



EMPLOYEE BENEFIT GUIDE AUGUST 1, 2024



SOUTH HOLLAND SD #151 2024

OUR EMPLOYEES ARE OUR MOST VALUABLE ASSET.

At South Holland School District #151, we are committed to offering a comprehensive employee benefits program that helps our employees stay healthy, feel secure and maintain a work/life balance. The intention of this Benefits Guide is to assist both you and your family in making the choices that best meet your needs for the upcoming plan year. This guide highlights the benefit options available to you and your dependents. Please review this benefit guide carefully, in addition to the Summary of Benefits and Coverage (SBC).

STAY HEALTHY

- Medical and Dental
- Wellness Program
- Employee Assistance Program (EAP)

FEELING SECURE

- Life and Accidental Death & Dismemberment (AD&D) Insurance.
- Voluntary Life Insurance

CARRIER CONTACT INFORMATION

Health Insurance.....7

Carrier Name – www.bcbsil.com

South Holland School District #151 HMO Group #B15106HMO Member Services: 1-800-892-2803

South Holland School District #151 PPO Group #P15106 PPO Member Services: 1-800-541-2767

PPO Dental Insurance.....9

Carrier Name – www.metlife.com

Dental Group # 5579320

Dental Customer Services: 1-800-275-4638

HMO Dental Insurance.....10

Carrier Name – www.guardianlife.com

Dental Group # 379628

Dental Customer Services: 1-800-627-4200

Life/AD&D Insurance and Voluntary Life/AD&D.....11

Carrier Name – www.dearbornnational.com

Life/AD&D Group # F024560

Customer Service: 1-800-348-4512

Vision12

Carrier Name – www.eyemed.com

Vision Group # 1027154

Employee Assistance Program.....11

Carrier Name – www.guidanceresources.com

Customer Service: 1-888-628-4844

BROKER CONTACT INFORMATION

VistaNational is a full-service insurance agency specializing in employee benefits. Vista strives to serve their clients by providing an array of services and programs to employees. VistaNational provides assistance with employee claims, membership and provider issues through our *Concierge Service*. Vista's Concierge Service can help employees resolve medical, dental, disability, vision, or other benefit claim issues. There is no need to contact the insurance carrier or healthcare provider. VistaNational will do all the work for you! (See following page for more information)

All employees are encouraged to call VistaNational's service representatives to assist you with your questions regarding benefits or claim issues.

Contact your team member below or by calling us at 1-800-944-3645

For questions regarding benefits, you may contact Louisa Sassi Account Manager at VistaNational, at 630-468-6526 or via email at sassil@vistanational.com

For claim inquiries, please contact Katie Mulcahy, Claims Specialist at VistaNational, at 630-468-6509 or via email at mulcahyk@vistanational.com



CLAIMS CONCIERGE SERVICE



Claims Assistance When Employees Need It

Even with robust insurance plans, claims can cause anxiety when employees have issues with medical billing and claims reimbursement — or want clarification on the claims submission process. That's why VistaNational offers a dedicated Concierge Service to your employees where they can get assistance with their insurance claims.

Our medical claims team knows how to break through bureaucracy and advocate for your employees to help reach a resolution on their specific claims issues. We act as a personal concierge on all benefit matters. Your employees will no longer need to call the carrier or provider - our team facilitates it for them.

One Point of Contact

When employees contact Vista's Concierge Service, they are assigned a dedicated team of medical claims specialists who work with them from start to finish. They don't reach a new person each time they contact Vista, which means they don't need to repeat their story. One call and Vista is on the case, dealing with carrier claims, managing benefits, preparing paperwork, advocating for employees and working towards resolution.

[Claims Concierge Service 800.944.3645](tel:800.944.3645)

WHO IS ELIGIBLE & WHEN:

Full-time employees who work a minimum of 35 hours per week are eligible to participate in the Medical and Dental benefit programs effective based on your date of hire. Employer paid Basic Life/AD&D is also effective immediately. Once your enrollment is completed, you may not make any changes to your elections unless you have a Qualifying Life Event, or your hours worked per week drop below the minimum.

QUALIFYING LIFE EVENTS:

If you experience a qualifying life event (for instance; getting married or having a baby), please contact HR; proof of the Qualifying Life Event must be submitted within 30 days in order to change current benefit elections.

