



# Employee Benefit Guide

*January 1, 2025 - December 31, 2025*



**SCHOOL DISTRICT 54**

*Ensuring Student Success*

# 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, 2025. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to Sandy Riggs in HR.

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## 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 Sandy Riggs 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

- District 54 conducts enrollment through Employee Navigator.
- **Open Enrollment for 2025 will take place from 11/1/2025-11/15/2025.**
- You will receive an email with directions to the registration / login page.
  - [www.employeenavigator.com/benefits/account/login](http://www.employeenavigator.com/benefits/account/login)
- New users must register for an account and include the Company Identifier: **SCSD54**

## 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 Sandy Riggs 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
  - FSA and DCA elections will need to be made annually.

# MEDICAL INSURANCE – HMO



| BCBS of Illinois<br>HMO Illinois Network          | In-Network<br>Your Responsibility                  | Out-of-Network<br>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                           |
| <b>Office/Clinic Visits</b>                       |  | N/A                           |
| Office Visit – Primary or Specialist              | \$20 copay / \$30 copay                            | N/A                           |
| Virtual Visits                                    | 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 Visits – (through your Medical Group) | \$20   | N/A                           |
| Emergency Room Services                           | \$200  | \$200                         |
| Emergency Use of Ambulance                        | 0%   | N/A                           |
| <b>Hospital Care</b>                              |  |                               |
| Inpatient Hospital Services                       | \$150/day copay for first 3 days                   | N/A                           |
| Outpatient Surgery                                | \$100 copay  | N/A                           |
| <b>Infertility</b>                                | Coverage for diagnosis and treatment per state law | N/A                           |
| <b>Mental Health/Substance Abuse</b>              |  |                               |
| Inpatient   | \$150/day copay for first 3 days                   | N/A                           |
| Outpatient  | \$20 Copay   | 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)                    | \$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                  |                               |



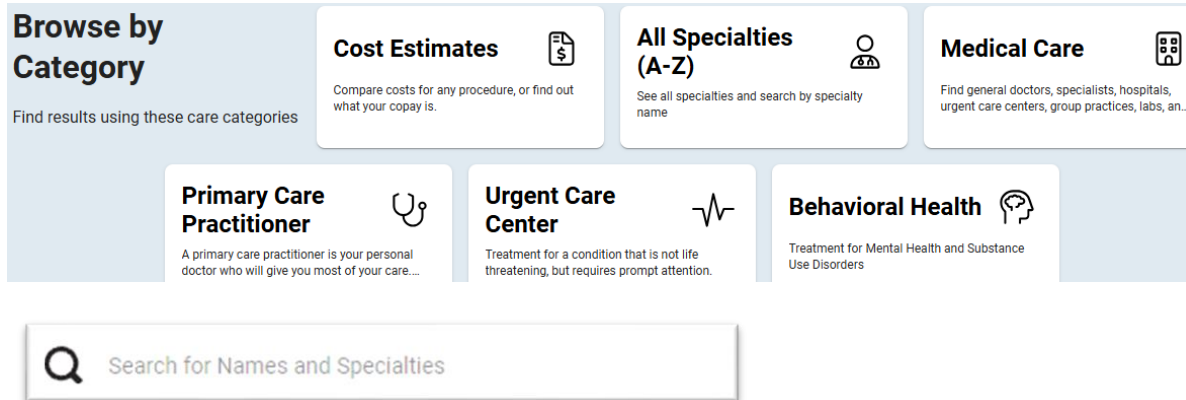
# MEDICAL INSURANCE – PPO



| BCBS of Illinois<br>Participating Provider Organization   | In-Network<br>Your Responsibility                  | Out-of-Network<br>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)*<br>*Includes Deductible  | \$3,750/\$7,000                                    | \$7,500/\$11,250                      |
| Prescription Drug Expense Limit (Single/Family)   | \$1,500/\$3,000                                    | \$1,500/\$3,000                       |
| <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/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   | \$200/visit copay                                  | \$200/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>Infertility</b>  | Coverage for diagnosis only                        | Coverage for diagnosis only           |
| <b>Mental Health/Substance Abuse</b>  |  |                                       |
| Inpatient   | 20% after deductible                               | 40% after deductible                  |
| Outpatient  | 20% after deductible                               | 40% after deductible                  |
| <b>Prescription Coverage – per 30-day supply</b>  | Preferred  | Non –Prefer. 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 |                                       |
| *** <b>Specialty Drugs</b> should be obtained through Accredo Specialty Pharmacy. They can be reached by phone at (833) 721-1619. |  |                                       |

