GLENVIEW SCHOOL DISTRICT 34

ASPIRE. EXPLORE. DISCOVER. CONNECT.

EMPLOYEE BENEFITS

YOUR GUIDE.

YOUR ADVOCATE.

GLENVIEW SCHOOL DISTRICT 34

Welcome!

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

TABLE OF CONTENTS

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

BENEFITS OVERVIEW

Eligibility

- As defined by your Collective Bargaining Agreement
- Benefits are effective on the date of employment

Qualifying Life Events

Elections you make at this time will remain in effect until our next Open Enrollment period. In addition, if you decline coverage for yourself and/or your dependent(s) when first becoming eligible, you must wait until the next Open Enrollment period to enroll. However, if you experience a qualified life event during the year, you may make changes to your elections at that time.

Qualified life events include:

- **Change in status:** Marriage, divorce, legal separation, annulment or death
- **Change in number of dependents:** Birth, death, adoption/placement for adoption or dependent reaching limiting age
- **Change in employment status** of employee, dependent or spouse that affects that individual's eligibility
- **Change in employee, spouse or dependent coverage** on spouse's plan during spouse's Open Enrollment period
- **Changes in entitlement** to Medicare, Medicaid or State Children's Health Insurance Program (CHIP)* for employee, dependent or spouse
- **Change in eligibility for group health plan premium assistance** under Medicaid or CHIP* for employee, dependent or spouse

*In such cases you have 60 days to notify HR of the event instead of 30.

It is your responsibility to notify **Lauren Hackett** (Benefits Department) within **30 days** of the event. If you fail to do so, you will not be able to enroll or make changes until the next Open Enrollment period. When you, your dependent(s) or your spouse become enrolled as a result of a qualified life event, coverage will be made effective retroactive to the date of the event.

For more information, please contact **Lauren Hackett** at extension 5065.

GLENVIEW SCHOOL DISTRICT 34

MEDICAL COVERAGE

Administered by Blue Cross® Blue Shield® of Illinois (BCBSIL)

HMO Comparison Charts

Plan Feature	HMO A HMO Illinois Group #: H56154	HMO B HMO Blue Advantage Group #: B56153
	In-Network	In-Network
ANNUAL DEDUCTIBLE		
Employee Only	$0	$0
Family	$0	$0
ANNUAL OUT-OF-POCKET MAXIMUM		
Employee Only	$1,500	$1,500
Family	$3,000	$3,000
OFFICE VISIT		
Primary Care Physician	$25 copay	$20 copay
Specialist	$50 copay	$40 copay
Preventive Care	Plan pays 100%	Plan pays 100%
Emergency Room (copay waived if admitted)	$150 copay, then plan pays 100%	$50 copay, then plan pays 100%
Inpatient Hospital Stay	100% after $150 copay for first 3 days	Plan pays 100%
PRESCRIPTION DRUGS		
Retail (Up to a 30-day supply)	Generic $15 Preferred $30 Non-Preferred $60	Generic $5 Preferred $25 Non-Preferred $50 Specialty $50
Mail Order (Up to a 90-day supply)	Generic $30 Preferred $60 Non-Preferred $120	Generic $10 Preferred $50 Non-Preferred $100

NOTE: Occupational therapy, speech therapy and physical therapy has a combined calendar year maximum benefit of 60 visits.

Hospitals that ARE induded in the HMO Illinois Network, that are NOT induded in the HMO Blue Advantage Network are:

MG #	MG Name	Hospital Name
374	Franciscan PHO Northern IN Crown Point	Franciscan St. Anthony Health
487	Northwestern Medicine Phys Partners North Region	Lake Forest Hospital
489	Northwestern Med Phys Partners – NW Mem Hosp	Northwestern Memorial Hospital

Note: Providers jump in- and out-of-network all the time. Make sure to check **bcbsil.com** for up to date provider information.

