



This summary is designed to give you an outline of the health benefit programs offered through Herscher Community School District #2. 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:

- BCBS Member Resources
- Medical Options—PPO and HDHP
- Dental—High and Low Plan
- Vision
- Medical Plans Comparison
- Voluntary Life & AD&D
- Dependent Eligibility Audit

BCBS Member Resources

Blue Access for Members

To access the many resources available to Blue Cross and Blue Shield members, register to participate in Blue Access for Members at bcbsil.com. To register, click on "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)

Teladoc Diabetes and Hypertension Management (PPO and HDHP plans only)

The Teladoc for Diabetes and Hypertension management programs provide 24/7 personalized coaching, connected blood glucose meter, connected blood pressure monitor and app to help manage chronic conditions. Services are covered as preventative care with no out-of-pocket cost to members. The program is provided to all HDHP members as well as covered family members with diabetes or hypertension. Join today at teladochealth.com/smile/ebc or call (800) 835.2362. Use registration code: **EBC**

Benefits Value Advisor (PPO and HDHP plans only)

Call a Benefits Value Advisor to help you compare costs for your next procedure!

The BVA is a personal concierge service that will help you choose doctors, providers, and facilities while helping you to maximize your benefits.

A Benefits Value Advisor can:

- Help you compare costs at different providers near you
- Help you schedule appointments
- Share online educational tools

Call **800.458.6024** before your next procedure!

BCBS Member Rewards (PPO and HDHP plans only)

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

- Compare costs and quality providers 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. The result puts extra cash in your pocket. **Please note, all rewards are taxable to the member.**

Hinge Health (PPO and HDHP plans only)

Hinge Health's Virtual Physical Therapy Program

Hinge Health offers a comprehensive Digital MSK Clinic with dedicated programs across the MSK continuum of care. If you suffer from back, knee, neck, shoulder, or hip pain, Hinge Health may be able to help. You'll complete an online screening questionnaire to determine which program best fits your needs, whether preventive, acute, chronic or post-surgery. Through education, exercise therapy, and digital coaching, you can discover health alternatives to help manage your pain. You can participate in Hinge Health at no cost. It includes:

- Physical therapy through digital delivery with motion sensors, online education, and cognitive behavioral therapy to address the causes of chronic pain over time.
- 12-week, coach-led, digital platform for chronic back and knee pain.
- Exercise therapy—Wearable sensors and tablet for real-time movement feedback.

Sign up by visiting hinge.health/ebc.

Wondr

Digital Weight Loss Program

If you are enrolled in one of the district's medical plans, you and your covered dependents over the age of 18 will have access to Wondr, an online behavioral weight loss program (no dieting) to promote long-term weight loss with no out-of-pocket cost to you as services are covered as preventive. You can earn points along your wellness journey to be redeemed for items in the Wondr Store. Sign up by visiting wondrhealth.com/EBc.

Teladoc

Your district offers virtual care, through Teladoc, to you and your dependents enrolled in medical coverage through the district. With Teladoc, members can connect with a doctor in minutes. Plus, you can get care from anywhere in the US: at home, the office, or on the road!

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care:

- If you're considering the ER or urgent care center for a non-emergency issue
- On a vacation, a business trip, or away from home
- For short-term prescription refills when medically necessary

Set up your account by going to teladoc.com, calling **1.800.TELADOC** or downloading the Teladoc mobile app. Once you register and complete a medical history questionnaire, you will be granted access to speak with a doctor by phone or video on your mobile device, or computer.

Copay for PPO/HMO is \$0

Copay for HDHP members is \$55

Your Medical Options

Blue Cross and Blue Shield of Illinois

Blue Cross and Blue Shield of Illinois (BCBSIL) is the claims administrator for your district's medical plan(s).

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 providers where they need to send your claims and identifies you as a BCBS member.

PPO Medical Plan

To find a contracting doctor or hospital, just go to bcbsil.com and use Provider Finder.

