Cook County School District #130
2021-2022 Benefits Guide

Insurance / Risk Advisory / Employee Benefits

HORTON

Cook County School District #130
Benefits Guide

We are committed to providing our greatest assets-our people-with comprehensive and affordable benefits. Our 2021-2022 Employee Benefits offerings deliver maximum options and flexibility.

This guide will help you understand the full range of health and wellness benefits that will be available. After reading through the enclosed information, be sure to use this guide as a benefits resource you can reference throughout the year.

This guide includes a quick reference directory of telephone numbers and websites for all of our providers. We encourage you to access these sites to learn more about the plans and make the best choices possible.

Protect your **Health, Life & Well-Being**

Contents

About the Medical Insurance

Choosing the right health insurance plan is important for you and your family. Following are some of the basic reasons you should obtain health coverage:

- Health insurance gives you a sense of security knowing that a sudden illness or serious injury will not drain your bank account, or worse, your retirement savings. Health insurance protects your financial future by helping pay for expensive doctor visits and treatments.
- Seeing doctors who are in-network with your health insurance plan also gives you the advantage of receiving care with lowered costs. When doctors are in-network, you have access to lower rates negotiated by the insurance company, meaning you owe less than if you did not have insurance.
- Health insurance covers many preventative services without you having to pay a deductible or copayment. Preventative care is intended to prevent or catch diseases and other health problems before they become serious. Preventative services that are covered in full include various health screening and immunizations.
- Having health insurance will also help you pay for prescription drugs, whether through reduced fees or copays.

Who Is Eligible?

Full-time employees, working a minimum of 30 hours per week and their family members are eligible to enroll in the benefits described in this guide. *Children can remain covered up to age 26 for all lines of coverage.*

When Are You Eligible?

Newly Eligible Employees: Benefits are effective on date of hire.

Annual Open Enrollment:

You may make changes to your benefit elections during your open enrollment period (May) for a July 1st effective date.

Qualified Change in Status:

You may make benefit changes within 30 days of a qualified event. Qualified events include marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of dependent, change in residence due to an employment transfer for you or your spouse or change in spouse's benefits or employment status.

Note: Employee is responsible for notifying Human Resources of any changes within 30 days.

Medical

BlueCross BlueShield of IL

Coverage	BCBS PPO 250		BCBS PPO 500	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	**PPO**		**PPO**	
Annual Deductible				
Individual	$250	$500	$500	$1,500
Family	$500	$1,000	$1,500	$4,500
Out-of-Pocket Maximum				
Individual	$1,250	$2,500	$2,000	$6,000
Family	$2,500	$5,000	$6,000	$18,000
Coinsurance	90%	70%	80%	60%
Lifetime Maximum	**Unlimited**		**Unlimited**	
Physician & Services				
Primary Care Physician	$20 Copay	70% after Ded.	$25 Copay	60% after Ded.
Specialist Care Physician	$40 Copay	70% after Ded.	$50 Copay	60% after Ded.
Preventative Care	No Charge	70% after Ded.	No Charge	60% after Ded.
Urgent Care	90% after Ded.	70% after Ded.	80% after Ded.	60% after Ded.
Hospital Services				
Inpatient	90% after Ded.	70% after Ded.	80% after Ded.	60% after Ded.
Outpatient	90% after Ded.	70% after Ded.	80% after Ded.	60% after Ded.
Emergency Room	$100 Copay (copay waived if admitted)		$200 Copay (copay waived if admitted)	
Retail & Mail Order (In-Network Only)				
RX Out-of-Pocket Maximum	Individual $1,000 Family $2,000		Individual $1,000 Family $2,000	
Retail (up to a 34-day supply)	$10/ $40/ $60/ $60		$10/ $40/ $60/ $60	
Mail Order (up to 90-day supply)	$20/ $80/ $120		$20/ $80/ $120	