GLENVIEW SCHOOL DISTRICT 34

PPO Comparison Charts

Plan Feature	PPO 1000 Group #: PI4868		PPO 1250		HSA 3000 PPO Group #: PI4869	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE						
Employee Only	$1,000	$2,000	$1,250	$2,500	$3,000	$3,000
Family	$2,000	$4,000	$2,500	$5,000	$6,000	$6,000
ANNUAL OUT-OF-POCKET MAXIMUM						
Employee Only	$4,000	$8,000	$5,000	$10,000	$3,000	$6,000
Family	$8,000	$16,000	$10,000	$20,000	$6,000	$12,000
OFFICE VISIT						
Primary Care Physician	$25 copay	Plan pays 60% after deductible is met	$25 copay	Plan pays 60% after deductible is met	Plan pays 100% after deductible is met	Plan pays 80% after deductible is met
Specialist	$50 copay	Plan pays 60% after deductible is met	$50 copay	Plan pays 60% after deductible is met	Plan pays 100% after deductible is met	Plan pays 80% after deductible is met
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	
Emergency Room (copay waived if admitted)	$200 copay, then plan pays 100%, no deductible		$200 copay, then plan pays 100%, no deductible		Plan pays 100% after deductible is met	
Inpatient Hospital Stay	Plan pays 80%, no deductible	Plan pays 60%, no deductible	Plan pays 80%, no deductible	Plan pays 60%, no deductible	Plan pays 100% after deductible is met	Plan pays 80% after deductible is met
PRESCRIPTION DRUGS (TIER 1/TIER 2/TIER 3)						
Retail (Up to a 30-day supply)	Generic $10 Preferred $40 Non-Preferred $60 Specialty $60		Generic $10 Preferred $40 Non-Preferred $60 Specialty $60		Plan pays 100% after deductible is met	
Mail Order (Up to a 90-day supply)	Generic $20 Preferred $80 Non-Preferred $120		Generic $20 Preferred $80 Non-Preferred $120		Plan pays 100% after deductible is met	N/A

NOTE: Occupational therapy, speech therapy and physical therapy has a combined calendar year maximum benefit of 60 visits.

The PPO plans are under the Performance Drug List and utilize the Advantage Network. This network includes all Walgreens pharmacies; however, CVS is excluded. Members needing specialty medications will be required to use Accredo Specialty Pharmacy.

GLENVIEW SCHOOL DISTRICT 34

What is a HDHP and HSA?

The High Deductible Plan with Health Savings Account (HSA)

The High Deductible Health Plan (HDHP) offers comprehensive healthcare coverage at a lower premium and higher deductible than traditional healthcare plans.

The HDHP also features a health savings account (HSA) that enables you to pay for current, qualified healthcare expenses and save for future expenses on a tax-free basis. You have the opportunity to set aside funds in your HSA before taxes through convenient payroll deductions (refer to "How Your HSA Is Funded").

PLEASE NOTE: YOU MUST ELECT THE HDHP (HSA3000) TO CONTRIBUTE TO AN HSA.

How Your HSA Is Funded

Your Contributions

There are several ways to contribute money to your HSA:

- **Pre-tax contributions** through payroll deductions
- **After-tax cash contributions** that are deductible when you file your taxes
- **Catch-up contributions** up to $1,000 per year if you are age 55 or older (until you enroll in Medicare)

Total Annual Contribution Limit

It is important to note that your contributions, when combined with those contributed by the company, may not exceed the IRS annual maximum of $4,150 for individual coverage and $8,300 for family coverage in 2024. Note: Individuals 55 and older may make additional "catch-up" contributions up to $1,000 each year until they enroll in Medicare.

Note: You can only use HSA funds as they are deposited in your account. You can always reimburse yourself later once you have accumulated funds in your account.

Qualified Healthcare Expenses

HSAs enable you to pay for the following qualified healthcare expenses on a tax-free basis:

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in Publication 502.
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)
- Medigap insurance premiums

ADVANTAGES OF AN HSA

Triple-Tax Advantage

1. Pre-tax Payroll Contributions: You contribute pretax funds through payroll deductions, meaning the money comes out of your paycheck before federal income tax is calculated. This, in turn, reduces the amount of taxable income, so less tax is withheld from your paycheck.
2. Earned Interest Tax-free: Funds grow tax-free, and unused funds roll over year to year.
3. Investment Opportunities: You can withdraw funds tax-free to pay for qualified healthcare expenses now and in the future—even in retirement.

Control

You own and control the money in your HSA. You decide how you want to spend it or if you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax-free.

Savings Potential

There is no "use it or lose it" rule. Your account grows over time as you continue to roll over unused dollars from year to year.

Portability

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans,* retire or leave the company.

If you are considering the HDHP, be sure that you are aware of your prescription costs. Certain prescriptions are very costly. Until you meet your deductible, you will pay the full cost of the prescription. The prescription copay applies after you meet your deductible.