# PROVIDER FINDER

1. Go to [www.BCBSIL.com](http://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. Confirm your location and plan. Click [Change Selection](#) to change location and/or plan. To find the Network affiliated with your HMO or PPO Plan select [Employer Plans](#), then [State](#), then [HMO](#) or [PPO](#), and then:
  - a. [HMO Illinois \(HMO\)](#)
  - b. [Participating Provider Organization \(PPO\)](#)
5. Select [Browse by Category](#) or, if checking a specific provider, [Search for Names and Specialties](#).



**Browse by Category**  
Find results using these care categories

- Primary Care Practitioner**  
A primary care practitioner is your personal doctor who will give you most of your care...
- Urgent Care Center**  
Treatment for a condition that is not life threatening, but requires prompt attention.
- Behavioral Health**  
Treatment for Mental Health and Substance Use Disorders
- Medical Care**  
Find general doctors, specialists, hospitals, urgent care centers, group practices, labs, an...
- All Specialties (A-Z)**  
See all specialties and search by specialty name
- Cost Estimates**  
Compare costs for any procedure, or find out what your copay is.

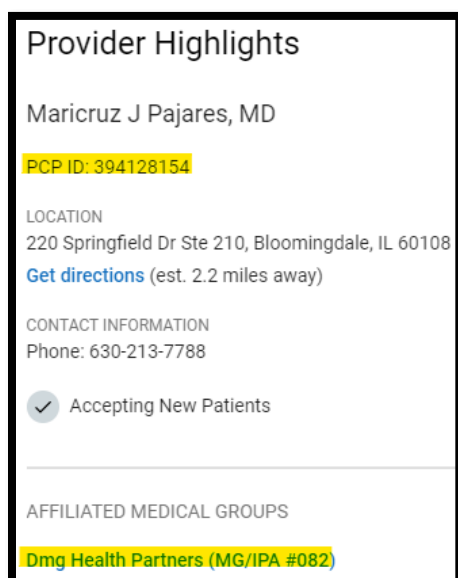
Search for Names and Specialties

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.



**Provider Highlights**

Maricruz J Pajares, MD

**PCP ID:** 394128154

**LOCATION**  
220 Springfield Dr Ste 210, Bloomingdale, IL 60108  
[Get directions](#) (est. 2.2 miles away)

**CONTACT INFORMATION**  
Phone: 630-213-7788

☒ Accepting New Patients

**AFFILIATED MEDICAL GROUPS**  
**Dmg Health Partners (MG/IPA #082)**

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.”

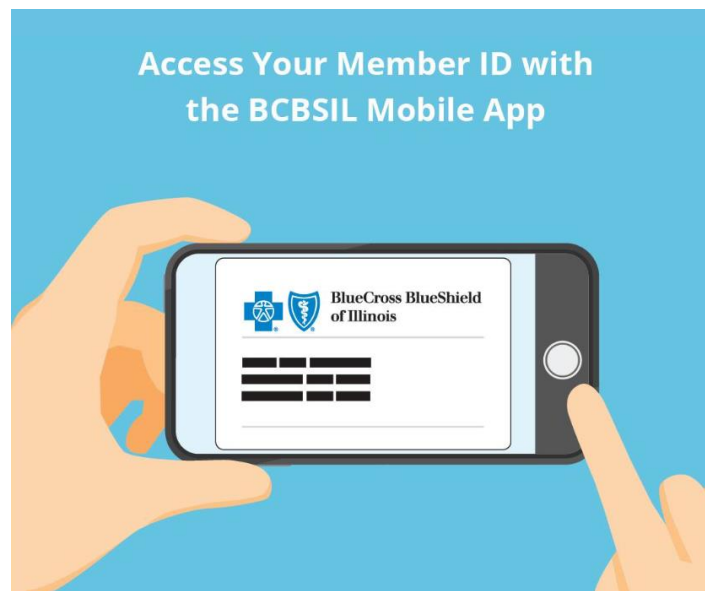
# BLUE ACCESS FOR MEMBERS (BAM)



Blue Access for Members is your secure online portal where you can manage your health coverage. With BAM you can view all your health plan information instantly from home! Now, your BAM account can be accessed on your smartphone with the Blue Cross and Blue Shield of Illinois Mobile App.