PPO Customer Service: **800.458.6024**

(8:00 a.m. to 6:00 p.m., Monday through Friday).

IL Network Provider Search: **800.458.6024** (8:00 a.m. to 6:00 p.m., Monday through Friday) or bcbsil.com.

PPO RX Information

Prime Therapeutics is the administrator of the PPO prescription drug program. They oversee retail and mail order prescriptions under this plan. Your medical ID card also serves as your prescription ID card. PPO members utilize the Balanced Drug List. To find a participating retail pharmacy or for more information on the Balanced Drug List, log into Blue Access for Members and click on the Prescription Drug link or visit myprime.com.

Prescription Drug Inquiry Unit

Phone: **800.423.1973** (Available 24 Hours Per Day, 7 Days Per Week) | Website: myprime.com

Home Delivery Customer Service

through Express Scripts

Phone: **833.715.0942** | Website: express-scripts.com/rx

Specialty Customer Service

through Accredo Pharmacy


Phone: **833.721.1619** | Website: accredo.com

Hearing Aid Benefit Coverage

Benefits will be provided for Hearing Aids for covered persons when a Hearing Care Professional prescribes a Hearing Aid to augment communications. Some related services are included, such as audiological examinations and selection, fitting and adjustment of ear molds to maintain optimal fit when Medically Necessary; Hearing Aid repairs will be covered when deemed Medically Necessary.



Herscher Community School District #2 Medical Plans Comparison

	Blue Cross and Blue Shield PPO HDHP with HSA		Blue Cross and Blue Shield PPO ¹ with HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible*				
Individual	\$1,650	\$1,650	\$2,500	\$5,000
Family	\$3,300	\$3,300	\$7,500	\$15,000
Out-of-Pocket Limit* (deductible included)				
Individual	\$3,300	\$3,300	\$3,500	\$7,000
Family	\$6,600	\$6,600	\$10,500	\$21,000
Covered Expenses				
Hospital				
Inpatient Services	100% after deductible	80% after \$300 per admission deductible	90% after deductible	70% after \$300 per admission deductible
Outpatient Surgery	100% after deductible	80% after deductible	90% after deductible	70% after deductible
Emergency Room	90% after deductible		100% after \$75 copay (waived if admitted)	
Physician				
Inpatient Services	100% after deductible	80% after deductible	90% after deductible	70% after deductible
Outpatient Surgery	100% after deductible	80% after deductible	90% after deductible	70% after deductible
Office Visits	100% after deductible	80% after deductible	100% after \$20 copay	70% after deductible
Specialist Office Visit	100% after deductible	80% after deductible	100% after \$30 copay	70% after deductible
Other				
X-ray and Lab	100% after deductible	80% after deductible	90% after deductible	70% after deductible
Therapy-Speech, occupational or physical therapy	100% after deductible**	80% after deductible	90% after deductible**	70% after deductible
Mental/Nervous-Inpatient	100% after deductible	80% after \$300 per admission deductible	90% after deductible	70% after \$300 per admission deductible
Mental/Nervous-Outpatient	100% after deductible	80% after deductible	90% after deductible	70% after deductible
Substance Abuse-Inpatient	100% after deductible	80% after \$300 per admission deductible	90% after deductible	70% after \$300 per admission deductible
Substance Abuse-Outpatient	100% after deductible	80% after deductible	90% after deductible	70% after deductible
Wellcare	100%	80% after deductible	100%	70% after deductible
Prescription Drugs	Prime Therapeutics		Prime Therapeutics	
Retail Pharmacy 34-day supply	80% after deductible		\$15 Generic \$30 Preferred Brand \$50 Non-Preferred Brand	
Mail Order 90-day supply	80% after deductible		\$30 Generic \$60 Preferred Brand \$100 Non-Preferred Brand	

¹Please note: effective 09/01/15 all medical copays are included in the OOP maximum.

