2025 Benefit Guide

214
HIGH SCHOOL DISTRICT

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.

This summary is designed to give you an outline of the health benefits programs offered through Township High School District 214. Contained in the summary are tips for you on using the plans.

Your 2025 Benefit Summary provides information on your district's benefit plans, including:

- Benefits and Services
- BCBS Member Resources
- Medical Options—PPO, HDHP w/HSA & HMO
- Medical Plans Comparison
- Health Savings Account
- Flexible Spending Accounts
- Dental Plan
- Vision Plan
- Life Insurance
- Voluntary Coverages

Benefits and Services

Benefit Advocate Center (BAC)

Need additional help with a claim or understanding your benefits? The Benefits Help Line is available to serve you and your covered dependents and assist with questions about your health and welfare benefits such as:

- Eligibility
- Claims Resolution
- Locating a Provider
- Benefit Questions
- Ordering ID cards

Township District 214 Benefits Help Line is a resource for information on medical, prescription drugs, dental, flexible spending accounts, and disability.

Phone Number: **844.348.0626**

Email: **bac.d214@ajg.com**

Hours: 7 AM—6 PM, Monday through Friday

Benefit Website

Visit our benefits website to access Enrollment materials!

https://c2mb.ajg.com/townshipd214/home/ (or simply click on the link found in the District 214 employee portal).

The website includes district specific benefit information as well as wellbeing programs and resources.

Benefits Value Advisor **(PPO and HDHP w/HSA plans Only)**

Call a Benefits Value Advisor to help you compare cost on your next procedure!

The BVA is a personal concierge service that will help you choose doctors, providers, and facilities while also providing you with savings.

A Benefits Value Advisor can:

- Help you compare costs at different providers near you
- Help you schedule your appointment
- Tell you about online educational tools

Call **800.458.6024** (the number on the back of your member ID card)before your next procedure!

BCBS Member Rewards **(PPO and HDHP w/HSA plans Only)**

Earn CASH REWARDS when you choose a low-cost provider for certain services and procedures. The program uses the Provider Finder® —a database of independently contracted providers, which can help members:

- Compare costs and quality for numerous procedures
- Estimate out-of-pocket costs
- Assist in making treatment decisions with their doctors.

Using this resource to shop for services based on price and location, as well as quality metrics, allows you to earn cash for selecting lower-cost care.
Please note, all rewards are taxable to the member.

BCBS Member Resources

Blue Access for Members

To access the many resources available to BlueCross BlueShield members, register to participate in Blue Access for Members at **www.bcbsil.com**. To register, click on the "Log In" tab located on the right side of the homepage and click on "Register Now" for new users. Be sure to have your BCBS ID card handy.

Blue Access is available 24 hours a day, 7 days a week, 365 days a year.

Blue Access Features

- Cost Estimator
- Claim status
- View your personal information
- Locate a provider
- Access to health and wellness information
- Compare hospitals and physicians
- Receive email alerts
- Print a temporary ID card or order a replacement card
- View and Print Explanation of Benefits (EOB)

Your Medical Options

BlueCross BlueShield of Illinois

BlueCross BlueShield of Illinois (BCBSIL) is the claims administrator for your district's medical plans.

Contact Blue Cross for questions regarding:

- Eligibility
- Plan Benefits
- Status of claim payments

Please remember to present your insurance ID card to your healthcare provider at your appointment. This informs your providers where they need to send your claims and identifies you as a Blue Cross member.

PPO and High Deductible Health Plan (HDHP)

with Health Savings Account (HSA)

PPO Customer Service: 800.458.6024
IL Network Provider Search: 800.810.2583 or www.bcbsil.com

PPO and HDHP Prescription Information

MedImpact Customer Service: 844.599.4062 or www.medimpact.com

Members enrolled in the PPO and HDHP will have a separate Rx ID card for pharmacy benefits and can register with MedImpact using their ID card to setup mail-order, search online pharmacies and check drug prices.

SPECIALTY: To start using MedImpact's Direct Specialty, call 877.391.1103**.**

When calling customer service line:

- **Press 2** for member
- If you're looking for PA assistance or mail-order **press 1**
- If you're looking for specialty medications **press 2**
- For all other inquiries **press 3**
- Authentication will be required (member ID # and DOB)

HMO Illinois and Blue Advantage HMO Medical Plan

HMO Customer Service: 800.892.2803

Your HMO Illinois and Blue Advantage HMO Plan number is located on your ID card (BlueCross BlueShield of Illinois).

HMO Illinois and Blue Advantage HMO Prescription Information
Prime Therapeutics is the retail and mail-order vendor (90-day supply) for HMO members. Your HMO medical card also serves as your prescription ID card. For HMO members only, a 90-day supply of maintenance medications can also be purchased at a participating retail pharmacy.

