



Employee Benefits Summary

August 1, 2025 – July 31, 2026

IMPORTANT INFORMATION ENCLOSED

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

Brown & Brown is a full-service insurance agency specializing in employee benefits. Brown & Brown strives to serve their clients by providing an array of services and programs to employees. Brown & Brown provides assistance with employee claims, membership and provider issues through our *Concierge Service*. Brown & Brown'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. Brown & Brown will do all the work for you! (See following page for more information)

All employees are encouraged to call Brown & Brown'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 Senior Account Manager at Brown & Brown at 630-468-6526 or via email at louisa.sassi@bbrown.com

For claim inquiries, please contact Katie Mulcahy, Claims Specialist at Brown & Brown, at 630-468-6509 or via email at katie.mulcahy@bbrown.com





Claims Concierge Service Team

Personalized Claims Support

Brown & Brown's Claims Service Team provides assistance on benefit claims, solve issues with carriers and providers, and manage billing appeals. Whether it is by phone, email or fax, employees can send their request to our Concierge Service and connect to one of our claims specialists who will serve as their advocate, work to resolve their claim issue and negotiate their bill.

How It Works

- 1 Prepare a description of the claim issue(s)
- 2 Scan or take a picture of the claim document(s) to include via email or fax
- 3 Contact our service team.
 - **Call:** (630) 468-6509
 - **Email:** 764.claims@bbrown.com
 - **Fax:** (630) 468-6559
- 4 A representative will call you within two business days

After submitting the claim, the Brown & Brown Concierge Service team is on the case, dealing with carrier claims, preparing any required paperwork and actively advocating resolution.

Let our Claims Service Team assist in resolving medical, dental, disability, vision or other benefit claim issues.

The Ultimate Convenience

The Concierge Service is provided as a value-add service – for employees having group benefits with Brown & Brown.

Why spend time on the phone, on hold, tracking down information, doing paperwork...Brown & Brown's Concierge Service does it for you!

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 Mail Order RX (Preferred Generic/Non-Preferred Generic/Preferred Brand/Non-Preferred Brand)	\$10 / \$20 / \$35 \$20 / \$40 / \$70	\$10 / \$20 / \$35

****\$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.



Doctor's Office

- Office hours vary
- Generally the best place to go for non-emergency care
- Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history
- Average wait time is 18 minutes¹

\$



Retail Health Clinic

- Based upon retail store hours
- Usually lower out-of-pocket cost to you than urgent care
- Often located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems

\$



Urgent Care Center

- Generally includes evenings, weekends and holidays
- Often used when your doctor's office is closed, and you don't consider it an emergency
- Average wait time is 16-24 minutes²
- Many have online and/or telephone check-in

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Hospital ER

- Open 24 hours, seven days a week
- Average wait time is 4 hours, 7 minutes³
- If you receive care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- Multiple bills for services such as doctors and facility

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Freestanding ER

- Open 24 hours, seven days a week
- Could be transferred to a hospital-based ER depending on medical situation
- Services do not include trauma care
- Often freestanding ERs are out-of-network. If you receive care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- All freestanding ERs charge a facility fee that urgent care centers do not. You may receive other bills for each doctor you see.⁴

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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.



BlueCross BlueShield
of Illinois

Your Health Your Way

**Register for Blue Access for MembersSM
to get 24/7 access to your benefits
information.**



**Once registered, use BAMSM to help you get
the most from your benefits.**

- Find in-network doctors and hospitals.
- View, print or download your member ID card.
- Review your benefits and dependent* coverage.

**You can do all this and more, simply and securely
on BAM.**

Let's get started



1. Scan the QR code or go to **mybam.bcbsil.com**.
2. Log in or sign up using your member ID card to complete your registration.



Access the Information That Matters to You

- Review claims summaries or download an Explanation of Benefits.
- See benefit highlights for your medical, dental and pharmacy plans.
- Keep track of your deductible and out-of-pocket expenses.
- Find in-network doctors, hospitals and other health care providers.
- Get preventive care guidelines, information and health tips for managing health conditions and living a healthier life.
- View your health history, update your profile and preferences, sign up for electronic EOBs, find claim forms, manage privacy preferences and contact us.



