

# Summary of Benefits

City of Elmhurst

2020-2021





# Medical Insurance | BlueCross BlueShield

## Health Maintenance Organization (HMO)

HMOs provide access to certain doctors and hospitals and services are restricted to in-network providers only. Care is managed by a Primary Care Physician (PCP) chosen at the time of enrollment. The PCP must provide a referral when a specialist, outpatient procedure, or hospitalization is required. There are no out-of-network benefits.

## Preferred Provider Organization (PPO)

A PPO plan offers the freedom to receive care from any doctor, specialist, or hospital without a referral. Out-of-pocket costs are significantly less if an in-network provider is used. There is a great deal of flexibility and choice with a PPO.

## Prescription Drugs Generic Default

For the HMO and PPO 300 Plans, beginning 7.1.2019 prescription orders will default from brand to generic when an equivalent is available. To continue receiving the brand drug over the generic equivalent the prescription must state dispense as written / do not substitute. If the physician does not feel the brand drug is necessary the member can receive the brand prescription, however they will pay the copay plus the difference in cost between the brand drug and its generic equivalent.

## High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

The HDHP is a high deductible PPO plan that provides health care benefits after the deductible has been met. All medical services with the exception of preventive care are paid by you at 100% less carrier discounts until meeting the annual deductible. This includes routine office visits, procedures, lab work, prescription drugs, etc.

The HSA is a bank account paired with the HDHP. This allows you to set aside money on a tax-free basis to pay out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. The money in your HSA account is yours to keep – even if changing plans or retiring. Any remaining balance carries forward each year.

Contributions:	Employee Only	Family
City of Elmhurst will contribute	\$1,400	\$2,800
You can contribute up to an additional	\$2,150	\$4,300
Maximum IRS Annual HSA Contributions 2020	\$3,550	\$7,100
Catch-Up Contribution (Age 55+)	Additional \$1,000	

Choice of plan options:	HMO (Group #B30712)	PPO 300 (Group #PH0015)		PPO HDHP (Group #230713)	
Calendar Year (1/1 - 12/31) Deductible & Out-of-Pocket	In-Network Benefits Only	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Network</b>	HMO Blue Advantage	PPO		PPO	
<b>Deductible</b>					
Individual	\$0	\$300	\$300	\$2,800	\$5,600
Family	\$0	\$900	\$900	\$5,600	\$11,200
<b>Coinsurance</b>	100%	90%	70%	100%	80%
<b>Out-of-Pocket Max</b>					
Individual	\$1,500	\$1,300	\$1,300	\$2,800	\$11,200
Family	\$3,000	\$3,900	\$3,900	\$5,600	\$22,400
<b>Physician Services</b>					
Well Adult / Well Child	\$0 Copay	100%	70% After Ded	100%	80% Aft Ded
MD Live	N/A	\$20 Copay	N/A	\$44 Fee	N/A
Physician Office	\$20 Copay	\$20 Copay	70% After Ded	100% Aft Ded	80% Aft Ded
Specialist Visit	\$20 Copay	\$20 Copay	70% After Ded	100% Aft Ded	80% Aft Ded
<b>Emergency Room</b>	\$75 Copay then 100%	\$100 Copay		100% After Deductible	
<b>Urgent Care</b>	\$20 Copay	\$75 Copay	70% After Ded	100% Aft Ded	80% Aft Ded
<b>Prescription Drugs</b>					
Generic Tier 1	\$10 Copay	\$10 Copay	\$10 + 25%	100% Aft Ded	80% Aft Ded
Preferred Brand Tier 2	\$20 Copay	\$25 Copay	\$25 + 25%	100% Aft Ded	80% Aft Ded
Non-Preferred Brand Tier 3	\$35 Copay	\$45 Copay	\$45 + 25%	100% Aft Ded	80% Aft Ded
Specialty Tier 4	\$35 Copay	\$45 Copay	N/A	N/A	N/A
<b>Mail Order Prescription Drugs</b>					
Generic Tier 1	\$10 Copay	\$10 Copay	\$10 + 25%	100% Aft Ded	80% Aft Ded
Preferred Brand Tier 2	\$20 Copay	\$25 Copay	\$25 + 25%	100% Aft Ded	80% Aft Ded
Non-Preferred Brand Tier 3	\$35 Copay	\$45 Copay	\$45 + 25%	100% Aft Ded	80% Aft Ded
Specialty Tier 4	N/A	N/A	N/A	N/A	N/A
<b>Prescription Drug Out-of-Pocket Max</b>	\$1,000 / \$2,000	\$2,000 / \$6,000		N/A	



# How to Find a BCBS Medical Provider



Visit [www.bcbsil.com](http://www.bcbsil.com) and click "Find a Doctor or Hospital"



Call Customer Service toll-free:

**HMO:** 800-892-2803

**PPO:** 800-828-3116



## Virtual Visits | MDLIVE (PPO Members Only)

BlueCross BlueShield offers Virtual Visit benefits through MDLIVE. Virtual Visits provides you and your covered dependents access to care for non-emergency medical needs and is available 24 hours a day, 7 days a week. Speak to a doctor immediately or schedule an appointment based on your availability. Virtual Visits can be a better alternative than going to the emergency room or urgent care.\* MDLIVE doctors or therapists can help treat the following conditions and more:

### General Health:

- Allergies
- Asthma
- Nausea
- Sinus Infections

### Pediatric Care:

- Cold
- Flu
- Ear Problems
- Pink Eye

### Behavioral Health:

- Anxiety/Depression
- Child Behavior/Learning
- Marriage Problems

To take advantage of this benefit, visit **[www.MDLIVE.com/bcbsil](http://www.MDLIVE.com/bcbsil)** or call **888.676.4204**.

\*In the event of an emergency, this service should not take place of an emergency room or urgent care facility. Proper diagnosis should come from your doctor and medical advice is between you and your doctor.



### Connect<sup>2</sup>

Access where mobile app, online video or telephone service is available



### Interact

Real-time consultation with a board-certified doctor or therapist



### Diagnose

Prescriptions sent electronically to a pharmacy of your choice (when appropriate)



#### Website:

Visit the website

**[MDLIVE.com/bcbsil](http://MDLIVE.com/bcbsil)**

- Choose a doctor
- Video chat with the doctor
- You can also access through Blue Access for Members™



#### Mobile app:

- Download the app from the Apple App Store™, Google Play™ Store or Windows® Store
- Open the app and choose a doctor
- Video chat with the doctor from your mobile device



#### Telephone:

- Call MDLIVE (888-676-4204)
- Speak with a health service specialist
- Speak with a doctor

**Get connected today!**

**To register, you'll need to provide your first and last name, date of birth and BCBSIL member ID number.**



# Dental Insurance | BlueCross BlueShield

## Dental Preferred Provider Organization (DPPO)

The DPPO plan allows the flexibility to select a dentist of your choice. Manage out-of-pocket costs more efficiently by using in-network dentists. Services are categorized according to complexity and cost.

### Preventive:

- Annual cleanings (2 per year\*)
- X-rays (1 per year)
- And more

### Basic:

- Fillings
- Simple extractions
- Root Canals
- And more

### Major:

- Dentures/bridges/partials
- Crowns
- And more

\*Plan allows for 2 cleanings in a calendar year.

Choice of plan options:	CORE Plan (Group #230716)		Low Plan (Group #230715)		High Plan (Group #230717)	
<i>Calendar Year (1/1 - 12/31) Deductible &amp; Out-of-Pocket</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
<b>Network Name</b>	BlueCare DPPO		BlueCare DPPO		BlueCare DPPO	
<b>Individual Deductible</b>	\$50	\$50	\$50	\$50	\$50	\$50
<b>Family Deductible</b>	\$150	\$150	\$150	\$150	\$150	\$150
<b>Preventive Coinsurance</b>	100%	80%	100%	100%	100%	100%
<b>Basic Coinsurance</b>	80%	50%	80%	80%	100%	80%
<b>Major Coinsurance</b>	50%	50%	50%	50%	80%	50%
<b>Annual Plan Maximum</b>	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000
<b>Orthodontia Coinsurance*</b>	50%	50%	50%	50%	50%	50%
<b>Orthodontia Lifetime Maximum</b>	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000

\*Adults and dependent children are eligible for orthodontia coverage.

As a BlueCross BlueShield member, you have access to the **Dental Wellness Center**, which provides information on topics such as pediatric care, cosmetic dentistry, and tips to prevent cavities, gum disease, tooth loss, and other problems. To access the wellness center, log in to the Blue Access for Members at [bcbsil.com](http://bcbsil.com) and click on the *My Health* tab.



## How to Find a BCBS Dental Provider



Visit [www.bcbsil.com/provider/dental.htm](http://www.bcbsil.com/provider/dental.htm)



Call Customer Service toll-free at **800-367-6401**



# BlueCross BlueShield Value Added Benefits

## **BlueAccess for Members:** [www.bcbsil.com](http://www.bcbsil.com)

A secure member website that gives you immediate access to health care benefit information. Here you can check claim status, find in-network providers, use the hospital comparison tool, and much more.

## **BlueAccess Mobile™**

Access your BlueAccess for Members account from a mobile device. Opt in to receive texts for Rx refill reminders, diet and fitness tips, claim updates and more. Download the app for immediate access.

## **Virtual Visits—MDLIVE (PPO Members Only)**

MDLIVE's telehealth program provides enrolled members with access to non-emergency medical care without even leaving the couch. Visit a doctor virtually 24 hours a day, 7 days a week for a variety of different ailments and symptoms. Log on to [MDLIVE.com/bcbsil](http://MDLIVE.com/bcbsil) or call 888.676.4204 today to find out additional info on this benefit.