See Certificate of Coverage for full policy details including limits and exclusions. To identify an in-network provider go to www.bcbsil.com

2021-2022 Per 22 Pay Period Medical Contributions	PPO 250	PPO 500
Employee Only	$72.58	$48.39
Employee + Spouse	$178.47	$118.70
Employee + Child(ren)	$178.16	$118.50
Employee + Family	$442.54	$188.38

Medical

BlueCross BlueShield of IL

Coverage	BCBS HMOI	BCBS HSA	
	In-Network	In-Network	Out- of- Network
Network	**HMO**	**PPO**	
Annual Deductible			
Individual	$0	$2,850	$5,700
Family	$0	$5,700	$11,400
Out-of-Pocket Maximum			
Individual	$1,500	$2,850	$5,700
Family	$3,000	$5,700	$11,400
Coinsurance	100%	100%	80%
Lifetime Maximum	**Unlimited**	**Unlimited**	
Physician & Services			
Primary Care Physician	$20 Copay	100% after Ded.	80% after Ded.
Specialist Care Physician	$40 Copay (referral required)	100% after Ded.	80% after Ded.
Preventative Care	No Charge	No Charge	80% after Ded.
Urgent Care	$20 Copay (referral required/or must be affiliated with your chosen medical)	100% after Ded.	80% after Ded.
Hospital Services			
Inpatient	No Charge (referral required)	100% after Ded.	80% after Ded.
Outpatient	No Charge (referral required)	100% after Ded.	80% after Ded.
Emergency Room	$100 Copay (copay waived if admitted)	80% after Ded. (copay waived if admitted)	
Retail & Mail Order (In-Network Only)			
RX Out-of-Pocket Maximum	**Individual $1,000 Family $2,000**	**N/A**	
Retail (up to a 34-day supply)	$10/ $40/ $60/ $60	100% after Ded.	
Mail Order (up to a 90-day supply)	$20/ $80/ $120	100% after Ded.	

See Certificate of Coverage for full policy details including limits and exclusions. To identify an in-network provider go to www.bcbsil.com

2021-2022 Per 22 Pay Period Medical Contributions	HMO	HSA
Employee Only	$32.27	$63.22
Employee + Spouse	$79,14	$155.45
Employee + Child(ren)	$79.00	$155.18
Employee + Family	$125.58	$246.69

Health Savings Account (HSA)

What is a Health Savings Account?

An HSA (Health Savings Account) is a tax-free savings account that an individual owns and funds to be used exclusively to pay for medical expenses. You can use this for any of your expenses from this plan, or you can choose to let this account grow from year to year.

Any unused funds at the end of the calendar year will be rolled into the next calendar year.

- In order to establish an HSA, you have to be covered by a High Deductible Health Plan. These types of plans have no co pays.
- The IRS sets an annual maximum amount that can be deposited into the account. Any unused funds will earn interest and roll over from year to year. These funds belong to you, if you leave your job; you take the money in the account with you.
- As long as funds are withdrawn for qualified medical expenses, they will be tax-free. If funds are taken for other expenses, you will pay income tax and a 20% penalty on the withdrawal.
- The owner of the HSA account is responsible to keep records on all withdrawals. Keep all receipts for medical expenses paid for with HSA money in case you are audited.

Who is Eligible?

An eligible individual is any individual who:

- Is covered by a high deductible Health Plan (HDHP)
- Is not also covered by any other health plan that is not a HDHP
- Is not entitled to Medicare (generally has not reached age 65)
- May not be claimed as a dependent on another person's tax return

2021 Maximum HSA Contribution Limit? (Employee)

- $3,600 for individual coverage
- $7,200 for family coverage
- Individuals age 55 or older are eligible to make a catch-up contribution of $1,000
- These amounts will be prorated if you are on the plan for less than 12 months