Stay Connected Wherever You Are

On the go? No problem. Log in to BAM from your mobile device to keep your benefits at your fingertips.

*Covered dependents who are at least 18 can create their own BAM accounts.

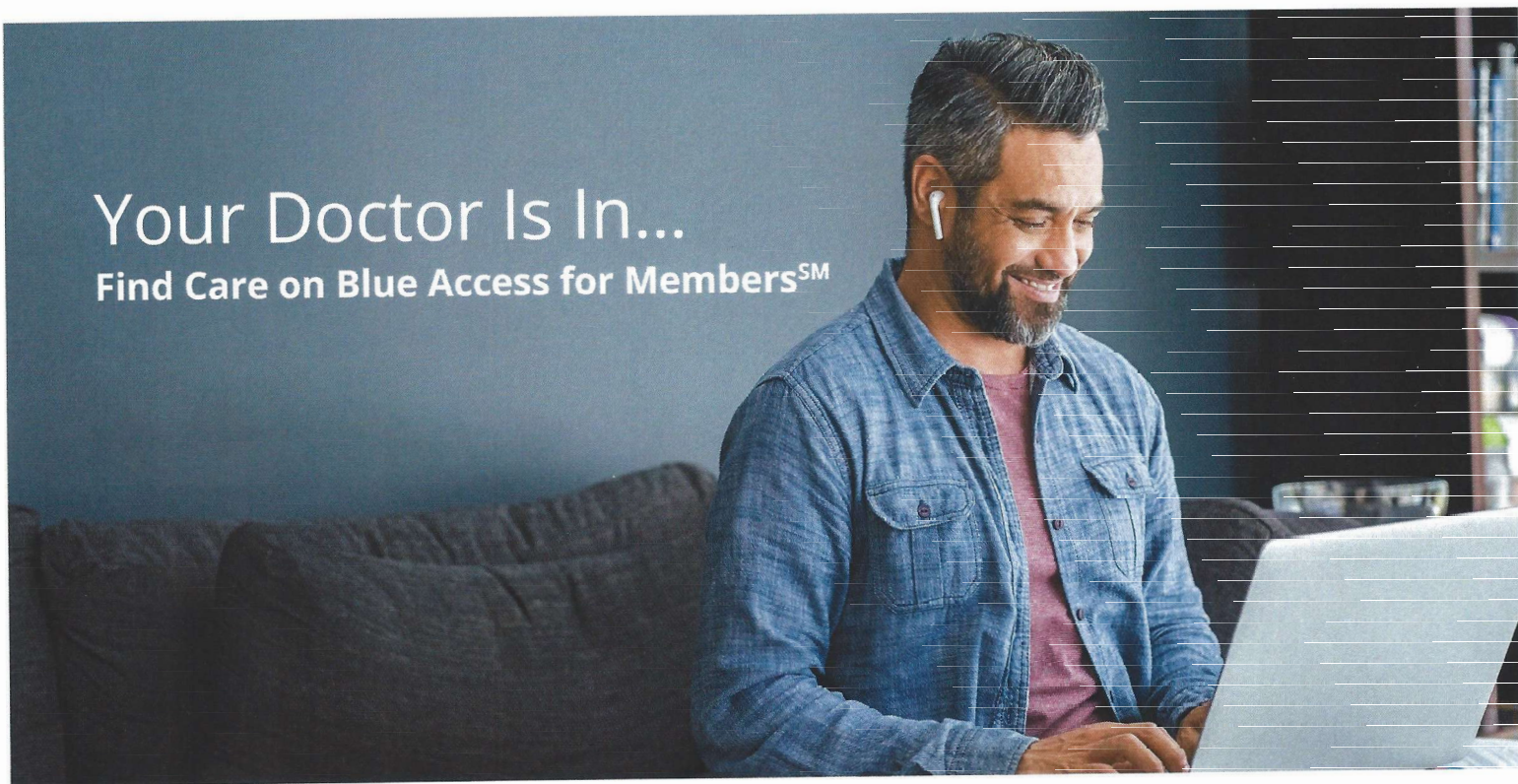
This material is only for illustration purposes. Your group's coverage types and benefits may be different.

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BlueCross BlueShield
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Your Doctor Is In... Find Care on Blue Access for MembersSM



It's easy to find a provider and manage your health care expenses.