HMO Illinois and Blue Advantage HMO Prescription Drug Inquiry Unit: 800.423.1973 or www.myprime.com

How to Find In-Network Providers in the HMO Plans

1. Visit bcbsil.com.
2. Click on **Find Care** and then click **Find a Doctor or Hospital**.
3. Log into your Blue Access for Members (BAM) account for personalized results based on the plan you're currently enrolled in.
    - Exploring plan options? Click on **Search for Doctors as a Guest** to explore networks for other plans.
4. Enter the city, state or zip code of the area you want to search for a provider. Then, click **Continue**.
5. The system will prompt you to answer the following questions if searching as a guest:
    - Type of plan, select **"Employer Plan"**
    - The state you are searching for care in.
    - The type of plan you are searching for, click **HMO**.
    - Select the type of HMO plan
        - Select Blue Advantage HMO [ADV] to search for providers in the Blue Advantage HMO network.
        - Select HMO Illinois to search for providers in the HMO Illinois network.
6. To search for a medical group, click on **Medical Care**, then **Medical Groups**.
7. Use the search bar to search for in-network providers and hospitals.
    - It's possible for a hospital to be apart of the HMO Illinois network and/or Blue Advantage network and not be affiliated with a medical group. This is because members are able to utilize in-network hospitals without an affiliation with a referral only.
        - Hospitals not affiliated with any medical group will show as being in-network with the HMO Illinois and/or Blue Advantage HMO [ADV]

BenefitSolver - Online Enrollment

All open enrollment transactions, qualifying life events, and updates to your demographic information are completed online through BenefitSolver! Visit BenefitSolver using Single Sign On by clicking here.

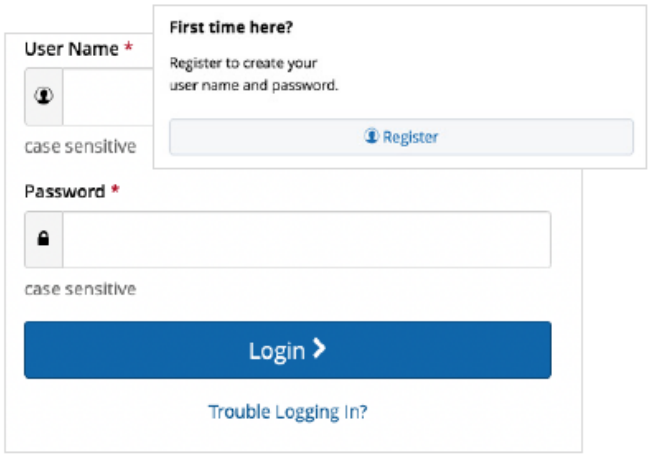
Want to review your current plan?

You have year-round access to your benefit summary and specific benefit elections through the site. You can find plan information and other benefit documents in the Reference Center.

How to enroll in your benefits

REGISTER AND LOGIN

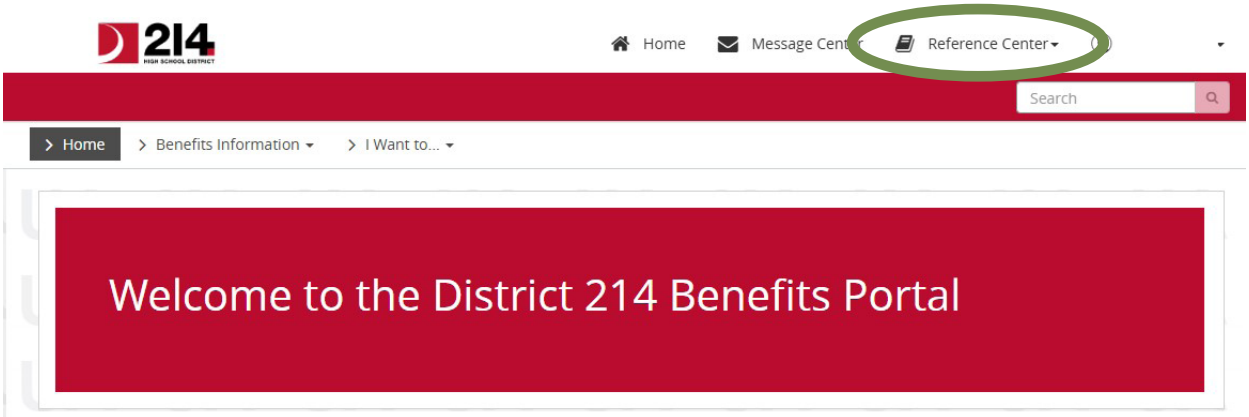
1. Visit **www.D214benefits.com** and click the **Register** button to get started. The case-sensitive company key is **D214**.
2. Create your user name and password, verify your personal information, and answer a few security questions.
3. Log in using your new user name and password.



RETURNING USERS: Click the **Trouble Logging In?** link to reset your login details.

New Hire and Open Enrollment Notices

Required health notices, including those provided annually or at the time of new hire, are accessible through our employee portal. To view these documents, please log in to Benefitsolver at www.D214benefits.com and visit the Reference Center located in the upper right-hand corner next to your name. You can also find them on the Benefit Hub under Legislative Notices.



Wellbeing Management

The Wellbeing Management program is designed to help you take charge of your health and provide you with the tools to better manage your benefits. Members have access to a variety of resources through BlueCross BlueShield's secure website and Blue Access for Members (BAM).

