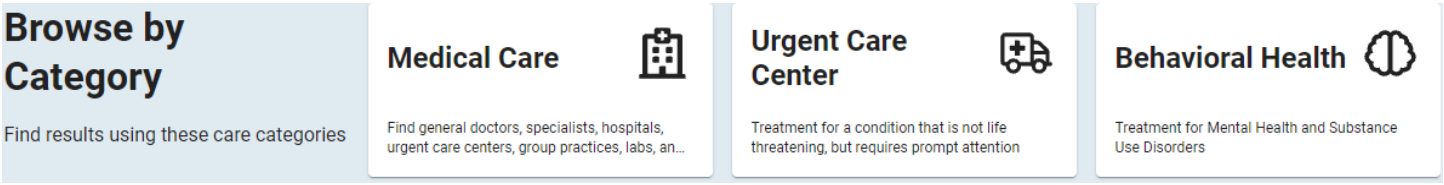
BCBS of Illinois Participating Provider Organization	In-Network Your Responsibility	Out-of-Network Your Responsibility
Deductible (Single/Family)	$750/$2,250	$2,000/$6,000
Coinsurance (amount You pay)	20% after Deductible	40% after Deductible
Out-of-Pocket Limit (Single/Family)* *Includes Deductible	$3,750/$7,000	$7,500/$11,250
Prescription Drug Expense Limit (Single/Family)	$1,500/$3,000	$1,500/$3,000
Office/Clinic Visits		
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
Diagnostic Services		
Outpatient Laboratory/Diagnostic Radiology	20% after deductible	40% after deductible
Complex Imaging (CT/PET scans, MRIs)	20% after deductible	40% after deductible
Emergency Services		
Urgent Care Center Visits	$50/visit copay	40% after deductible
Emergency Room Services	$200/visit copay	$200/visit copay
Emergency Use of Ambulance	20% after deductible	40% after deductible
Hospital Care		
Inpatient Hospital Services	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Infertility	Coverage for diagnosis only	Coverage for diagnosis only
Mental Health/Substance Abuse		
Inpatient	20% after deductible	40% after deductible
Outpatient	Per Type of Service	Per type of Service
Prescription Coverage – per 30-day supply	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)	$100	*** / ***
Mail Order (not available for some drugs)	90-day supply for 2x the Rx copay	Not Available

***Specialty Drugs should be obtained through Accredo Specialty Pharmacy. They can be reached by phone at (833) 721-1619.

BLUE CROSS BLUE SHIELD PROVIDER FINDER

1. Go to www.BCBSIL.com
2. Click on Find Care; then select Find a Doctor or Hospital
3. Either login to your Blue Access for Members account or click on Search as a Guest.
4. Click on the All Plans/Networks dropdown menu, then find the Network affiliated with your HMO or PPO Plan:
   a. HMO Illinois (HMO)
   b. Participating Provider Organization (PPO)

5. Select Browse by Category or, if checking a specific provider, enter the name.

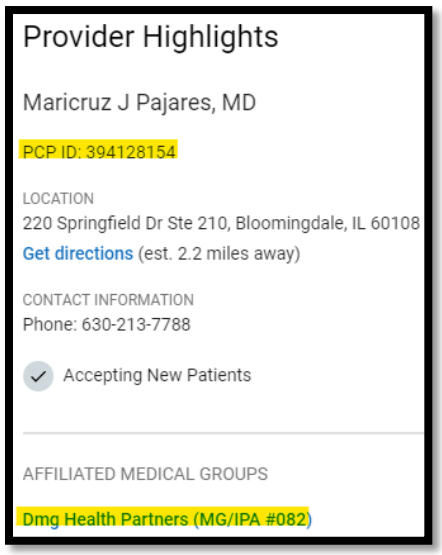


6. Select View Profile for complete details.

****HMO Enrollment Additional Instructions****

You will need the Medical Group and Primary Care Physician number to enroll.

1. Select Browse by Category > Medical Care > Medical Groups
2. Locate the Medical Group and note their **3-digit MG/IPA#**.
3. Click View Profile then scroll down to Affiliated Doctors to find your specific Primary Care Physician. Click View Profile to find the PCP#. Ensure the location matches your preference as Network status can vary by doctor office location.