Qualifying Life Events Examples:

- A change in number of dependents (birth, adoption, death, guardianship);
- A change in marital status (marriage, divorce, death, legal separation);
- A dependent's loss of eligibility (attainment of limiting age);
- A termination or commencement of employment of associate's spouse or eligible dependent with coverage

MEDICAL INSURANCE



The following charts give a basic side-by-side look at the amounts you pay when you use in-network and out-of-network providers. This is for illustration purposes only. A comprehensive coverage listing can be found in the SBC and/or certificate booklet.

BLUE PRINT PPO MEDICAL PLAN

	In-Network	Out-of-Network
Deductible - Individual - Family	\$200 Individual \$600 Family	\$500 Individual \$1,500 Family
Coinsurance	90%	70%
Out-of-pocket Maximum - Individual - Family	\$500 Individual \$1,500 Family	\$1,500 Individual \$4,500 Family
Physician Visits - Primary Care Physician over age 19 - Specialist	\$ 10 Copay \$ 30 Copay	Deductible, then 30%
Urgent Care	Deductible, then 10%	Deductible, then 30%
Emergency Services	\$150 copay per visit	\$150 copay per visit
Hospital Services - In-Patient - Out-Patient	Deductible, then 10%	Deductible, then 30%
Mental Health and Substance Abuse Services (In-Patient)	Deductible, then 10%	Deductible, then 30%
Mental Health and Substance Abuse Services (Out-Patient)	Deductible, then 10%	Deductible, then 30%
Prescription Drug Coverage (Preferred Generic/Non-Preferred Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty) *Retail Preferred Pharmacies	\$10 / \$20 / \$35	\$10 / \$20 / \$35
Mail Order RX (Preferred Generic/Non-Preferred Generic/Preferred Brand/Non-Preferred Brand)	\$20 / \$40 / \$70	

**** \$300 DEDUCTIBLE PER HOSPITAL ADMISSION FOR NON PARTICIPATING PROVIDERS.**

BCBSIL

BLUE ADVANTAGE HMO HEALTH INSURANCE

HMO Plan Feature	BAHMO Plan In-network
Deductible - Individual - Family	\$0 Individual \$0 Family
Coinsurance	100%
Out-of-pocket Maximum - Individual - Family	\$1,500 Individual \$3,000 Family
Wellness Care Benefit	\$0 Copay
Physician and Maternity Services (Copay for 1 st visit only on maternity)	\$10 Copay (PCP) \$30 Copay (Specialist)
Emergency Services	\$150 Copay
Hospital Services (In-Patient)	Covered at 100% (referral required)
Hospital Services (Out-Patient)	Covered at 100% (referral required)
Mental Health and Substance Abuse Services (In-Patient)	Covered at 100% (referral required)
Mental Health and Substance Abuse Services (Out-Patient)	\$10 Copay (referral required)
Prescription Drug Coverage	\$10 Generic/\$20 Brand/\$35 Non-formulary Mail Order \$20/\$40/\$70 Covered

*There are no out-of-network benefits with an HMO plan.

*You must elect a Primary Care Physician (PCP) and Medical Group. Females may also elect a Women's Primary HealthCare Provider within the same Medical Group.