Once you've downloaded and logged in to your BCBSIL Mobile App, you have access to these resources!

- View a temporary ID Card
- Find doctors, health care providers, pharmacies, and hospitals
- Access your claims and coverage information
- View your prior authorization information



The below QR codes will download the phone app.  
You will need your member ID if you are registering for the first time.

**Blue Cross and Blue Shield of Illinois**

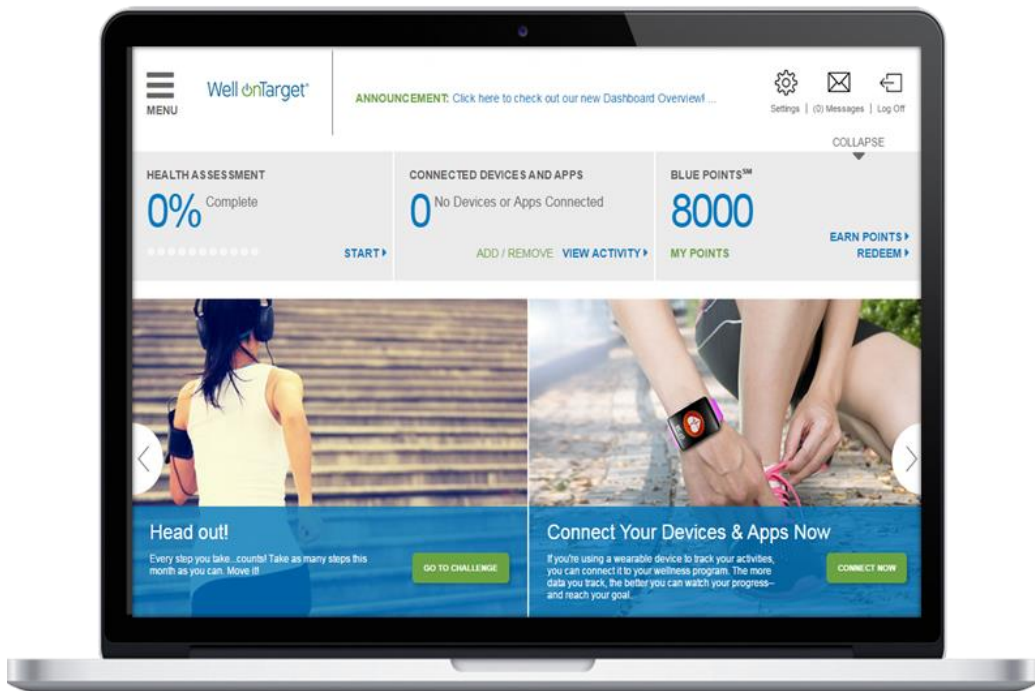


**Use the green QR codes for Google Play**

**Use the black QR codes for the App Store**

### Portal Highlights

- Health Assessment
- Member dashboard
- Self-directed courses
- Trackers and tools
- Interactive symptom checker
- Health & wellness content
- Food and exercise diary
- Social networking
- Text messaging
- Blue Points
- Fitness Program
- Monthly Challenge Competitions



### Well onTarget Fitness Program



**Use the green QR codes for Google Play**

**Use the black QR codes for the App Store**



# BLUE 365- DISCOUNT PROGRAM



Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Illinois (BCBSIL) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at [blue365deals.com/bcbsil](http://blue365deals.com/bcbsil), weekly “Featured Deals” will be emailed to you. These deals offer special savings for a short period of time.

## **Below are some of the ongoing deals offered through Blue365.**

### **EyeMed® | Davis Vision®**

You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

### **Dental Solutions**

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.\*

### **TruHearing® | Beltone™ | Start Hearing**

You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

### **Sun Basket | Nutrisystem®**

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

### **Fitbit®**

You can customize your workout routine with Fitbit’s family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You’ll get a 20% discount on Fitbit devices plus free shipping.

### **Livekick**

Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 30% off a monthly plan on any Live Online Personal Training.

### **Reebok | SKECHERS®**

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men’s and women’s styles. You can get 30% off plus free shipping for your online orders.

### **eMindful**

Get up to a 50% discount on any of eMindful’s live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

### **InVite® Health**

InVite Health offers quality vitamins and supplements, educational resources and a team of health care experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements.