If you enroll in the HMO plan, you **must** provide a 3-digit Medical Group Number and 9-digit PCP number to be assigned to your selected physician.

In Employee Navigator, you will enter the **3-digit MG/IPA#** followed by forward slash and **PCP#**.
Example – for Dmg Health Partners and Dr. Maricruz J. Pajares:

082 / 394128154

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 for a $40 copay

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.

Getting Started is Easy

You will need your BCBS Member ID Number to register.

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

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

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 BlueCare 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 BlueCare 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 BlueCare 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.

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

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-BlueCare Dental HMO

The following chart provides a summary of our **BlueCare DHMO 630 Plan.**

Find a Dental Care provider at **www.bcbsil.com.**

Dental HMO		
Benefits Per Plan Year	**In-Network**	**Out-of-Network**
Annual Deductible	No Deductible	**No Coverage <u>except</u> for Emergency Treatment**
Annual Maximum	No Annual Maximum	
Class I: Diagnostic & Preventive		
Oral Examinations Cleanings Fluoride (child to age 19) Full Mouth / Bitewing X-rays Space Maintainers Sealants	$0 Copayment	N/A
Class II: Basic Restorative Services		
Periodontal Maintenance Periodontal Surgery Amalgam & Composite Fillings Simple Extractions Root Canal	Copayment based on Type of Service	N/A
Class III: Major Restorative Services		
Crowns Dentures Bridges Implants	Copayment based on Type of Service	N/A
Class IV: Orthodontics		
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 20th of the month will be effective the 1st of the following month.

DENTAL -Delta Dental PPO

The following chart provides a summary of 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.

Delta Dental PPO Plan #00733-00001 Benefits Per Plan Year	Delta PPO Dentist	Delta Premier Dentist	Out-of-Network
Annual Deductible Annual Maximum	$25 / $75 $1,000	$25 / $75 $1,000	$25 / $75 $1,000
Class I: Diagnostic & Preventive			
Oral Examinations Cleanings Fluoride (children to age 14) Full Mouth / Bitewing X-rays Space Maintainers	Plan pays 100% of Reduced Fee[1] (deductible does not apply)	Plan pays 100% of Maximum Plan Allowance[2] (deductible does not apply)	Plan pays 100% of Maximum Plan Allowance[3] (deductible does not apply)
Class II: Basic Restorative Services			
Sealants (to age 16) Periodontics Endodontics Amalgam & Composite Fillings Simple Extractions	Plan pays 80% of Reduced Fee[1]	Plan pays 80% of Maximum Plan Allowance[2]	Plan pays 80% of Maximum Plan Allowance[3]
Class III: Major Restorative Services			
Crowns Dentures (12-month waiting period) Bridges (12-month waiting period)	Plan pays 50% of Reduced Fee[1]	Plan pays 50% of Maximum Plan Allowance[2]	Plan pays 50% of Maximum Plan Allowance[3]
Class IV: Orthodontics			
Orthodontics (Dependent children to age 19) Orthodontic Lifetime Maximum	Plan pays 50% of Reduced Fee[1] $500	Plan pays 50% of Maximum Plan Allowance[2]	Plan pays 50% of Maximum Plan Allowance[3]

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 or call 800.877.7195. Our plan uses the VSP Signature Network and 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 **Contact Lens Fitting & Exam**	$0 copay $60 maximum copay	Up to $50
Frames	$170 allowance; $190 allowance for featured frame brands; 20% discount on the excess; $95 Costco & Walmart frame allowance	Up to $70
Lenses Single Vision Lined Bifocal Lined Trifocal Polycarbonate lenses for children	 $0 $0 $0 $0	 Up to $50 Up to $75 Up to $100
Lens Enhancements Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses Other lens enhancements	 $0 $80 - $90 $120 - $160 Savings of 35-40%	 Up to $75 Up to $75 Up to $75 N/A
Contacts (in lieu of glasses) Laser Vision Correction	$150 allowance- elective Average 15% off the regular price or 5% off the promotional price	Up to $105-elective N/A
LIGHTCARE	$170 allowance for ready-made non-prescription sunglasses, or ready made non-prescription blue light filtering glasses, **instead of** prescription glasses or contacts	N/A
Frequency Examination Lenses or Contact Lenses Frames	 Once every 12 months Once every 12 months Once every **24** months	 Once every 12 months Once every 12 months Once every **24** 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 ACCOUNT (FSA)