Resources include:

BCBS MDLIVE (PPO and HDHP w/HSA plans Only)

With MDLIVE, you can access a doctor from your home, office, or on the go—24/7/365. A Board Certified doctor can visit with you by phone or secure video to treat many non-emergency medical conditions, including behavioral health issues. Doctors can diagnose your symptoms, prescribe medication, and send prescriptions to your pharmacy of choice.

MDLive virtual visits provide a live consultation for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

or behavioral health issues such as:

- Depression
- Eating disorders
- Substance use disorders
- Trauma and PTSD

You can easily sign up or activate your account by using one of the following methods:

- Go online and visit: **www.MDLIVE.com/bcbsil**
- Call toll free: **888.676.4204**
- Download the MDLive Mobile App, available on the iTunes store and Google Play

24/7 Nurseline - Around the Clock, Toll-Free Support (PPO and HDHP w/HSA Members Only)

The 24/7 Nurseline can help you figure out if you should call your doctor, go to the ER or treat the problem yourself.

Health concerns don't always follow a 9 to 5 schedule. Fortunately, registered nurses are on call at 800.299.0274 to answer your health questions, wherever you may be, 24 hours a day, 7 days a week.

Note: For medical emergencies, call 911 or your local emergency service first.

Fitness Program

The Fitness Program is a seven-tier membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 13,000 participating gyms on hand, you can work out at any place or at any time. Choose a gym close to home and one near your office. To search for a gym, please log in to Blue Access for Members or call **888.762.2583.**

Other program perks are:

- No long-term contract required. Membership is month to month.
- Enroll in a tier that fits your budget and preferences.

Tier	Base	Core	Power	Elite	Pro	Signature	Premier
Cost per month	$19	$29	$39	$129	$159	$199	$239
Number of locations	3,500+	8,500+	13,000+	Access to 1 Luxury Gym + All 13,000 Standard Gyms (Luxury Gyms differ by tier, 180+ available)			
$19 enrollment fee							

- Automatic withdrawal of monthly fee.
- Online tools for locating gyms and tracking visits.
- Earn bonus Blue Points for joining the Fitness Program. Rack up more points with weekly visits.

Digital Health Programs

Teladoc Diabetes and Hypertension Management*

(only available to PPO and HDHP members)

The Teladoc Diabetes and Hypertension management program provides 24/7 personalized coaching, connected blood glucose meter, connected blood pressure monitor and an app to help manage chronic conditions. Services are covered as preventative 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. **To learn more about the program and join, please visit:**

- Diabetes Management: TeladocHealth.com/Register/BCBSIL-HEALTH
- Hypertension Management: TeladocHealth.com/Now/BCBSIL-HEALTH

...or call Teladoc Member Support at 800.835.2362 and mention registration code **BCBSIL-HEALTH**

Wondr Health*

(available to PPO, HDHP and HMO members)

Wondr is a digital behavioral change program that treats the root cause of obesity and chronic disease by focusing on weight management. The program is broken into 3 simple stages that build on each other for lifelong, lasting results. Services are covered as preventative with no out-of-pocket costs to members. The program is provided to all enrolled members as well as covered family members (adult dependents 18+). To learn more about the program, please visit www.wondrhealth.com/sscrmp.

*If you're eligible for the program, you'll receive communication directly from Teladoc and Wondr.

Learn to Live

Learn to live is a free digital mental health program for enrolled members and their dependents (13+). Members can take an online health assessment which will help pinpoint the right programs to help with: stress, anxiety, depression, substance abuse and insomnia. Members will work with a coach for guidance and complete lessons to help with your progress. To learn more about the program or join, please visit bcbsil.com, click on **"Wellness"** and choose **"Digital Mental Health"**.

Medical Plans Comparison

Benefits	Blue Cross Blue Shield PPO Plan		Blue Cross Blue Shield High Deductible PPO (HSA) Plan	
Plan Network	**PPO**		**PPO**	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Lifetime Maximum	Unlimited		Unlimited	
Deductible				
Individual	$750		$3,300	$6,600
Family	$1,500		$6,400	$12,800
Medical and Prescription Out-of-Pocket Limit	**Medical / Prescription**	**Medical / Prescription**		
Individual (Includes Deductible)	$2,250 / $7,200	$3,750 / Not Applicable	$3,300	$13,200
Family (Includes Deductible)	$4,500 / $14,400	$7,500 / Not Applicable	$6,400	$25,600
Hospital Services				
Inpatient Hospital	90% after deductible	$300 copay, then 70% after deductible	100% after deductible	80% after deductible
Outpatient Hospital	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Outpatient Diagnostics	100% after deductible	70% after deductible	100% after deductible	80% after deductible
Emergency Room Copay	$150 copay (waived if admitted) then 100%		100% after deductible	
Physician Services				
Physician Office Visits	90% after deductible	80% after deductible	100% after deductible	80% after deductible
Wellness Care	100%	80% after deductible	100%	80% after deductible
Outpatient Diagnostics	90% after deductible	80% after deductible	100% after deductible	80% after deductible
Medical / Surgical Services	90% after deductible	80% after deductible	100% after deductible	80% after deductible
Additional Services				
Therapy - Speech, Physical, Occupational	90% after deductible	80% after deductible	100% after deductible	80% after deductible
Chiropractic Services	90% after deductible	80% after deductible	100% after deductible	80% after deductible
Private Duty Nursing	90% after deductible		100% after deductible	
Prescription Drugs				
Retail Pharmacy (30-day supply)	$20 Generic $40 Formulary Brand $80 Non-Formulary Brand $100 Specialty		100% after deductible	
Retail Pharmacy/ Mail-Order (90-day supply)	$40 Generic $80 Formulary Brand $160 Non-Formulary Brand		100% after deductible	
Hearing Aid Coverage	Medically necessary hearing aids and related services will be covered (one aid per ear every 24 months) regardless of age with no dollar limit.			