# PHARMACY INFORMATION

Blue Cross and Blue Shield of Illinois (BCBSIL) utilizes **Prime Therapeutics** as their pharmacy benefit manager to help contain rising drug costs and maintain and improve the quality of care delivered to members. Members can access pharmacy benefits by registering on the BCBSIL member portal or by registering directly with Prime.

Website [www.Myprime.com](http://www.Myprime.com)

➤ The benefits to setting up a Prime Therapeutic's online account:

- Access to drugs listing covered under your plan
- Access to prescription history
- Access to cost of drugs
- Access to finding a pharmacy
- Access to setting up Home Delivery with **Express Scripts**
  - Members should ask their doctor for a prescription for a 90-day supply of each of their long-term medicines. They can ask their doctor to send their prescription electronically to Express Scripts® Pharmacy, call 888-327-9791 for faxing instructions or call the pharmacy at 833-715-0942.
  - If they need to start their medicine right away, they have the option of requesting a prescription for up to a one-month supply and filling it at a local retail pharmacy.
  - Website: [https://www.express-scripts.com/rx?r=www\\_esrx\\_com](https://www.express-scripts.com/rx?r=www_esrx_com)
- Access to setting up Specialty Drugs with **Accredo**
  - You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to Accredo. To start using Accredo, call 833-721-1619. An Accredo representative will work with your doctor on the rest.
  - Once registered, you can manage your prescriptions on [accredo.com](http://accredo.com) or through the mobile app.
  - Website: <https://www.accredo.com/getting-started>

# FLEX ACCESS- (PPO PLAN ONLY)



FlexAccess is a cost assistance program designed to help members lower their costs when taking certain high-cost medications. This program is part of the Blue Cross and Blue Shield of Illinois (BCBSIL) PPO health plan District #54 offers.

## Get the Most from the FlexAccess Program

- If you or your dependents take one or more of the medications in the BCBSIL program, you may get a letter or, in some cases, a phone call from the FlexAccess team to help you get started.
- The team will review your cost share (what you pay when you buy your prescription) at the pharmacy you use now. The new amount you would pay may be as low as \$0.
- You should speak with FlexAccess, even if you are using a drug manufacturer's coupon now, to make sure you are paying the lowest cost.
- Participating in this program is your choice. If you don't take part, you may pay the copay in place on the plan today.

Call FlexAccess at **888-302-3618**, M-F, 7 a.m. to 7 p.m. CT, or

Email FlexAccess Member Services at [member.services@flexaccessrx.com](mailto:member.services@flexaccessrx.com) to ask any questions or find out if your prescription drug is part of this program.

## Start Saving Money on High-Cost Medications with FlexAccess™



# MDLIVE– (PPO PLAN ONLY)

Powered by  
**MDLIVE®**

## Reach a Doctor 24/7/365 for a \$40 copay

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<sup>SM</sup> or **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

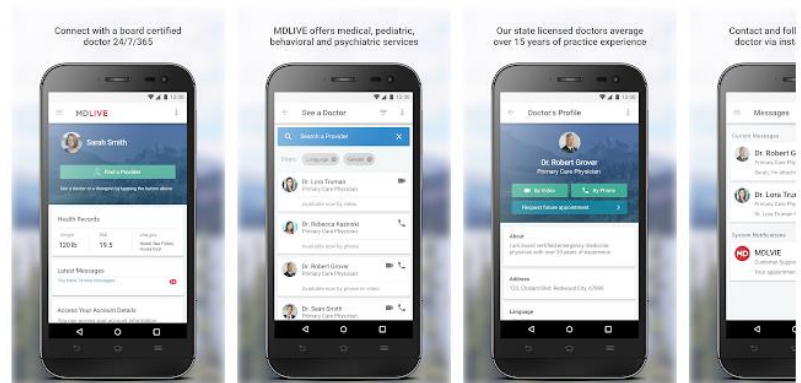
★★★★★ 905

Everyone

Add to Wishlist

Install

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



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

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

# DENTAL INSURANCE

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](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.