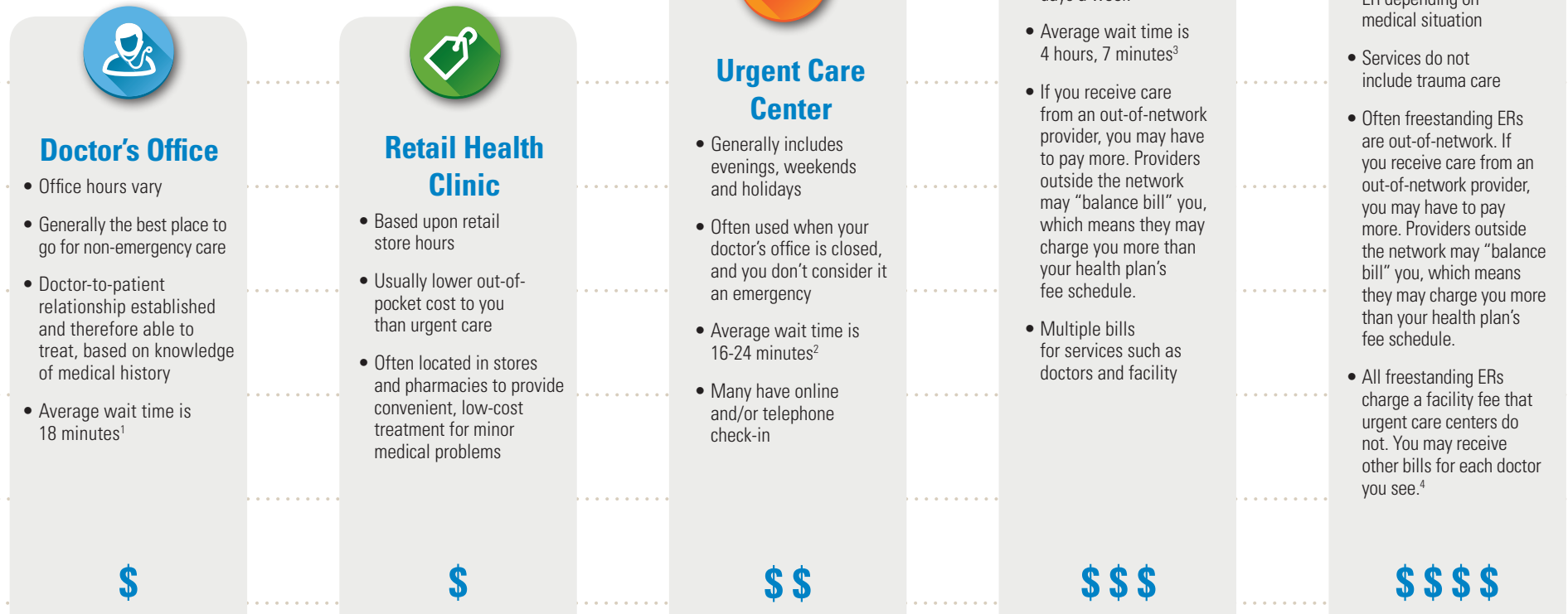
Confused About Where to Go for Care?

SmartER CareSM options may save you money

If you aren't having an emergency, deciding where to go for medical care may save you time and money.

You have choices for where you get non-emergency care — what we call SmartER Care. Use the chart below to help you figure out when to use each type of care.

When you use in-network providers for your family's health care, you usually pay less for care. Search for in-network providers in your area at bcbsil.com or by calling the Customer Service number on your member ID card.



If you need emergency care, call 911 or seek help from any doctor or hospital immediately.

¹ Vitals Annual Wait Time Report, 2017.

² Wait Time Trends in Urgent Care and Their Impact on Patient Satisfaction, 2017.




³ Emergency Department Pulse Report 2010 Patient Perspectives on American Health Care. Press Ganey Associates.

⁴ The Texas Association of Health Plans.

Note: The relative costs described here are for independently contracted network providers. Your costs for out-of-network providers may be significantly higher. Wait times described are just estimates.

The information provided in this guide is not intended as medical advice, nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional. Please check with your doctor for individualized advice on the information provided. Coverage may vary depending on your specific benefit plan and use of network providers. For questions, please call the number on the back of your member ID card.

Deciding Where to Go? Doctor, Retail Clinic, Urgent Care or ER.

	Doctor's Office 	Retail Health Clinic 	Urgent Care Center 	Hospital ER 	Freestanding ER 
Who usually provides care	Primary Care Doctor	Physician Assistant or Nurse Practitioner	Internal Medicine, Family Practice and Pediatric	ER Doctors, Internal Medicine, Specialists	ER Doctors
Sprains, strains	■	■	■	<ul style="list-style-type: none"> Any life-threatening or disabling conditions Sudden or unexplained loss of consciousness Major injuries Chest pain; numbness in the face, arm or leg; difficulty speaking Severe shortness of breath High fever with stiff neck, mental confusion or difficulty breathing Coughing up or vomiting blood Cut or wound that won't stop bleeding Possible broken bones 	<ul style="list-style-type: none"> Most major injuries except for trauma¹ May also provide imaging and lab services but do not offer trauma or cardiac services requiring catheterization¹ Do not always accept ambulances
Animal bites	■	■	■		
X-rays			■		
Stitches			■		
Mild asthma	■	■	■		
Minor headaches	■	■	■		
Back pain	■	■	■		
Nausea, vomiting, diarrhea	■	■	■		
Minor allergic reactions	■	■	■		
Coughs, sore throat	■	■	■		
Bumps, cuts, scrapes	■	■	■		
Rashes, minor burns	■	■	■		
Minor fevers, colds	■	■	■		
Ear or sinus pain	■	■	■		
Burning with urination	■	■	■		
Eye swelling, irritation, redness or pain	■	■	■		
Vaccinations	■	■	■		