NEW!

Benefits	Blue Cross Blue Shield HMO of Illinois Plan	Blue Cross Blue Shield Blue Advantage HMO
Plan Network	**HMO Illinois**	**Blue Advantage HMO**
	In-Network	**In-Network**
Lifetime Maximum	Unlimited	Unlimited
Deductible		
Individual	$0	$0
Family	$0	$0
Medical and Prescription Out-of-Pocket Limit	**Medical / Prescription**	**Medical / Prescription**
Individual (Includes Deductible)	$1,500 / $5,100	$1,500 / $5,100
Family (Includes Deductible)	$3,000 / $10,200	$3,000 / $10,200
Hospital Services		
Inpatient Hospital	100%	100%
Outpatient Hospital	100%	100%
Outpatient Diagnostics	100%	100%
Emergency Room Copay	ER: $100 copay, then 100% UC: $20 copay, then 100%	ER: $100 copay, then 100% UC: $20 copay, then 100%
Physician Services		
Physician Office Visits	$20 copay, then 100%	$20 copay, then 100%
Wellness Care	100%	100%
Outpatient Diagnostics	100%	100%
Medical / Surgical Services	100%	100%
Additional Services		
Therapy - Speech, Physical, Occupational	100% 60 visits combined	100% 60 visits combined
Chiropractic Services	100%	100%
Private Duty Nursing	100%	100%
Prescription Drugs		
Retail Pharmacy (30-day supply)	$20 Generic $40 Formulary Brand $80 Non-Formulary Brand $100 Specialty	$20 Generic $40 Formulary Brand $80 Non-Formulary Brand $100 Specialty
Retail Pharmacy/ Mail-Order (90-day supply)	$40 Generic $80 Formulary Brand $160 Non-Formulary Brand	$40 Generic $80 Formulary Brand $160 Non-Formulary Brand
Hearing Aid Coverage	Medically necessary hearing aids and related services will be covered (one aid per ear every 24 months) regardless of age with no dollar limit.	

Health Savings Account

Administered by MyChoice

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 taxfree 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 ENROLL THE HDHP 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 district, may not exceed the IRS annual maximum of $4,300 for individual coverage and $8,550 for family coverage in 2025. 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 H.S.A

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 taxfree, 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 you are aware of your prescription costs. Certain prescriptions may be very costly. You will be responsible for the full cost of your prescription until you meet your deductible.

Your HSA Benefit

Should you enroll in the HDHP with HSA, the district contributes money into a **MyChoice Account** in your name. This money can be used to help offset your deductible and other qualified medical expenses.

Please note your HSA payroll deduction must be elected each year.

2025 HSA Annual Contribution Limits (Prorated based on effective date of enrollment)			
	Annual Limitation	**BOE Contribution**	**Maximum Employee Contribution***
Single	$4,300	$1,600	$2,700
Family	$8,550	$3,200	$5,350

Flexible Spending Account

Administered by MyChoice

Flexible Spending Account (FSA)

The Healthcare FSA allows you to set aside up to **$3,300** on a pre-tax basis to cover medical, dental and vision expenses if you are enrolled in the PPO or HMO plans.

If you are enrolled in the HSA plan, you cannot participate in the FSA.

All employees who enroll in the FSA will receive a Debit Card to use when incurring expenses.

Some examples of expenses which may be reimbursed through your Healthcare FSA include:

- Deductibles
- Coinsurance
- Copayments
- Charges above the allowable amount for your plan
- Prescriptions
- Over-the-counter medications without a prescription*
- Diabetic supplies, including insulin
- Non-drug over-the-counter supplies, including feminine hygiene products
- Hearing exams and aids
- Eyeglasses and contact lenses
- Any other health-related expense that would be an approved deduction on your federal income tax

Dependent Care Flexible Spending Account (FSA)

The Dependent Care FSA gives you the opportunity to pay for childcare, elder care, or other dependent care services with pre-tax dollars so that you and/or your spouse/domestic partner can work or attend school full-time.

Eligible dependents include:

- Children under the age of 13
- A disabled spouse or an aging parent, provided you can claim the person as a dependent on your federal income taxes.

Allowable expenses include licensed child or adult daycare centers, nursery schools, babysitters, summer day camp, and after school programs.