GLENVIEW SCHOOL DISTRICT 34

HSA, and FSA

	Health Savings Account (HSA)	Flexible Spending Account (FSA)	Limited-Purpose FSA
Description	A tax-advantaged medical savings account available to employees enrolled in a High Deductible Health Plan	An account to reimburse with pre-tax dollars for eligible medical expenses	An account to reimburse with pre-tax dollars for eligible dental and vision expenses only (not medical)
Who Can Contribute to the Account?	Employer and eligible employees	Employee	Employee
Age Limit	Yes, contributions are not allowed for those enrolled in Medicare	None	None
Limits on Amounts	2024 Limits: Single: $4,150 Family: $8,300 • For those 55 and older, the limit is increased by $1,000 • Spouses are limited to combined family maximum if either has family coverage	2023 limit: $3,050	2023 limit: $3,050
Consequences for Excess Contributions	Subject to income tax and 6% excise tax	N/A	N/A
Reimbursable Medical Expenses	All §213 medical expenses (including over-the-counter drugs with a prescription) and long-term care expenses but not health insurance premiums (subject to exceptions)	All §213 medical expenses (including over-the-counter drugs with a prescription) except long-term care expenses and insurance premiums	Only dental and vision services listed under Section 213(d) of the Internal Revenue Code
Distributions for Nonqualified Medical Expenses	Subject to income tax and a 20% penalty (distributions after death, disability or reaching age 65 are exempt from the 20% penalty)	Not allowed	Not allowed
Are Premiums for Medical Coverage Reimbursable?	Yes, COBRA and qualified long-term care coverage, health plan coverage while receiving unemployment compensation and health plan coverage (other than Medicare supplemental insurance) for those age 65 or older	No	No
Can Dollars Rollover?	Yes	No	No
Is It Portable?	Yes	No	No
When Are Funds Available for Use?	Funds are only available as contributions are made to the account	Funds are available on first day of plan year	Funds are available on first day of plan year
Can I Have Another Account with It?	Yes, you can have a limited-purpose FSA, which can only be used for eligible dental and vision services	No	Yes, you can have a Health Savings Account to help you save and pay for qualified medical expenses

GLENVIEW SCHOOL DISTRICT 34

BCBS PROGRAMS

Livongo Diabetes and Hypertension Management Simplified
(only available to PPO members)

The Livongo for Diabetes and Hypertension management program provides 24/7 personalized coaching and an App to help manage chronic conditions. Services are covered as preventive with no out of pocket costs to members. The program is provided to all PPO members, as well as covered family members with diabetes or hypertension.

Through an intuitive mobile experience, members are able to track progress which can be shared with a provider. There is also expert guidance available for reviewing current medications and facilitating conversations with providers and pharmacists. Notifications will be sent for high readings and reminders to check blood glucose levels or blood pressure.

Members with diabetes that enroll in the program will receive a connected blood glucose meter and test strips, and those enrolled in the hypertension program will receive a connected blood pressure cuff - all at no cost.

Wondr
(available to PPO and HMO members)

Wondr is a digital weight loss program based in behavioral science and is covered as preventive with no out-of-pocket costs to PPO and HMO members. The program teaches the science of eating the foods members love while still losing weight. There are no diets, no restrictions, and no points - just results. The program is broken into 3 simple stages that build on each other for lifelong, lasting results. Members have access to weekly master classes, topical videos, instructors and health coaches, and WonderLink, a social community.

GLENVIEW SCHOOL DISTRICT 34

VISION BENEFIT

Administered by Blue Cross® Blue Shield® of Illinois (BCBSIL)

Your PPO 1000, PPO 1250, HMO A (HMO Illinois), and HMO B (Blue Advantage HMO) plans indude a vision benefit. In order to receive the benefit you must be enrolled in one of the medical plans.

Coverage	You have this coverage if:	Vision Network	Features	Frequency	Benefit
PPO Plan	You are a BCBSIL PPO Plan member	Any provider	Exam Frame Lenses Contact Lenses	Every 12 months Every 24 months Every 24 months Every 24 months	$25 allowance** $25 allowance** $20 to $100 allowance** $60 allowance**
HMO Plan* **	HMO Plan member	EyeMed	Exam Frame Lenses Contact Lenses	Every 12 months Every 24 months Every 24 months Every 24 months	$0 $125 allowance $75 allowance $75 allowance

*This is not a stand alone vision plan. The HDHP does not include a vision benefit.