Find Care on BAMSM

We make it easy to find in-network health care providers and manage your out-of-pocket costs.

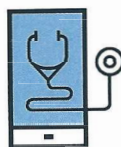
Go to bcbsil.com to log in or create an account on BAM. Then, look for **Find Care** to:

- Find in-network providers, clinics, hospitals and pharmacies.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Compare quality, awards for doctors, hospitals and more.
- Read or add reviews for providers.
- Estimate the out-of-pocket costs for more than 1,700 health care procedures, treatments and tests.*
- Find cost savings opportunities for prescription drugs using the Medication Finder tool.*

* Not all plans provide this information.

Find a Doctor Wherever You Are

- **Log in to BAM.** Use your ZIP code to find providers in your network.
- **Search as a guest.** Go to bcbsil.com, choose Find Care and use the ZIP code at your location to find in-network providers near you.
- **Need more help?** Call 800-810-BLUE (2583). Also applies to Global[®] Core.



Stay Connected with BCBSIL

Even on the go you can manage your ID cards and stay on top of claims activity, coverage information and prescription refill reminders. It's easy: Log in or create a BAM account at bcbsil.com.



BlueCross BlueShield
of Illinois



Blue PointsSM Are Rewards for Healthy Living

It may be hard to consistently maintain a healthy lifestyle. That's why the Well onTarget program offers a little motivation with Blue Points rewards.¹ The program may help you get on track, and stay on track, to reach your wellness goals.

With the Blue Points program, you will be able to earn points for regularly participating in many different healthy activities. You can redeem these points for gift cards for yourself or friends and family.

Created with your needs in mind, the Blue Points program has many convenient, user-friendly, personalized and flexible features:

Earn Points Instantly

The program gives you points immediately, so you can start using them right away.²

Easily Manage Your Points

The interactive Well onTarget portal, available at wellontarget.com, employs the the latest user-friendly technology. This makes it easy to find out how many points are available for you to earn. You can also track the total number of points you've earned year-to-date. All of your points information will appear on one screen.

Well onTarget[®]

Choose from a Large Selection of Gift Card Rewards.

Redeem your points for digital gift cards from a variety of over 75 merchants like Amazon, Best Buy and others.^{3,4} They'll be available at **wellontarget.com** and in the AlwaysOn mobile app. Example of redemption below:

Redeem for a value

YOU HAVE: 10000 Points

Card Type

Digital Card

☒ Digital Card will be delivered to you by email or sms

Select Value

\$3 526 Points	\$4 702 Points	\$5 877 Points
\$10 1754 Points	\$25 4386 Points	\$50 8772 Points
\$100 17554 Points		
Custom Value (\$3-\$2000) <input type="text"/> 0 Points		

Proceed to checkout

Participate in Activities That Match Your Goals

Look how quickly your Blue Points can add up! Here are some sample activities you can complete to earn Blue Points:

Activities	Potential Blue Points Amounts
Completing the Health Assessment every six months ⁴	2,500 points every six months
Complete a Self-management Program	1,000 points per quarter
Using the trackers to track your progress toward your goals	10 points, up to a maximum of 70 points per week
Enrolling in the Fitness Program	2,500 points
Adding weekly Fitness Program center visits to your routine	Up to 300 points each week
Completing Progress Check-ins	Up to 250 points per month
Connecting a compatible fitness device or app to the portal	2,675 points
Tracking progress using a synced fitness device or app	55 points per day

Log on to **wellontarget.com** today to find all the interactive tools and resources you need to start racking up Blue Points. Keep yourself motivated to earn more points by seeing the gift cards you can select from and checking out all the rewards you can earn for adopting — and continuing — healthy habits.

1. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information. Blue Points will expire 90 days after coverage on a qualifying BCBSIL plan terminates.

2. This does not apply to points you earn for completing Fitness Program activities.

3. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

4. Merchants are subject to change.

Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program. Well onTarget is an informational resource provided to members and is not a substitute for the independent medical judgment of a health care provider. Members are instructed to consult with their health care provider before beginning their journey toward wellness.

The Fitness Program is provided by Tivity Health®, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

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:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 888.628.4844

TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant™, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: DLEAP

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information

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