Dental

Coverage	MetLife Dental Plan	
	In-Network	Out-of-Network
Network	**PDP Plus**	
Annual Deductible- Does Not Apply to Preventive Services		
Individual	$50	$50
Family	$150	$150
Calendar Year Maximum	$2,000 per person	
Preventive		
Oral Exams	No Charge of Negotiated Fee*	No Charge of R&C Fee**
Cleanings	No Charge of Negotiated Fee*	No Charge of R&C Fee**
X-Rays	No Charge of Negotiated Fee*	No Charge of R&C Fee**
Basic		
Fillings	90% of Negotiated Fee*	80% of R&C Fee**
Endodontics	90% of Negotiated Fee*	80% of R&C Fee**
Simple / Surgical Extractions	90% of Negotiated Fee*	80% of R&C Fee**
Major		
Crowns/ Inlays/ Onlays	60% of Negotiated Fee*	50% of R&C Fee**
Implants	60% of Negotiated Fee*	50% of R&C Fee**
Bridges/ Dentures	60% of Negotiated Fee*	50% of R&C Fee**
Lifetime TMJ Maximum Per Person	$1,000	

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

**R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.metlife.com/mybenefits

2021-2022 Dental Contributions	Per 22 Pay Period
Employee Only	$0
Employee + Family	$36.41

MetLife

The goal is to deliver affordable protection for a healthier smile and a healthier you. Members are required to pay the difference between the plan payment and the provider's actual fee for covered services. Therefore, the out-of-pocket expenses may be lower if services are provided by a Participating Provider. For complete coverage details, please refer to the Summary Plan Description (SPD).

Vision

VSP- Eye care can be an important benefit for you and your family, which is why we provide vision insurance through VSP. VSP *Choice* Network provides a full range of services including eye exams, an allowance toward glasses and/or contacts, and lens coverage

Plan Feature	Frequency	In-Network	Out-of-Network
Network		**Choice**	
Examination	**12 Months**	No Charge after $10 Copay	Reimbursement up to $25
Standard Lenses Single Vision Lined Bifocal Lined Trifocal	**12 Months**	No Charge after $15 Materials Copay	 Reimbursement up to $30 Reimbursement up to $35 Reimbursement up to $45
Frames	**12 Months**	$160 allowance for a wide selection of frames $180 allowance for featured frame brands 20% savings on the amount over your allowance	Reimbursement up to $45
Contact Lenses - In lieu of eyeglass			
Contact Lenses	**12 Months**	$160 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on contact lens exam (fitting and evaluation)	Reimbursement up to $210

Extra Savings (In-Network Only)

Diabetic Eyecare Plus Program: Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. There is a $20 Copay.

Glasses and Sunglasses:

- Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.
- 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.

Retinal Screening:

- No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam.

Laser Vision Correction:

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.vsp.com

2021-2022 Per 22 Pay Period Vision Contributions	
Employee Only	$0
Employee + Family	$3.72

Life Insurance and AD&D

MetLife – Cook County School District #130 provides and pays for Group Life and AD&D Insurance for all full-time employees. The beneficiary you designate will receive the Life Insurance benefit. Contact Human Resources to update your beneficiary info.

Employee Life Insurance	
Amount	$50,000- All Active Full-Time Administrators & Teachers $30,000- All Other Active Full-Time Employees
Accidental Death and Dismemberment (AD&D)	
Amount	$50,000- All Active Full-Time Administrators & Teachers $30,000- All Other Active Full-Time Employees

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

Voluntary Life Insurance and AD&D

MetLife

	Employee	Spouse	Child(ren)
Amount	Choice of $10,000 increments To a maximum of the lesser of 5 times your basic annual earnings or $500,000	Choice of $5,000 increments To a maximum of $100,000, not to exceed 50% of employee's Supplemental Life Benefit Employee must elect coverage for spouse to be eligible	Child age: 15 days to 26 years old: Choice of $2,000 increments To a maximum of $10,000 Employee must elect coverage for dependents to be eligible.
Minimum Amount	$10,000	$5,000	$2,000
Maximum Amount	$500,000	$100,000	$10,000
Annual Buy-Up	100% of Voluntary Life Benefit	100% of Voluntary Dependent Life Benefit	100% of Voluntary Child(ren) Life Benefit
Guarantee Issue	Lesser of $100,000 and 3.00 times pay	$25,000	N/A
Conversion and Portability options are available upon leaving your current employer.			