*Deductible and Out-of-Pocket amounts accumulate based on the benefit period of Jan 1 to Dec 31.

**Physical Therapy (65 visits/benefit period). Occupational Therapy (70 visits/benefit period). Speech Therapy (45 visits/benefit period).

Dependent Age: to 26 for all married or unmarried dependents and to age 30 for all unmarried military dependents who are Illinois residents.

Note: This is an outline of the benefit schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

Herscher CSD #2 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **815.426.2162**.

UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **815.426.2162**.





Additional BCBS Resources

BCBS Global Core

BCBS Global Core provides members with access to doctors and hospitals in nearly 200 countries and territories around the world. Members can also search for providers, file a claim, translate medical terms, and much more.

To take advantage of the BCBS Global Core program, visit bcbsglobalcore.com or download the BCBS Global Core mobile app. The BCBS Global Core Service Center is available **24 hours a day, 7 days a week**, toll-free at **800.810.BLUE (2583)** or by calling collect at **804.673.1177**.

24/7 Nurseline — Around-the-Clock, Toll-Free Support (PPO and HDHP plans 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.

Seasons of Life

Seasons of Life is an outreach program that provides personalized claims resolution assistance to members and their families who are dealing with the death of a loved one. Seasons of Life ensures that members and their families receive compassionate help when they need it.

Fitness Program

The Fitness Program is an eight-tier membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 13,000 participating gyms, you can work out at any location of your choosing at any time. To search for a gym, log in to Blue Access for Members or call **888.762.2583**.

Other program perks:

- No long-term contract required. Membership is month to month.
- Enroll in a tier that fits your budget and preferences with a one time **\$19 enrollment fee**.
(No enrollment fee for Digital Only option.)

Digital Only: \$10/month	Core: \$29/month	Elite: \$129/month	Signature: \$199/month
Base: \$19/month	Power: \$39/month	Pro: \$159/month	Premiere: \$239/month

- 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.

Vision Program

PPO and HMO members can receive discounts on glasses, contact lenses, laser vision correction services, examinations and accessories through EyeMed providers. For a list of providers near you, go to eyemed.com, click **Find a Provider**, then choose the "Select Network" for HMO members and "Advantage Network" for PPO Members.

PPO EyeMed (Advantage Network): **866.273.0813** | HMO EyeMed (Select Network): **866.273.0813**

For more discount programs, sign up on the Blue365 website at blue365deals.com/BCBSIL

Well onTarget®

A Dynamic Wellness Program

Wellness is more than diet and fitness. It involves making healthy choices that enrich your mind, body and spirit. Well onTarget is designed to give you the tools and support you need to make these choices, while rewarding you for your hard work.

Well onTarget features:

Well onTarget Member Wellness Portal

The heart of Well onTarget is the member portal. It uses the latest technology to offer you an enhanced online experience. This engaging portal links to a suite of innovative programs and tools including self-directed courses, health and wellness content, tools and trackers, and the Blue Points program.

Blue Points

With the Blue Points program, you will be able to earn points by regularly participating in a range of healthy activities. You can then redeem your points for various gift cards to your favorite retailers or restaurants.

Navigate

Wellbeing Solutions

Your physical, financial, and emotional wellbeing are extremely important. In order to support, and offer you resources all in one place, the EBC has partnered with Navigate Wellbeing Solutions to provide a unified wellbeing engagement platform. Through the secure site, you will have access to group challenges, e-learning opportunities, health resources including workout videos and healthy recipes, and information on free programs the district provides, even if you are not enrolled in benefits. Visit ebcwellbeing.com to use these comprehensive online resources and step toward your healthiest, happiest self.