Urgent Care Center or Freestanding ER Knowing the Difference Can Save You Money

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers, but costs may be higher. A visit to a freestanding ER often results in medical bills that may be 10 times the rate charged by urgent care centers for the same services.² Here are some ways to know if you are at a freestanding ER.

Freestanding ERs:

- Look like urgent care centers, but have the word "Emergency" in their name or on the building.
- Are open 24 hours a day, seven days a week.
- Are not attached to and may not be affiliated with a hospital.
- Are subject to the same ER member share which may include a copay, coinsurance and applicable deductible.

Find urgent care centers³ near you by texting⁴

URGENTIL to **33633**.

¹ "Freestanding ED 101: What you need to know" July 2016, The Advisory Board Company.

² The Texas Association of Health Plans.

³ The closest urgent care center may not be in your network. Be sure to check Provider Finder[®] to make sure the center you go to is in-network.

⁴ Message and data rates may apply. Read terms, conditions and privacy policy at bcbsil.com/mobile/text-messaging.



PPO DENTAL INSURANCE

This chart gives a basic side-by-side look at the amounts you pay with the dental program. A comprehensive coverage listing can be found in the SBC and/or certificate booklet.

Type of Service	Amount You Pay In-Network	Amount You Pay Out-of-Network
Deductible	\$0 Single \$0 Family	\$25 Single \$75 Family
Annual Maximum	\$2,000	\$1,500
Diagnostic and Preventive Services	0%	0%
Restorative Services	20% after Deductible	20% after Deductible
Endodontic Services	50% after Deductible	50% after Deductible
Periodontic Services	50% after Deductible	50% after Deductible
Oral Surgery	50% after Deductible	50% after Deductible
Crowns, Inlays/Onlays Services	50% after Deductible	50% after Deductible
Prosthodontic Services	50% after Deductible	50% after Deductible
Orthodontia	50% after Deductible	50% after Deductible
Child Ortho Max	\$1,000	\$1,500

HMO DENTAL INSURANCE



This chart gives a basic side-by-side look at the amounts you pay with the dental program. A comprehensive coverage listing can be found in the SBC and/or certificate booklet.

Type of Service	Amount You Pay In-Network
Office Visit Copay	\$5
Diagnostic and Preventive Services	0%
Restorative Services	20% after Deductible
Endodontic Services	50% after Deductible
Periodontic Services	50% after Deductible
Oral Surgery	50% after Deductible
Crowns, Inlays/Onlays Services	50% after Deductible
Prosthodontic Services	50% after Deductible
Orthodontia	50% after Deductible
Child Ortho Max	\$1,000 savings

LIFE INSURANCE



BASIC LIFE AND AD&D INSURANCE BENEFITS:

South Holland School District #151 provides eligible employees who work at least 35 hours per week, with Basic Group Life and Accidental Death and Dismemberment (AD&D) insurance and pays the full cost of this benefit. Contact HR to update your beneficiary information.

VOLUNTARY LIFE AND AD&D INSURANCE BENEFITS

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through bi-weekly payroll deductions.

Please contact HR for more information regarding these benefits.

VISION INSURANCE



South Holland School District #151 vision coverage is provided by EyeMed. Visit www.eyemed.com to register, review benefits, find a provider and promotions.

This chart gives a basic side-by-side look at the amounts you pay with the EyeMed Vision program.

Type of Service	Amount You Pay In-Network
Exam	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 24 months
Exam Copay (with dilation as necessary)	\$10 Copay
Materials Copay -Single -Bifocal -Trifocal -Lenticular	\$25 Copay
Lens Options -Tint -Scratch -Poly -Progressive	\$15 Copay \$15 Copay \$40 Copay \$80 Copay
Frame Allowance	\$130 Allowance
Elective Contact Lens Allowance (Necessary Contact Lenses Covered in Full)	\$130 Allowance

Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.



Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

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The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact HR.

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