**You must submit a claim form to receive reimbursement.

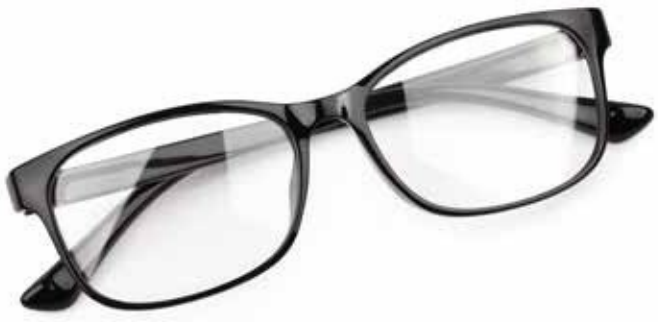
***__HMO Members__ will receive an EyeMed card to share with their EyeMed provider.

EyeMed Vision Discount Program

Coverage	You have this discount if:	Vision Network	Features	Frequency	Benefit
EyeMed Vision Discount Program	You are a BCBSIL HMO or PPO/HDHP member	EyeMed Advantage Network	Exam Frame Standard Lenses Premium Progressive Lens Enhancements Contact Lenses Fitting LASIK	Unlimited Unlimited Unlimited Unlimited N/A Unlimited Unlimited N/A	$50 routine exam 35% off retail price $50-$135 30% off retail price Additional cost $10 off 15% discount off retail 15% discount off retail or 5% off promotional price

To receive the discount:

1. Locate an in-network provider: **MUST USE THESE EYEMED ADVANTAGE NETWORK LINKS**
   - PPO members: visit **eyemedexchange.com/blue365**, dick Find a Provider, enter ZIP Code, Get Results.
   - HMO members: visit **eyemedvisioncare.com/bcbsil**, dick Find a Provider, enter ZIP Code, Get Results.
2. The provider should apply the applicable discounts shown above; otherwise, please call **844.684.2254** for further assistance.



GLENVIEW SCHOOL DISTRICT 34

DENTAL COVERAGE

Administered by Blue Cross® Blue Shield® of Illinois (BCBSIL)

Plan Feature	Dental PPO Plan BlueCare Dental PPO Group #: P64507	
	In-Network	**Out-of-Network**
Annual Deductible (single/family)	$50/$150	
Annual Maximum Benefit	$1,500 per person	
Preventive	Plan pays 100%, no deductible	Plan pays 100% of U&C*, no deductible
Basic	Plan pays 80% of maximum	Plan pays 80% of U&C* after deductible
Major	Plan pays 80% of maximum	Plan pays 80% of U&C* after deductible
Orthodontia	Plan pays 50% of maximum allowance, no deductible	Plan pays 50% of U&C*, no deductible
Orthodontia Lifetime Maximum	$1,000	

GLENVIEW SCHOOL DISTRICT 34

FLEXIBLE SPENDING PROGRAM

Administered by Allied Benefits System

Flexible spending accounts (FSAs) allow you to set aside pre-tax funds to pay for eligible health and/or dependent care expenses before your federal and Social Security taxes are calculated. You have the following options:

Healthcare FSA	
Eligible Expenses	Qualified medical, dental and vision expenses not covered by insurance
Maximum Annual Contribution	$3,050
Minimum Annual Contribution	$300
Limited-Purpose Healthcare FSA (for HSA participants)	
If you enroll in the HSA medical plan, you may only participate in a limited-purpose Healthcare FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.	
Dependent Care FSA	
Eligible Expenses	Qualified dependent care, such as child or eldercare
Maximum Annual Contribution	$5,000 (or $2,500 if married and filing separately)
Minimum Annual Contribution	$300

THE GOVERNMENT REQUIRES THAT YOU ENROLL EACH YEAR TO PARTICIPATE IN AN FSA, EVEN IF YOU WERE ENROLLED THE YEAR BEFORE.

"Use it or lose it."

The IRS requires that any unused funds you have set aside for eligible expenses that are still in your account at the end of the plan year (2/28/2025) must be claimed by submitting your eligible expenses no later than 3/31/2025. Any unused funds will be forfeited.

Qualifying Expenses

For a complete list of qualified healthcare expenses, visit:
https://www.irs.gov/publications/p502#en_US_2021_publink1000178852.

GLENVIEW SCHOOL DISTRICT 34

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Administered by Voya Financial

This coverage is provided by the company at no cost to you as specified below.