Dental Plan

BCBS Dental – High Plan		
Benefit	In-Network	Out-of-Network
Annual Deductible Amount	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Diagnostic and Preventive Care	100%	100%
Basic Restorative Services	80%	80%
Endodontic Services	80%	80%
Periodontal Services	80%	80%
Periodontal Maintenance	80%	80%
Oral Surgery Services	80%	80%
Crowns, Inlays/Onlays Services	50%	50%
Prosthodontic Services	50%	50%

Note: Deductible waived for Preventive and Diagnostic Services and Miscellaneous Services. Covered dental expenses incurred toward the deductible amount applied to both the In-Network and Out-of-Network Plan.

Maximum Calendar Year Benefits	
Covered Dental Expenses (excluding Orthodontia)	\$1,500
Orthodontic Services	\$0
Temporomandibular Joint (TMJ) Services	\$0
Maximum Lifetime Benefits	
Implant Services	\$0
Orthodontic Services (child to age 19)	50% up to a maximum of \$1,500
Temporomandibular Joint (TMJ) Services	\$0

BCBS Dental – Low Plan		
Benefit	In-Network	Out-of-Network
Annual Deductible Amount	\$25 Individual \$75 Family	\$25 Individual \$75 Family
Diagnostic and Preventive Care	100%	100%
Basic Restorative Services	100%	80%
Endodontic Services	0%	0%
Periodontal Services	0%	0%
Periodontal Maintenance	100%	80%
Oral Surgery Services	0%	0%
Crowns, Inlays/Onlays Services	0%	0%
Prosthodontic Services	0%	0%

Maximum Calendar Year Benefits	
Covered Dental Expenses (excluding Orthodontia)	\$500
Orthodontic Services	No Coverage
Temporomandibular Joint (TMJ) Services	\$0
Maximum Lifetime Benefits	
Implant Services	\$0
Orthodontic Services	\$0
Temporomandibular Joint (TMJ) Services	\$0

For a complete list of providers near you, visit <https://www.bcsil.com/> or call BCBS dental customer service at 800.367.6401.

Note: This is an outline of the benefit schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.



Vision Plan

EyeMed		
For a complete list of providers near you, use our Provider Locator on www.eyemed.com and choose the SELECT network or call 1.866.299.1358.		
Vision Care Services	Member Cost	Out-of-Network
Exam with dilation as necessary	\$10 copay	Up to \$30
Contact Lenses (fitting and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens	Up to \$40	N/A
Premium Contact Lens	10% off retail	N/A
Frames	\$0 copay; \$130 allowance; 80% of charge over \$130	Up to \$65
Standard Plastic Lenses		
Single Vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$60
Standard Progressive	\$90	Up to \$40
Premium Progressive	\$90; 80% of charge less \$120 allowance	Up to \$40
Contact Lenses		
Conventional	\$0 copay; \$130 allowance; 15% off retail price over \$130	Up to \$104
Disposable	\$0 copay; \$130 allowance; plus balance over \$130	Up to \$104
Medically Necessary	\$0 copay; paid in full	Up to \$200
LASIK and PRK Vision Correction	15% off the retail price or 5% off the promotional price	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 12 months	

Note: This is an outline of the benefit schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.



Voluntary Group Life and AD&D (Reliance Standard)

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Voluntary Life/AD&D Insurance

Employee Benefit: Amounts from \$10,000 to \$500,000 in increments of \$10,000.

Note: Spouse and children may not have coverage unless the employee has coverage.

Child Coverage

Live birth to 14 days: \$0

Ages 15 days to 6 months: \$100

Age 6 months to age 26: \$5,000, \$10,000, \$15,000 or \$20,000

Life and AD&D benefits reduce by 35% of the original amount at age 65 and further reduce by 50% at age 70 of the original amount.