District 54 offers a Flexible Spending Account (FSA) through Allied Benefits that allows you to direct a portion of your pay, on a pre-tax basis, into a special separate account that can be used throughout the year to obtain reimbursement for certain out-of-pocket health care. Below are some examples of eligible expenses; this is not an all-inclusive list. Refer to the IRS website for further specifics.

Healthcare expenses:

- Allergy medications, treatments and products
- Ambulance and emergency health services
- Birth control (over-the-counter, prescription or other)
- Body scan
- Chiropractic care
- Co-insurance (dental, medical, prescription or vision plans)
- Contact lenses and solutions
- Deductible (for dental, medical, prescription or vision plans)
- Dermatology treatments and products
- Eye examinations
- Eyeglasses (prescription)
- Flu shots
- Hospital services and fees
- Immunizations
- Insulin, testing materials and supplies
- Lab (medical)
- Office visits (chiropractic, dental, medical, psych/ therapy and vision)
- Physical exams
- Prescription co-insurance
- Psych/therapy
- Smoking cessation (counseling, prescription drugs and programs)
- Speech therapy
- Vaccinations
- Vision care
- Wheelchair and repairs
- X-ray fees (dental and medical)

Included: Over-the-counter medication without a prescription, feminine hygiene products and PPE. Check out FSAstore.com for an online store of eligible products.

Monitor your account balance at www.alliedbenefit.com

USE IT OR LOSE IT RULES

IRS rules dictate that unspent funds at the end of the Plan year forfeit back to the Plan. District 54 offers a grace period that allows members to continue to spend down their accounts with expenses incurred up to March 15 of the following year; all claims must be submitted to Allied by March 31. You should only contribute the amount of money you expect to pay out of pocket during the year. **The maximum contribution for a Health FSA is $3,050 for the 2023 Plan year – the 2024 maximum is pending at time of printing but will be controlled in your online enrollment process.**

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 pre-tax dollars, which allows you to save on federal income tax, FICA tax 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).**

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 qualifying expenses for a qualifying person. A qualifying person includes:

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

Qualifying expenses must be necessary care to allow you to work – not convenience or social events.	
Child Day Care	Before or after school program
Adult Day Care	Babysitting
Summer Day Camps	Babysitting by your relative who is not a tax dependent
Transportation to and from eligible care	Nursery school
Sick child care	Preschool
Au Pair	Registration fees (required for eligible care, after actual services are received)

USE IT OR LOSE IT RULES

IRS rules dictate that unspent funds at the end of the Plan year forfeit back to the Plan. District 54 offers a grace period that allows members to continue to spend down their accounts with eligible expenses incurred up to March 15 of the following year; all claims must be submitted to Allied by March 31.

Monitor your account balance at www.alliedbenefit.com

Eligible if a work-related expense

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.

Life Insurance Benefit Amount	Full-time Employees: $50,000 Part-time .5 FTE Employee: $25,000
Benefit Age Reduction	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
Accidental Death & Dismemberment Benefit Amount	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.
Seat Belt and Air Bag Benefit:	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.
Accelerated Death Benefit	An Accelerated Benefit is available under certain criteria if you are terminally ill because of an illness which is reasonably expected to result in death within 12 months. See the policy certificate for details.
Conversion and Portability Options to Continue Life Insurance	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 in Employee Navigator. Access your Home Screen and select Life Events. There is a link for Beneficiaries under Benefit Forms. A will, divorce decree, marriage or other family circumstances will not automatically update your beneficiary.

You can view and change beneficiary in the Employee Navigator portal at any time throughout the year.

VOLUNTARY SUPPLEMENTAL LIFE INSURANCE

Open Enrollment in FEBRUARY 2024: 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.