Employee Life and AD&D	
Amount	**All Eligible Superintendents and Administrators:** 3x your basic yearly earnings up to a maximum of $400,000
	All Eligible Teachers: 1x your basic yearly earnings up to a maximum of $50,000
	All Other Eligible Employees: 1x times your basic yearly earnings up to a maximum of $400,000
	All Eligible Retired Administrators With Five or More Years of Service: 3x your basic yearly earnings up to a maximum of $400,000

SUPPLEMENTAL LIFE COVERAGE

Administered by Voya Financial

You also have the opportunity to purchase additional life insurance coverage for yourself and your dependents at group rates. The chart below shows the coverage available. Note: Spouse and child coverage is only available when the employee elects voluntary coverage for him or herself. This coverage applies to all eligible superintendents, administrators, teachers and other eligible employees and their eligible dependents.

	Amount	Guaranteed Issue
Employee	1-5x times your basic yearly earnings up to a maximum of $300,000	Lesser of $50,000 or 5x basic yearly earnings
Spouse	$5,000 to $150,000, chosen in increments of $5,000, not to exceed 50% of the employee's insurance amount	$20,000
Child(ren)	From 15 days but less than six months of age: $1,000	$10,000
	Six months but less than 26 years of age: $2,000 increments up to $10,000	

LONG-TERM DISABILITY

Administered by Voya Financial

This coverage is also provided by the company at no cost to you as specified below.

Long-Term Disability (LTD) Coverage Features	
Income Replacement	**Superintendents and Administrators:** 66.67% of monthly earnings **Teachers:** 60% of monthly earnings
Monthly Maximum Benefit	**Superintendents and Administrators:** $15,000 **Teachers:** $6,000
When Benefit Begins	**Superintendents, Administrators and Teachers:** 2 years regular occupation
Maximum Benefit Period	Social Security Normal Retirement Age

GLENVIEW SCHOOL DISTRICT 34

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Administered by ComPsych Corporation

We understand that it can be difficult to manage family, work-related and personal issues. That's why we offer an EAP at no cost to you. To help guide you through difficult situations or simply assist you with day-to-day tasks like finding a last-minute dog sitter, trained professionals work with you as you search for solutions. The program is completely confidential and can help you work through issues related (but not limited) to:

- **Family:** Child care, eldercare, communication, conflict, serious illness and parenting issues
- **Relationships:** Domestic violence, dual careers, conflict resolution and separation/ divorce issues
- **Your job:** Career, interpersonal and job "burnout" issues
- **Finances:** Budget control, credit problems and identity theft issues
- **Emotional well-being:** Anger, anxiety, depression, eating disorders, grief/loss, life transition, addiction and stress issues

GLENVIEW SCHOOL DISTRICT 34

BENEFITS CONTACT DIRECTORY

Topic	Contact	Phone Number	Website
General Benefits Questions	Lauren Hackett	847.998.5065	lhackett@glenview34.org
Medical	BCBSIL	HMO: 800.892.2803 PPO: 888.979.4516	www.bcbsil.com
Health Savings Account (HSA)	First American Bank	866.449.1150	firstambank.com
Dental	BCBSIL	800.367.6401	www.bcbsil.com
Flexible Spending Accounts(FSAs) (Healthcare and dependent care FSAs)	Allied Benefit Systems	800.288.2078	www.alliedbenefit.com Group Number: A04162A
Basic Life and Accidental Death & Dismemberment (AD&D)	Voya Financial	800.955.7736	www.voya.com
Supplemental Life	Voya Financial	800.955.7736	www.voya.com
Disability	Voya Financial	800.955.7736	www.voya.com
Employee Assistance Program (EAP)	ComPsych Corporation	800.272.7255	https://www.guidanceresources.com/ groWeb/login/login.xhtml Group Number: COM589
Glenview 34 Benefits Website	https://c2mb.ajg.com/glenviewsd34/home/		

GLENVIEW SCHOOL DISTRICT 34

IMPORTANT NOTICES

Mental Health Parity Act

Per the Mental Health Parity Act, benefits for mental health and substance-use disorder must be treated like benefits for regular medical and surgical care. For example, if there is no limitation on the number of days for inpatient and number of visits for outpatient medical care, then there can be no limitation for mental health and substance-use disorder treatments. As always, treatments must be medically necessary to qualify for coverage. Plan participants should review their plan's certificate of coverage or benefit document for specific information about coverage, limitations and exclusions for mental healthcare and substance-use disorder treatments.

Women's Health and Cancer Rights Act

On January 1, 1999, a federal law, the Women's Health and Cancer Rights Act of 1998, became effective, which affects our company plan options. This law requires group health plans that provide coverage for mastectomies (ours does) and to also provide coverage for reconstructive surgery and prostheses following mastectomies. As required under the law, we have included this notice to inform you about it.