See Certificate of Coverage for full policy details including limits and exclusions-for a copy please see Human Resources.

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates as well as those for your spouse (based on your age and the amount of coverage you want). Rates to cover your child (ren) are also shown.

Employee Monthly Voluntary Life and AD&D Rate Table

Age	$1,000	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000
Under 30	$0.055	$0.55	$1.10	$1.65	$2.20	$2.75	$3.30	$3.85	$4.40	$4.95	$5.50
30-34	$0.055	$0.55	$1.10	$1.65	$2.20	$2.75	$3.30	$3.85	$4.40	$4.95	$5.50
35-39	$0.075	$0.75	$1.50	$2.25	$3.00	$3.75	$4.50	$5.25	$6.00	$6.75	$7.50
40-44	$0.105	$1.05	$2.10	$3.15	$4.20	$5.25	$6.30	$7.35	$8.40	$9.45	$10.50
45-49	$0.155	$1.55	$3.10	$4.65	$6.20	$7.75	$9.30	$10.85	$12.40	$13.95	$15.50
50-54	$0.235	$2.35	$4.70	$7.05	$9.40	$11.75	$14.10	$16.45	$18.80	$21.15	$23.50
55-59	$0.345	$3.45	$6.90	$10.35	$13.80	$17.25	$20.70	$24.15	$27.60	$31.05	$34.50
60-64	$0.455	$4.55	$9.10	$13.65	$18.20	$22.75	$27.30	$31.85	$36.40	$40.95	$45.50
65-69	$0.785	$7.85	$15.70	$23.55	$31.40	$39.25	$47.10	$54.95	$62.80	$70.65	$78.50
70+	$1.255	$12.55	$25.10	$37.65	$50.20	$62.75	$75.30	$87.85	$100.40	$112.95	$125.50

Spouse Rate Table

Age	$1,000	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000
Under 30	$0.082	$0.82	$0.44	$0.65	$0.87	$1.09	$1.31	$1.53	$1.75	$1.96	$2.18
30-34	$0.085	$0.85	$0.45	$0.68	$0.91	$1.13	$1.36	$1.58	$1.81	$2.04	$2.26
35-39	$0.101	$1.01	$0.54	$0.81	$1.08	$1.35	$1.62	$1.89	$2.16	$2.43	$2.70
40-44	$0.147	$1.47	$0.79	$1.19	$1.58	$1.98	$2.37	$2.77	$3.16	$3.56	$3.95
45-49	$0.218	$2.18	$1.18	$1.77	$2.36	$2.95	$3.53	$4.12	$4.71	$5.30	$5.89
50-54	$0.362	$3.62	$1.96	$2.95	$3.93	$4.91	$5.89	$6.87	$7.85	$8.84	$9.82
55-59	$0.591	$5.91	$3.21	$4.82	$6.43	$8.03	$9.64	$11.24	$12.85	$14.46	$16.06
60-64	$1.053	$10.53	$5.73	$8.60	$11.47	$14.33	$17.20	$20.06	$22.93	$25.80	$28.66
65-69	$1.918	$19.18	$10.45	$15.68	$20.90	$26.13	$31.35	$36.58	$41.80	$47.03	$52.25
70+	$3.649	$36.49	$19.89	$29.84	$39.79	$49.73	$59.68	$69.62	$79.57	$89.52	$99.46

Employee age as of July 1st.
Spouse/Domestic Partner rates are based upon the Employee's age.
The rates and benefits are subject to the terms and conditions of the contract between MetLife and Cook County School District #130. Specific details regarding these provisions can be found in the booklet certificate.