As you incur dependent care expenses, you may submit a claim for reimbursement not to exceed the amount that is in your account at the time of reimbursement. In 2025, you can contribute up to **$5,000**. IRS rules require you to forfeit any money that you do not use by the close of the year.

For a more complete list of eligible expenses under the dependent care reimbursement account, review IRS publication 503 available online here.

Due to IRS regulations, you are only able to rollover $660 of any unused funds remaining in your Flexible Spending Account to the following plan year. Any additional funds over $660 that are still in the account at the end of the year will be forfeited and revert back to the plan. For a more complete list of eligible expenses under the FSA, review IRS publication 502 available online here or Businessolver's eligible list of expenses here.

*There are restrictions to the covered over-the-counter prescriptions that are eligible. Verify the medication is an eligible expense first.

**FSA contributions must be elected each year during open enrollment.

IRS Publication 969 Disclaimer:

If you were considered (under the last-month rule), an eligible individual for the entire year and did not change your type of coverage, you can contribute the full amount based on your type of coverage. However, if you were not an eligible individual for the entire year or changed your coverage during the year, your contribution limit is the greater of: (a) The limitation shown on the Line 3 Limitation Chart and Worksheet in the Instructions for IRS Form 8889, Health Savings Accounts (HSAs), or (b) The maximum annual HSA contribution based on your HDHP coverage (self-only or family) on the first day of the last month of your tax year. Please refer to IRS Publication 969 for additional information.

HSA, FSA & DCFSA Comparison

	Health Savings Acccount (HSA)	Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (DCFSA)
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 expenses	An account to reimburse with pre-tax dollars for eligible dependent expenses
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	Funds can only be only used on • Dependents who are younger than 13 • Disabled Spouse or dependent of any age
Limits on Amounts	2025 Limits: Single: $4,300 Family: $8,500 • For those 55 and older, the limit is increased by $1,000 • Spouses are limited to combined family maximum if either has family coverage	2025 limit: $3,300	$5,000
Consequences for Excess Contributions	Subject to income tax and 6% excise tax	N/A	N/A
Reimbursable Medical Expenses	All Section 213(d) medical expenses (including over-the-counter drugs with a prescription) and long-term care expenses but not health insurance premiums (subject to exceptions)	All Section 213(d) medical expenses (including over-the-counter drugs with a prescription) and long-term care expenses	A wide variety of child and adult care services including after school programs, day camp and elder care. A full list of covered expenses can be found in the IRS' Publication 503.
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	Yes, up to $660	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 the first day of plan year	Funds are only available as contributions are made to the account
Can I have Another Account with it?	Yes, but ONLY a limited purpose FSA (LPFSA). A limited purpose FSA can only be used for qualified dental and vision expenses	No	Yes - you can have an FSA as well

Limited Purpose FSA (LPFSA)

The Limited Purpose FSA allows you to set aside up to $3,300 for qualifying dental and vision expenses ONLY while also being enrolled in the HSA plan.

Some examples of expenses which may be reimbursed through your LPFSA include:

- Dental office visits
- Dental Implants, dentures and bridges
- Optometrist visits and expenses
- Eye glasses, contacts and prescription sunglasses
- Laser eye surgery

Transit Spending Account

This voluntary benefit allows you to have pre-tax payroll deductions to cover expenses for getting to and from work. Eligible expenses are limited to public transportation such as CTA, Metra and PACE. D214 will be using MyChoice Transit Program to administer the Transit Spending Account.

You are able to contribute pre-tax through payroll, an amount each month up to the IRS maximum, which for 2025 is $325/month. You cannot use commuter benefits funds to pay for a spouse's or dependent's commuting expenses. You, the employee, must incur the expense.

Eligibility for the Transit Spending Account is for employees working 30+ hours per week. New employees can participate in this benefit on the 1st of the month following date of hire..

Dental Plan

Allied Benefit Systems is the administrator of the dental benefits for you and your family. As a member of this plan, you are free to use any dentist; however, additional discounts will be realized if you use one that participates in the **Guardian/Dental Guard Preferred Select** network.

Contact Allied at 800.288.2078 for questions on:

- Network providers
- Eligibility status
- Plan benefits
- Claim status and claim forms

Additionally, you can access **www.alliedbenefit.com**. This website offers you the ability to manage your personal information on your own personalized homepage, where you can view claims status and eligibility information, as well as view a summary of your dental benefits.

Allied Benefit Systems Dental Plan	
	In-Network* / Out-of-Network**
Deductibles (Calendar Year)	
Individual	$25 deductible
Family	$75 deductible
Diagnostic & Preventive Services (cleaning, exams, x-rays)	Deductible waived, reimbursed at 100% of the allowed amount
Periodontal Services & Denture Replacement	Deductible applies, reimbursed at 50% of the allowed amount up to $1,000 per calendar year
Implant Services	Deductible waived, reimbursed at 50% of the allowed amount up to $1,500 per calendar year
Orthodontic Services	Deductible waived, reimbursed at 50% of the allowed amount to a lifetime maximum of $1,000 (Adult & Child)
All Other Eligible Expenses	80% of first $1,500, then 50% for remaining expenses during that Calendar Year

Vision Plan

EyeMed Vision Care is your district's carrier for voluntary vision benefits. For the maximum benefit, use providers in the EyeMed **INSIGHT** network.