EMPLOYEE Voluntary Life/AD&D	
Monthly rates per \$1,000	
Age	Rates
24 and Under	\$0.050
25–29	\$0.034
30–34	\$0.043
35–39	\$0.063
40–44	\$0.096
45–49	\$0.150
50–54	\$0.230
55–59	\$0.384
60–64	\$0.502
65–69	\$0.791
70+	\$1.340

SPOUSE Voluntary Life/AD&D	
Monthly rates per \$1,000	
Age	Rates
24 and Under	\$0.050
25–29	\$0.034
30–34	\$0.043
35–39	\$0.063
40–44	\$0.096
45–49	\$0.150
50–54	\$0.230
55–59	\$0.384
60–64	\$0.502
65–69	\$0.791
70+	\$1.340

Dependent Life/ AD&D (Children)	
Monthly premium per family	
\$5,000	\$1.35
\$10,000	\$2.69
\$15,000	\$4.04
\$20,000	\$5.39





The right care
when you
need it most

Teladoc
HEALTH

EBC
Educational Benefit Cooperative

Consults are:

FREE for PPO
HDHP HSA is \$55/visit

Teladoc Health gives you 24/7 access to doctors by phone, video or app for non-emergency conditions.

We treat allergies, flu and cold symptoms, pink eye, sinus infections, headaches, upset stomach and more.



Talk to a
board-certified
doctor anytime,
anywhere*

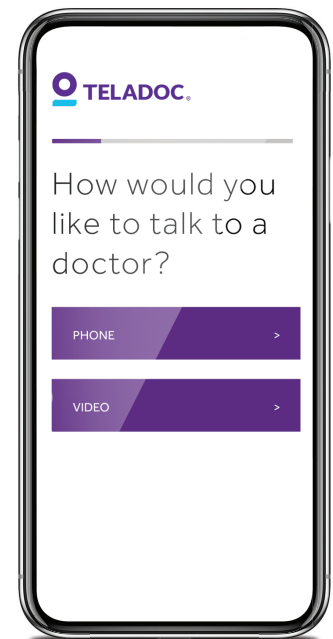


Get a prescription
or refill if needed





Skip the trip to the ER
and save money

*Teladoc is not available internationally.



Feel better faster

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (835-2362) | Download the app  

Consult fee is subject to the plan deductible and out-of-pocket limit

Dependent Eligibility Audit

The EBC Board of Directors approved conducting an ongoing Dependent Eligibility Audit for all employees who newly cover dependents on their medical plans. The audit is mandatory for all EBC districts.

This audit will capture any new hires or employees experiencing a qualifying life event that add dependents. These employees will be required to upload documents that show proof of dependent eligibility status into a secure online portal managed by Impact Interactive.

Dependents will be dropped from the plan if a dependent is determined to be ineligible during the audit or, if an employee fails to submit documents for the dependent before the deadline. The date the dependent will be dropped is listed in the audit communication sent to individual employees via mailed and district email.

Dropped dependents are NOT eligible for COBRA.

Who are eligible dependents?

- Spouse
- Civil Union (all districts)
- Domestic Partner (some districts cover)
- Biological, adopted, step child
- Child under legal guardianship, foster child

What are examples of documents that will be required?

- The most recent tax return showing married filing jointly/separately
- Birth certificate
- Court documents that show legal guardianship
- Marriage certificate AND two financial statements, such as bank statements, insurance bills, rental/mortgage contracts

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. Any pre-tax benefit elections made during open enrollment must remain in effect until the following open enrollment period, unless you experience a qualifying life event (QLE) that may allow for an election change. Allowed election changes will depend on the QLE that is experienced.

Some examples of qualifying life events include:

- Marriage
- Change in dependent's eligibility or employment status
- Birth or adoption
- Divorce or legal separation

Please note, these are only a few examples. If you believe you experienced a qualifying event, please notify human resources immediately. You have 30 days* from the date of the qualifying event to make applicable changes. Keep in mind, the changes you make must be directly related to the event and you may be required to provide documentation.

*If you lose eligibility for Medicaid/CHIP or become eligible for a state premium assistance subsidy, you have 60 days from that qualified change in status to make changes.





Herscher Community School District #2

[illegible]

[illegible]

Herscher Community School District #2



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.