Delta Dental Mobile App



Use the green QR codes for Google Play

Use the black QR codes for the App Store



# DENTAL DHMO



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

Find a Dental Care provider at [www.bcbsil.com](http://www.bcbsil.com).

| Dental HMO                                   |   |  |
|--|---|--|
| Benefits Per Plan Year                       | In-Network  | Out-of-Network                                       |
| Annual Deductible                            | No Deductible                                     | No Coverage <u>except</u> for<br>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<br>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<br>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<br>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 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](http://www.deltadentalil.com).

| Delta Dental PPO Plan #00733-00001<br>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<br>Reduced Fee*<br>(deductible does not<br>apply) | Plan pays 100% of<br>Maximum Plan<br>Allowance**<br>(deductible does not<br>apply) | Plan pays 100% of<br>Maximum Plan<br>Allowance***<br>(deductible does not<br>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<br>Reduced Fee*                                    | Plan pays 80% of<br>Maximum Plan<br>Allowance**                                    | Plan pays 80% of<br>Maximum Plan<br>Allowance***                                    |
| Periodontics   |   |  |   |
| Endodontics  |   |  |   |
| Amalgam & Composite Fillings                                 |   |  |   |
| Simple Extractions   |   |  |   |
| <b>Class III: Major Restorative Services</b>                 |   |  |   |
| Crowns   | Plan pays 50% of<br>Reduced Fee*                                    | Plan pays 50% of<br>Maximum Plan<br>Allowance**                                    | Plan pays 50% of<br>Maximum Plan<br>Allowance***                                    |
| Dentures (12-month waiting period)                           |   |  |   |
| Bridges (12-month waiting period)                            |   |  |   |
| <b>Class IV: Orthodontics</b>                                |   |  |   |
| Orthodontics (Dependent children to<br>age 19)               | Plan pays 50% of<br>Reduced Fee*                                    | Plan pays 50% of<br>Maximum Plan<br>Allowance**                                    | Plan pays 50% of<br>Maximum Plan<br>Allowance***                                    |
| Orthodontic Lifetime Maximum                                 |   |  |   |

\*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's allowed PPO fee. PPO network dentists cannot charge you for costs exceeding the PPO fee.

\*\*Delta Dental Premier dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. Premier dentists may not charge you for costs exceeding the maximum plan allowance.

\*\*\*Non-network dentists (non-Delta Dental PPO/non-Delta Dental Premier) do not agree to accept Delta Dental's allowed fees as payment in full; payment is based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. These dentists can charge you for costs exceeding the maximum plan allowance.

# VISION INSURANCE



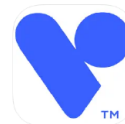
District 54 vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. For a list of in network providers, use the Provider Locator on [www.vsp.com](http://www.vsp.com)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

| VSP  | In-Network<br>Member Costs   | Out-of-Network<br>Reimbursement |
|--|--|---------------------------------|
| Well Vision Exam<br>Contact Lens Fitting & Exam  | \$0 copay<br>\$60 maximum copay  | Up to \$50                      |
| Frames   | \$170 allowance;<br>\$190 allowance for featured frame brands;<br>20% discount on the excess;<br>\$95 Costco & Walmart frame allowance   | Up to \$70                      |
| Lenses   |  |                                 |
| Single Vision  | \$0  | Up to \$50                      |
| Lined Bifocal  | \$0  | Up to \$75                      |
| Lined Trifocal   | \$0  | Up to \$100                     |
| Polycarbonate lenses for children  | \$0  |                                 |
| Lens Enhancements  |  |                                 |
| 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                             |
| Contacts (in lieu of glasses)  | \$150 allowance- elective  | Up to \$105-elective            |
| Laser Vision Correction  | Average 15% off the regular price or 5%<br>off the promotional price   | N/A                             |
| LIGHTCARE  | \$170 allowance for ready-made <b>non-prescription sunglasses</b> , or ready-made <b>non-prescription blue light filtering glasses</b> , instead of prescription glasses or contacts | N/A                             |
| Frequency  |  |                                 |
| 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. |  |                                 |

VSP Vision Care On the Go

Use the green QR codes for Google Play

Use the black QR codes for the App Store



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

# BASIC LIFE AD&D 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<br>Part-time .5 FTE Employee: \$25,000  |
| Benefit Age Reduction   | At Age 70-74: 65% of benefit amount remains<br>At Age 75-79: 45% of benefit amount remains<br>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.<br>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 as your life circumstances change due to marriage, birth/adoption of a child, divorce, etc. You can change it at any time during the year on the Employee Navigator portal, under Life Events / Benefit Forms.