Contact EyeMed's Customer Care Center at **866.804.0982** or visit **www.eyemed.com** for questions on:

- Locating in-network providers
- Benefit information
- Claim questions

The vision plan offers **Eye360**, which offers you enhanced benefits when visiting a **PLUS provider**. Just look for the PLUS when searching for a provider.

- $0 copay on eye exam
- An additional $50 frame allowance **(for a total frame allowance of $200)**
- No coupons or promo codes required

Vision Care Services	In-Network	Out-of-Network
Exam with Dilation (every 12 months)	$10 copay	Up to $40
Retinal Imaging	Up to a maximum of $39	Not covered
Frames (every 24 months)	$0 copay; $150 allowance; 20% off balance over $150	Up to $105
Lenses Includes single vision, bifocal and trifocal lenses-every 12 months	$25 copay	Up to $30 - $70
Contact Lens		
Conventional	$0 Copay; $150 allowance; Member is responsible for balance over $150	Up to $150
Disposable	$0 Copay; $150 allowance; 15% off charge over $150	Up to $150
Lens Enhancements		
Standard Progressive Lens	$90 Copay	Up to $50
Premium Progressive Lens[1]	$90 copay; 20% off retail price after $120 allowance	Up to $50
Laser Vision Correction	15% off the retail price or 5% off the promotional price	N/A

*Eye Exams, Lenses, and Contact Lenses: These are covered once every 12 months from the date of service. Frames: These are covered once every 24 months from the date of service.

[1]As an example, premium progressive lenses total $400. First step, is to apply the 20% discount to the $400 which is $80.This results in $320 ($400 - $80= $320) then apply allowance of $120 plus $90 copay for a total member responsibility of $290 ($320- $120 allowance= $200+ $90 copay= $290).

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) through AllOne Health provides support, counseling and resources for life or work that can take a toll on your emotional well-being or take time away from work or family. All services offered are confidential and available at no cost.

Support is available 24/7 over the phone, in person, or online!

Request a Mental Health Session

Request counseling by submitting an online form or live chat. Choose from in-person or virtual counseling options to meet your needs.

Request Referrals & Resources

Submit a request for family care and lifestyle support including childcare and eldercare referrals, legal referrals and financial consultation, personal assistant referrals and medical advocacy consultation.

Explore Thousands of Self-Care Articles & Resources

Health and lifestyle assessments, interactive checklists, soft skills courses, podcasts, resource locators, exclusive discounts, and expansive articles on whole health and well-being.

Visit Your Online Financial Center

Featuring worksheets, calculators, and a wide range of financial resources and tools to help reach personal goals and build financial wellness.

Get started by visiting perspectivesltd.com/login and log in by entering the username/password (**Username:** THS500, **Password:** perspectives).

If your visiting the site for the first time, visit perspectivesltd.com/login and click on **"Sign Up"** below the login form. Enter your email address and company code/password (**Company code:** THS500, **Password:** perspectives) to create your account and sign in. For login assistance, select **"Email Support"**.

Basic Life and Accidental Death and Dismemberment (AD&D)

Administered by The Standard

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

Employee Life and AD&D	
Amount	**Superintendents:** 2x your Annual Earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. Maximum of $750,000 **Administrators and Supervisors:** 1.5x your Annual Earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. Maximum of $300,000 **Classified and Certified Members:** 1x your Annual Earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. Maximum of $50,000

Additional Voluntary Life

Administered by The Standard

With The Standard's Voluntary Term Life Insurance, you have the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children – all at affordable group rates. When determining the benefit amounts for you and your family, your spouse's benefit cannot exceed 50% of your benefit amount, and the life insurance for your dependent child cannot exceed 100% of your benefit.

Any purchase or increase in benefits, which does not take place within 31 days of the eligibility date is subject to Evidence of Insurability (EOI) and approval by The Standard. If you are electing outside the 31 day period, or if you are electing over the Guarantee Issue amount, you will be required to complete EOI during your online enrollment.

	Employee	Spouse	Child
Benefit	Increments of $10,000	Increments of $10,000	$5,000 to $20,000
Guarantee Issue Amount (no medical underwriting required)	$150,000	$50,000	$20,000
Benefit Maximum*	Maximum of $500,000**	$250,000	$20,000
Employee Contribution	100%	100%	100%

*The benefit amount reduces by 50% at age 70 .
**Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 8 times your annual earnings.

Note: Elections made after your initial new hire window will be subject to EOI.

If you previously applied for coverage with The Standard, but were denied, you will be required to submit EOI again.

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance helps protect against the sudden financial loss often brought on by an accidental death. It can also help you pay for unexpected expenses associated with surviving an accident that results in a severe physical loss such as loss of sight, loss of hearing and loss of movement.