The law mandates that a participant or eligible beneficiary who is receiving benefits, on or after the law's effective date (January 1, 1999 for our Plan), for a covered mastectomy and who elects breast reconstruction in connection with the mastectomy, will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas

This coverage will be provided in consultation with the patient and the patient's attending physician and will be subject to the same annual deductible, coinsurance and/or copayment provisions otherwise applicable under the Plan.

If you have any questions about coverage for mastectomies and post-operative reconstructive surgery, please contact BCBS of Illinois.

Summary of Benefits and Coverage (SBC)

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. To help you make an informed choice, the company makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about our health coverage in a standard format, to help you compare across options.

The SBC also includes a Glossary of Health Coverage and Medical Terms to help you better understand healthcare terms used in the SBC. You can obtain a copy of the SBC at no cost to you by contacting BCBS of Illinois.

Please note: This guide is intended to provide you with highlights of our benefits program. It is not intended to address all details. Actual benefit coverage is specified in the Summary Plan Descriptions (SPDs). In the event of any differences between this guide and the SPDs, the SPDs will govern.

GLENVIEW SCHOOL DISTRICT 34

GLOSSARY OF HEALTH INSURANCE AND MEDICAL TERMS

Beneficiary: The person(s) you name to receive certain benefits (such as life insurance) upon your death

Brand Name Drugs: Medications are marketed under a trademark-protected name and are often available from only one manufacture

Coinsurance: The percentage of covered medical or dental expenses that you must pay. For example, if your plan pays 80%, you must pay the remaining 20%.

Copay: A fixed amount you pay for a covered healthcare service, usually at the time of service.

Deductible: The amount of medical or dental expenses you must pay each year before your plan begins paying benefits.

Evidence of Insurability (EOI): An application process in which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of insurance coverage.

Explanation of Benefits (EOB): The document you receive from the insurance company after your claim is filed and processed. The EOB shows how much of the expense the plan covered and how much you may be expected to pay.

Formulary Brand Name Drugs: A list of prescribed medications that are preferred by your plan because they are safe, effective alternative to other generics or brands that may be more expensive. The formulary has a wide selection of generic and brand-name medications.

HIPAA (Health Insurance Portability and Accountability Act of 1996): A federal law that addresses the privacy of patient health information. The "privacy" regulations give patients greater access to their own medical records and more control over how their personal health information is used. Also, the law defines the obligations of healthcare providers and health plans to protect patient records.

Hospital Outpatient Care: Care in a hospital that doesn't require an overnight stay.

In-Network Provider: The facilities, providers and suppliers your health insurer or plan has contracted with to provide healthcare services.

Maximum annual benefit: The maximum amount the plan pays for specific services (such as dental or chiropractic) for a covered individual, each plan year.

Medically necessary: Services and supplies that the insurance company determines to be consistent with generally accepted practices for the diagnosis of an illness of injury, or the medical care of a diagnosed illness or injury. Only medically necessary services and supplies are covered by the plan.

Out-of-Network Provider: The facilities, providers and suppliers who don't have a contract with your health insurer or plan to provide services to you. You'll pay more to see an out-of-network provider.,

Out-of-pocket Limit (OPX): Is the most you have to pay for covered medical expenses in a year. Once you've reached the out-of-pocket maximum, the plan pays 100% of eligible expenses for the remainder of the plan year. This limit never indudes your premium, balance-billed charges or charges the plan doesn't cover.

All charges applied to the Individual OPX amount will be applied towards the Family OPX amount. Once a person meets their Individual OPX, no more OPX is required for that Individual. When the Family OPX is reached, no further OPX will have to be satisfied for the remainder of that calendar/ contract year. No participant will contribute more than the Individual OPX amount to the Family OPX amount.

Preauthorization: A decision by your health insurer or plan that a healthcare service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification.

Primary Care Physician: A physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis. The final following types of providers are PCPs: family practitioners, general practitioners, pediatricians, internal medicine, and gynecologists.

Specialist: A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Step Therapy: A prescription drug plan requirement for prescribers to use a lower-cost drug before "stepping up" to a higher-cost drug.

Quantity Limits: A prescription drug plan requirement that limits the number of doses of certain drugs that can be dispensed at any given time.

This benefit summary prepared by

Gallagher

Insurance I Risk Management I Consulting