Life Insurance Benefit Amount	Employee: Maximum benefit is $250K in $10k increments Spouse: Maximum benefit is $30K in $5k increments Child: Maximum benefit is $10K
Life Guarantee Issue Amount (Guaranteed only if you apply when initially eligible on March 1, 2019, or within 30 days of your date of hire)	Employee: $250K Spouse: $30K Child: $10K *If you waive the opportunity to purchase Voluntary Supplemental Life Insurance during your initial eligibility period, any request for coverage later will be subject to medical review and possible denial.*
Benefit Age Reduction Applies to Employee & Spouse based on Employee's age	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
Incremental Buy-Up Opportunity Annually during Open Enrollment	If you 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 your spouse 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.
Accidental Death & Dismemberment Benefit Amount	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.
Seat Belt and Air Bag Benefit:	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.
Conversion and Portability Options to Continue Life Insurance	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 on the Employee Navigator portal, under Life Events / Benefit Forms.

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.

If 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
Benefits Begin	After 180 days
Benefits Payable	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.
Percentage of Income Replaced	60%
Maximum Benefit	$12,500 Monthly for Full-time Employees; $3,000 Monthly for Part-time Employees
Benefit Offsets	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)

WorkplaceSolutions®

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.

WE GOT THIS.

Log in to the **Workplace Solutions portal** at **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	HR PROFESSIONAL	iConnectYou
Enter access code	Enter access code	Enter access code
SD54		39953
Log in	Log in	Download the app from the App Store (iOS) or Google Play Store (Android).

Maximize your EAP Resources

WorkplaceSolutions®

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.

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.

www.wseap.com | 877.215.6614

Bi-WEEKLY EMPLOYEE CONTRIBUTIONS (24 Pay Periods)

Based on Full-Time Employee Status

SEA Employees Health Plan PPO	2024	SEA Employees Health Plan HMO Illinois	2024
Employee Only	$18.03	Employee Only	$16.06
Employee + Spouse	$311.40	Employee + Spouse	$257.38
Employee + Child(ren)	$311.40	Employee + Child(ren)	$257.38
Family	$356.66	Family	$302.43
SEEO and Non-Rep Employees Health Plan PPO	**2024**	**SEEO and Non-Rep Employees Health Plan HMO Illinois**	**2024**
Employee Only	$0.00	Employee Only	$0.00
Employee + Spouse	$342.64	Employee + Spouse	$283.20
Employee + Child(ren)	$342.64	Employee + Child(ren)	$283.20
Family	$392.45	Family	$332.78
SEA / SEEO / Non-Rep BlueCare Dental HMO	**2024**	**SEA / SEEO / Non-Rep Delta Dental PPO**	**2024**
Employee Only	$0.00	Employee Only	$0.00
Family	$30.50	Family	$31.00
SEA / SEEO / Non-Rep VSP Vision Care Plan	**2024**	**SEA / SEEO / Non-Rep Flexible Spending Accounts**	**2024**
Employee Only	$5.50	Health Care Flex Account	Employee Choice
Family	$11.00	Dependent Care Flex Account	

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 ableto re-enroll until the next plan year, unless you qualify for a special enrollment period.

For additional program rates and contributions, please reach out to Sue Longo in 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 declining 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 because 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, stepchild, 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.

MOTHERS AND NEWBORNS ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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 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.
- 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, 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 you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 5, 2023
Name of Entity/Sender:	Schaumburg Community School District 54
Contact:	Sue Longo, 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
Express Scripts Pharmacy Mail Order:	(833) 715-0942 or Esrx.com/BCBSIL
24/7 Nurse Line:	(800) 299-0274
MDLive Telehealth:	(888) 676-4204

www.BCBSIL.com

BCBS BlueCare Dental HMO

Dental HMO Customer Service: (800) 323-7201

Delta Dental PPO

PPO Customer Services: (800) 323-1743

www.deltadentalil.com

Vision-VSP

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

www.vsp.com

Flexible Spending Account - Allied Benefit Systems

Dependent Care Account - Allied Benefit Systems

Member services: (800) 288-2078

www.alliedbenefit.com

Employee Assistance Program - Workplace Solutions

Member Services: (877) 215-6614

www.wseap.com

Human Resources - Benefits

Sue Longo

SueLongo@sd54.org

Family Medical Leave (FMLA)

Sue Longo

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.