When determining the benefit amounts for you and your family, you can't buy more coverage for your spouse and child(ren) than you buy for yourself. Coverage for your spouse is limited to 100% of your coverage.

	Employee	Spouse	Child
Benefit	Increments of $10,000	Increments of $10,000	Increments of $5,000
Benefit Minimum	$10,000	$10,000	$5,000
Benefit Maximum	$500,000	$250,000	$20,000
Employee Contribution	100%	100%	100%

Additional Voluntary Disability

Short-Term Disability (STD)

Administered by The Standard

Short-Term Disability Insurance can replace part of your paycheck if you're disabled and can't work for a short time.

	Plan A	Plan B
Elimination Period	7 days for illness or injury	14 days for illness or injury
Minimum Weekly Benefit	$25	$25
Maximum Weekly Benefit	60% of income up to $1,500 Weekly	60% of income up to $1,500 Weekly
Maximum Duration of Benefits	180 Days	180 Days

EXTENDED BENEFIT WAITING PERIOD:

If you do not apply for this coverage within 31 days of becoming eligible, you will have a 60 day benefit waiting period for any qualifying disability caused by physical disease, pregnancy or mental disorder during the first 12 months of coverage.

HOW CAN IT HELP?

1. Emma gives birth.
2. She takes six weeks of leave to recover from her pregnancy, which also allowed her to bond with her baby.
3. Her paychecks stop, but there are still expenses including mortgage, utilities, groceries, etc.
4. Short Term Disability coverage pays part of her wages during this time, which helps Emma take care of her new family member.

Long-Term Disability (LTD)

Administered by The Standard

Long-Term Disability can replace part of your paycheck if you're disabled and can't work for an extended period of time. That could be a few months to several years.

Long-Term Disability	
Elimination Period	180 days
Minimum Weekly Benefit	$100 or 10%
Maximum Weekly Benefit	60% of income up to $7,500 monthly
Maximum Duration of Benefits	SSNRA*

*Social Security Normal Retirement Age (SSNRA). Depending on your age at the time of disability, your benefits may be subject to a different schedule.

PREEXISTING CONDITION PROVISION:

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed during the 90-day period just before your insurance becomes effective that occurs during the first 12 months of coverage.

HOW CAN IT HELP?

1. A severe car accident left Carl with back injuries and unable to work for several months
2. His Long-Term Disability plan replaced part of his paycheck. That helped him pay for his rent, groceries and other expenses.
3. Carl's insurance also paid for an adjustable desk and chair that helped him work part-time while recovering. He received partial LTD benefits until he could work full-time.

Additional Voluntary Benefits

Administered by Voya

Eligible employees are able to elect additional coverage in the following areas: accident, critical illness and hospital indemnity. All of these benefits supplement your health plan and provide you and your family with additional financial protection you may need.

To learn more about these benefits, visit https://presents.voya.com/EBRC/d214 or call Voya's Employee Benefits Customer Service at 877.236.7564.

Accident Coverage

Accidents can happen in an instant. Accident insurance pays benefits for specific covered accidents or injuries that happen on or after your coverage effective date, so you can focus on what's truly important, getting better. Accident Insurance doesn't replace your medical coverage; instead, it complements it. The benefit payments come in—directly to you—to be used however you'd like.

SAMPLE OF PAYMENT AMOUNTS

Accident-related treatment	Standard	Enhanced
Emergency room treatment	$300	$300
X-ray	$100	$150
Physical therapy (up to 10 per accident)	$50	$60
Stitches (for lacerations, up to 2")	$150	$200
Follow-up doctor treatment	$100	$125
Hospital admission	$1,500	$2,000
Hospital confinement (per day, up to 365 days)	$300	$325

WELLNESS BENEFIT

Accident Coverage provides an annual benefit payment if you complete an eligible health screening test whether or not there is any out-of-pocket cost to you.

- Employees benefit amount is $50
- Spouse's benefit amount is $50
- Children receive 100% of your benefit amount per child

Note: A benefit is payable only once per year, even if the covered person receives multiple health screening tests.

Accident Insurance is a limited benefit policy. It is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Critical Illness

There are more than just medical bills to pay after a heart attack, stroke or other unexpected covered medical condition. Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition that happens on or after your coverage effective date.

HOW MUCH COVERAGE IS AVAILABLE?

You have the option to enroll in coverage in the amount(s) below.

	Coverage Amount
For you	Choice of $10,000, $20,000 or $30,000
Your spouse	50% of Employee Benefit
Your children**	25% of Employee Benefit

**Child(ren) up to age 26.

SAMPLE OF BENEFIT AMOUNTS

Covered Condition	% of Benefit
Heart attack*	100%
Stroke	100%
Major organ transplant**	100%
Coronary artery bypass	25%

*A sudden cardiac arrest is not in itself considered a heart attack

**Listed in the certificate of coverage as "major organ transplant," which means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

WELLNESS BENEFIT

Critical Illness coverage provides an annual benefit payment if you complete a covered health screening test whether or not there is any out-of-pocket cost to you

- Employees benefit amount is $50
- Spouse's benefit amount is $50
- Children receive 100% of your benefit amount per child

Note: A benefit is payable only once per year, even if the covered person receives multiple health screening tests.