# VOLUNTARY LIFE AD&D INSURANCE



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<br>Spouse: Maximum benefit is \$30K in \$5k increments<br>Child: Maximum benefit is \$10K  |
| Life Guarantee Issue Amount<br>(Guaranteed only if you apply when initially eligible, or within 30 days of your date of hire) | Employee: \$250K<br>Spouse: \$30K<br>Child: \$10K<br><i>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.</i>   |
| Benefit Age Reduction<br>Applies to Employee & Spouse based on Employee's age   | At Age 70: To 65% of benefit amount remains<br>At Age 75: To 45% of benefit amount remains<br>At Age 80 and above: To 30% of benefit amount remains  |
| Incremental Buy-Up Opportunity<br>Annually during Open Enrollment   | 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. |
| Accidental Death & Dismemberment<br>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.<br>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<br>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 as your life circumstances change due to marriage, birth/adoption of a child, divorce, etc. You can change it at any time during the year on the Employee Navigator portal, under Life Events / Benefit Forms.

# FLEXIBLE SPENDING ACCOUNT (FSA)



District 54 is pleased to provide employees access to a Health Flexible Spending Account (FSA) through Allied. You are not taxed on the money put in the FSA and you can use the account to pay for qualified out-of-pocket health care costs, such as:

- Copays, coinsurance, deductibles
- Dental and orthodontia
- Eye exams, contact lenses, eyeglasses
- Prescriptions
- Over-the-counter medical supplies
- Lasik
- And more! View the full list of eligible expenses:
  - [www.irs.gov/publications/p502/](http://www.irs.gov/publications/p502/)

Monitor your account balance at [www.alliedbenefit.com](http://www.alliedbenefit.com)

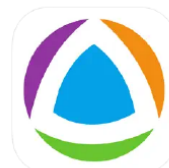
## IMPORTANT INFORMATION:

- The FSA plan runs from January 1, 2025, through December 31, 2025
- The Maximum Contribution is \$3,300
- You must predict your expenses for the plan year, and you cannot change your election throughout the plan year unless there is a qualifying life event
- You will get a debit card mailed to your home
- There is a phone app through Allied where you can see all account balances and claim information
- You have access to your entire election at the start of the plan
- The use it or lose it rule applies. Any unspent funds available at the end of the Plan year will revert to School District #54.
- The FSA plan offers a grace period that allows members (2½ months after the plan year-end) to continue to spend down funds with eligible expenses incurred up to March 15, 2026.
- March 31, 2026, is the last day (90 days after the plan year-end) you can submit any final documents for reimbursement for claims incurred between January 1, 2025, through March 15, 2026.
- If you terminate employment, expenses incurred prior to the termination date are reimbursable and may be submitted to Allied up to 90 days after the end of the Plan Year. Expenses incurred after the termination date are only reimbursable if you elect COBRA continuation coverage
- There is a monthly administrative cost for this benefit of \$3.75

## My Allied Portal

Use the green QR codes for Google Play

Use the black QR codes for the App Store



# DEPENDENT CARE ACCOUNT (DCA)



Dependent Care Accounts (DCAs) give you the ability to pay for work-related dependent care expenses with pre-tax dollars. Qualified expenses include:

- Child Day Care
- Adult Day Care
- Summer Camps
- Before and After School Programs
- Preschool
- Registration Fees
- And more! View the full list of eligible expenses:
  - [www.irs.gov/publications/p502/](http://www.irs.gov/publications/p502/)

:

Monitor your account balance at [www.alliedbenefit.com](http://www.alliedbenefit.com)

## IMPORTANT INFORMATION:

- The DCA plan runs from January 1, 2025, through December 31, 2025
- The Maximum Contribution is \$5,000 per household filing jointly.
- The Maximum Contribution is \$2,500 if filing individually.
- You must predict your expenses for the plan year, and you cannot change your election throughout the plan year unless there is a qualifying life event
- There is a phone app through Allied where you can see all account balances and claim information
- Funds are placed in your account via payroll deductions. You may spend the benefit as it is accrued
- The use it or lose it rule applies. Any unspent funds available at the end of the Plan year will revert to School District #54.
- The DCA plan offers a grace period that allows members (2½ months after the plan year-end) to continue to spend down funds with eligible expenses incurred up to March 15, 2026.
- March 31, 2026, is the last day (90 days after the plan year-end) you can submit any final documents for reimbursement for claims incurred between January 1, 2025, through March 15, 2026.
- Qualified dependents for DCA include children under the age of 13, and a spouse or any adult you claim as a dependent on your tax return that is physically or mentally unable to care for themselves. If there is a stay-at-home parent this benefit cannot be used
- There is a monthly administrative cost for this benefit of \$3.75