Child(ren) Rate Table

Age	$1000	$2,000	$4,000	$6,000	$8,000	$10,000
Under 26	$0.11	$1.06	$2.12	$3.17	$4.23	$5.29

Employee Assistance Program

SupportLinc is the Employee Assistance Program (EAP) for Cook County School District 130 employees and their immediate family members.

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, SupportLinc will be there to help. The SupportLinc Employee Assistance Program (EAP) is a company-sponsored resource that helps you deal with life's challenges and the demands that come with balancing home and work. SupportLinc provides confidential, professional counseling for a wide array of personal and work-related concerns.

SupportLinc provides confidential, professional referrals and up to five (5) face-to-face counseling sessions per presenting issue for a wide array of personal and work-related concerns, such as:

Stress and Anxiety • Depression • Marriage and Relationship Problems • Grief and Loss • Substance Abuse • Legal Services • Anger Management • Work-Related Pressures • Education Guidance • Child Care Referrals • Financial Planning • Elder and Adult Care Referrals • Family Issues • Identity Theft Recovery

Referrals, Consultation and Other Resources

Whether you are a new parent, a caregiver, selling your home or looking for legal advice, you're likely to need guidance and referrals to expert resources. SupportLinc's work-life specialists are here to help. The program includes the following work-life services:

- **Legal Assist:** Free Telephonic or Face-to-Face Legal Consultation
- **Financial Assist:** Expert Financial Planning and Consultation
- **Family Assist:** Consultation and Referral Services for Daily Living Issues, Such as Dependent Care, Auto Repair, Pet Care and Home Improvement

Confidentiality

SupportLinc upholds strict confidentiality standards. Nobody will know you have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information.

Technology

eConnect®

- Scheduled Video, Telephonic and Web Chat Counseling Sessions on the SupportLinc Website
- Mobile App for On-The-Go Program Access

Additional Web-Based Services

- Thousands of Helpful Articles and Tip Sheets for Personal and Work-Related Topics
- Search Engines and Directories for Child Care, Elder Care, Education, Legal, Financial and Convenience Services
- Discounted Fitness Center Memberships
- Skill Builders: 20-Minute eLearning Modules
- Bilingual Content (English and Spanish)

1-888-881-LINC (5462)

24 Hours a Day, 365 Days a Year

www.supportlinc.com

Username: d130
Password: linc123

SUPPORT LINC
EMPLOYEE ASSISTANCE PROGRAMS

Contact Information

MEDICAL:
BlueCross BlueShield of IL
Phone: HMO 800-892-2803
PPO 800-541-2767
www.bcbsil.com

DENTAL:
MetLife
Phone: 800-942-0854
www.metlife.com/mybenefits

VISION:
VSP
Phone: 800-877-7195
www.vsp.com

GROUP LIFE/VOLUNTARY LIFE:
MetLife
Phone: 800-523-2894
www.metlife.com

EMPLOYEE ASSISTANCE PROGRAM (EAP):
CuraLinc
Phone: 888-881-5462
www.supportlinc.com

THE HORTON GROUP CONTACT:
Kelly Boldt
Assistant Client Manager
Phone: 708-845-3138
Kelly.boldt@thehortongroup.com

Horton is not providing legal advice or creating an attorney-client relationship by providing the sample notices. Horton is not undertaking to identify all potential liabilities that may arise out of the use of the sample notices. While every effort has been made to provide a complete summary and sampling of required notices, the sample notices are to be used to provide a basic understanding of the subject matter and should not be considered exhaustive. Horton strongly encourages you to seek independent legal counsel regarding the reliability and accuracy of information provided in the sample forms.

Additionally, please note that the enclosed information is Federal-specific. State mandates may also apply.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide 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 Guide 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 your Guide, contact Human Resources.

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