Critical Illness Insurance is a limited benefit policy. It is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Hospital Indemnity

Out-of-pocket costs from a stay in a hospital or other medical facility can be overwhelming. As expenses add up, Hospital Indemnity Insurance can help.

HOW DOES IT WORK?

Hospital Indemnity Insurance pays a daily benefit for an eligible confinement or other covered loss that occurs on or after you coverage effective date and subject to any exclusions, noted in the plan's certificate. You can elect from two options: Standard or Enhanced.

ADMISSION

When you are admitted to a covered medical facility, you become eligible for an admission benefit for the first day of confinement. This benefit is payable once per confinement, up to a maximum of 1 admission (s) per calendar year.

Type of Admission	Standard Benefit	Enhanced Benefit
Hospital Admission	$1,000	$2,000
Critical Care Unit (CCU) Admission	$1,000	$2,000

Beginning on Day 2 of your confinement, for each day that you have a stay in a covered facility, you'll be eligible for a fixed daily benefit payment. The benefit amount and maximum number of days per confinement varies by facility.

Type of Facility	Standard Daily Benefit	Enhanced Daily Benefit
Hospital confinement (1 x the daily benefit amount, up to 10 days maximum per confinement)	$100	$200
Critical Care Unit (CCU) confinement (1 x the daily benefit amount, up to 10 days maximum per confinement)	$100	$200
Rehabilitation Facility confinement (1/2 of the daily benefit amount, up to 10 days maximum per confinement)	$50	$100

OBSERVATION UNIT

At least 4 consecutive hours but less than 20 consecutive hours, other than as an inpatient. Not payable for any day that a facility confinement or admission benefit is payable. The benefit is $100 for both plans.

Hospital Indemnity Insurance benefits are available if you have employee or spouse coverage and the insured employee or spouse is hospitalized for childbirth. In addition, your newborn children may be covered as well. See below for more details and for a complete description of your available benefits, exclusions, and limitations, see your certificate of insurance and any riders.

If your child coverage is effective before the child is born

- Benefits will apply just as they would for any other child

If child coverage is NOT effective before the child is born

- A one-time benefit of $150 is payable for the newborn child's birth
- No admission benefit is payable

Wellness Benefit

Hospital Indemnity coverage provides an annual benefit payment if you complete a covered health screening test whether or not there is any out-of-pocket cost to you.

- For employees, the annual benefit amount is $50
- Your spouse's annual benefit amount is $50
- The annual benefit for child coverage is 100% of employee benefit

Note: A benefit is payable only once per year, even if the covered person receives multiple health screening tests.

Hospital Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Insurance FAQ

For frequently asked questions about Insurance, please visit Insurance FAQ by clicking here.

Contact Information

Benefit	Carrier	Customer Service #	Website
Medical	BCBSIL	PPO: 800.458.6024 HMO: 800.892.2803	www.bcbsil.com
Pharmacy PPO/HDHP Only	MedImpact	844.599.4062	www.medimpact.com
Pharmacy HMO/BAHMO Only	BCBSIL	800.892.2803	www.bcbsil.com
FSA, LPFSA, HSA	MyChoice	888.532.5110	www.D214Benefits.com
Benefits Value Advisor (BVA) PPO/HDHP Only	BCBSIL	800.458.6024	www.bcbsil.com
Diabetes Management PPO/HDHP Only	Teladoc	800.835.2362	Diabetes TeladocHealth.com/Register/ BCBSIL-HEALTH
Hypertension Management PPO/HDHP Only			Hypertension TeladocHealth.com/Now/BCBSIL-HEALTH
Wondr Health	Wondr		www.wondrhealth.com/sscrmp
MDLive	BCBSIL	888.676.4204	www.MDLIVE.com/bcbsil
Dental	Allied	800.288.2078	www.alliedbenefit.com Provider Finder: www.guardiananytime.com/fpapp/search
Vision	EyeMed	866.804.0982	www.eyemed.com
Employee Assistance Program (EAP)	AllOne Health	800.456.6327	perspectivesltd.com/login
Voluntary Critical Illness, Accident and Hospital Indemnity	Voya	877.236.7564	EBRC - Township High School District 214 (voya.com)
Voluntary Short-Term Disability and Long-Term Disability	The Standard	STD: 800.368.2859 LTD: 800.368.1135	www.standard.com

Notes

This benefit guide prepared by

Gallagher

Insurance | Risk Management | Consulting

Township 214

2121 S. Goebbert Road

Arlington Heights, IL 60005

The Nondiscrimination in Health Programs and Activities Final Rule implements Section 1557 of the Affordable Care Act, which prohibits discrimination in the administration of health insurance based on race, color, national origin, age, gender (gender identity) or disability.

Township 214 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCION (Spanish): si habla espanol, tiene a su disposicion servicios gratuitos de asistencia linguistica.

Llame al 847.718.7625.

UWAGA (Polish): Jeżeli mowisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

Zadzwoń pod numer **847.718.7625.**