# EMPLOYEE ASSISTANCE PROGRAM (EAP)



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.**

### Access to Services 24/7/365

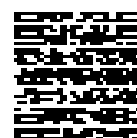
Toll-free Number: (877) 215-6614

Website: [www.wseap.com](http://www.wseap.com) and Access Code: SD54

Use the green QR codes for Google Play

Use the black QR codes for the App Store

ICConnectYou



Registration Code: 39953

LifeSpeak is a total well-being platform which gives you instant access to expert advice on all kinds of topics that matter to you. From physical and mental health, to relationships, financial health, parenting and caregiving... it's all here. You can watch videos or read articles written by our leading Experts, download tip sheets to create action plans. LifeSpeak is available anywhere and anytime, and is 100% confidential.

## Experts at your fingertips, 24/7.

### With LifeSpeak, you get:

1. Choose from hundreds of videos and podcasts that focus on topics such as:
  - Mental Health
  - Resilience and Mindfulness
  - Physical Health
  - Personal and Professional Development
  - Relationships
  - Parenting and Eldercare
  - Financial Health
  - Diversity, Equity and Inclusion
2. The LifeSpeak Expert Blog which feature brand new content including Top Ten Lists, Infographics, Short videos, Blog posts, and more.
3. Monthly moderated web chats with leading experts.
4. Online tip sheets with practical strategies and information.
5. Participate in quarterly campaigns on critical wellness topics, such as mental health, stress and family relationships.
6. Available in video, audio, and print formats, easily accessible from any device.

### Accessing LifeSpeak is easy.

Simply log in to the *Employee Services* portal at [www.wseap.com](http://www.wseap.com)

Access Code: SD54

or scan the QR code below:





## EMPLOYEE CONTRIBUTIONS (24 Pay Periods)

| SEA Employees              |          | SEA Employees               |                 |
|----------------------------|----------|-----------------------------|-----------------|
| Health Plan PPO            | 2025     | Health Plan HMO Illinois    | 2025            |
| Employee Only              | \$18.38  | Employee Only               | \$16.38         |
| Employee + Spouse          | \$317.63 | Employee + Spouse           | \$262.53        |
| Employee + Child(ren)      | \$317.63 | Employee + Child(ren)       | \$262.53        |
| Family                     | \$363.79 | Family                      | \$308.48        |
| SEEO and Non-Rep Employees |          | SEEO and Non-Rep Employees  |                 |
| Health Plan PPO            | 2025     | Health Plan HMO Illinois    | 2025            |
| Employee Only              | \$0.00   | Employee Only               | \$0.00          |
| Employee + Spouse          | \$346.07 | Employee + Spouse           | \$286.03        |
| Employee + Child(ren)      | \$346.07 | Employee + Child(ren)       | \$286.03        |
| Family                     | \$396.37 | Family                      | \$336.11        |
| SEA / SEEO / Non-Rep       |          | SEA / SEEO / Non-Rep        |                 |
| BlueCare Dental HMO        | 2025     | Delta Dental PPO            | 2025            |
| Employee Only              | \$0.00   | Employee Only               | \$0.00          |
| Family                     | \$30.50  | Family                      | \$31.00         |
| SEA / SEEO / Non-Rep       |          | SEA / SEEO / Non-Rep        |                 |
| VSP Vision Care Plan       | 2025     | Flexible Spending Accounts  | 2025            |
| 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](#).

# 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.

# IMPORTANT NOTICES

## 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.

# IMPORTANT NOTICES

## MEDICAID OR CHIP COVERAGE

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

As of July 31, 2024, Illinois does not provide premium assistance. If you live in a state other than Illinois, you may be eligible for assistance paying your employer health plan premiums. Details of the full state listing can be found at <https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf>. Contact your State for more information on eligibility.

# CONTACT INFORMATION

## Medical- BCBSIL

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](http://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](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

Sandy Riggs

[SandraRiggs@sd54.org](mailto:SandraRiggs@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.*