## **24/7 Nurseline: 800.299.0274 (PPO Members Only)**

General health info and guidance for specific conditions from fevers to bee stings from a registered nurse.

## **Maternity Care Program: 888.421.7781**

Personalized support provided by Obstetrical nurses.

## **Mail Order Prescriptions: 800.423.1973**

Through BCBS and Walgreens, mail order prescriptions may save time and money.

## **Blue365 Discounts**

Access to additional special program discounts. Details can be accessed by logging into Blue Access for Members via [www.bcbsil.com](http://www.bcbsil.com). Once logged in, go to the *My Coverage* tab and click on *Discounts* found under *Member Advantages*.

## **Well onTarget Member Wellness Program**

Access health and wellness resources that can help you manage your health. Resources include health assessments, self-directed courses and health coaching.



# Tips to Save Money

## **Preventive/Wellness Exams Covered at 100%**

- Preventive care is equal to one physical exam per year per enrolled member.
- Females get an annual well-woman exam covered at 100% in addition to their annual physical exam.
- No out-of-pocket costs apply - these exams are fully covered as long as your physician codes them as preventive.

## **Prescription Drugs**

- Ask your doctor if there's a generic version of any medication you're currently taking or being prescribed.
- Take advantage of the Prescription Savings Programs at major retailers.
- Ask about free samples from your doctor and/or manufacturer rebates.

## **High Cost Scans, X-Rays & Tests**

- MRI, PET scans, CT scans, etc. are nearly 2/3 less costly at free-standing, in-network imaging centers than at hospitals.
- Whenever possible, compare cost options prior to scheduling your necessary services.

## **Accessing Medical Care**

The ER is a costly experience for issues that aren't true emergencies. There are alternatives that can offer quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- Doctor's office: for symptoms that aren't life threatening, call and let them know your symptoms require immediate attention.
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit [cvs.com](http://cvs.com) or [walgreens.com](http://walgreens.com) to find a clinic near you.
- Urgent Care (UC): less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.



# Vision Insurance | VSP

Vision insurance provides reimbursement for vision related services (i.e. eye exams, glasses, contact lenses, etc.) Manage your out-of-pocket costs by using in-network vision providers.

Vision Plan Details:	Frequency	In-Network	Out-of-Network
<b>Policy Number:</b> 30082920	<b>Plan Year</b> 7/1 - 6/30	VSP Choice Network	
<b>Eye Exam</b>	Every 12 months	\$10 Copay	\$45 Allowance
<b>Lenses</b> Single vision / Bifocal / Trifocal / Lenticular	Every 12 months*	Covered in full after \$25 copay	Allowance varies
<b>Frames</b>	Every 24 months*	\$130 Allowance + 20% off balance	\$70 Allowance
<b>Elective Contacts</b>	Every 12 months**	\$130 Allowance + 20% off balance	\$105 Allowance

\*Vision benefit frequencies are based on the date of service (1 exam every 12 months)

\*\*Contacts and glasses are not covered by the plan in the same calendar year. Discounts may apply if additional materials are purchased.

As a VSP member, you have access to exclusive member extras such as:

## Extra \$20 to Spend

Maximize your benefits with an extra \$20 to spend on any frame from a wide selection of featured frame brands. Simply select a featured frame brand in any VSP doctor's office and the \$20 will automatically be applied to your purchase.

## Glasses and Sunglasses

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.

For additional discounts on materials and services, visit <https://www.vsp.com/offers/special-offers>

## Get started at vsp.com:



**Check your VSP vision coverage** and find a provider who's right for you and your family.



**Take advantage of Exclusive Member Extras**, like an extra \$20 on featured frame brands to save even more on your eyewear.<sup>1</sup> Visit a Premier doctor for additional bonus offers.



**Print a Member Vision Card—if you'd like one.** There's no ID card necessary—just tell your provider you have VSP.



# Voluntary Term Life and AD&D Insurance | Dearborn National

Voluntary Term Life/AD&D allows the purchase of additional coverage at your own expense. Please remember to make sure your beneficiary or beneficiaries are updated. You must elect Voluntary Life/AD&D coverage in order for your spouse/child(ren) to be eligible for a benefit. A spouse's maximum election cannot exceed 50% of the employee's election amount.

	Employee	Spouse	Child(ren)
Coverage Increments	\$10,000	\$5,000	\$2,000
Maximum Benefit Amount	\$500,000	\$250,000	\$10,000
Guaranteed Issue Amount*	\$250,000	\$50,000	\$10,000

\* Guaranteed Issue amount for new hires only.

You must complete the **Evidence of Insurability** form if you or your spouse previously waived or did not enroll when you first became eligible.

Voluntary Life benefit is convertible within 31 days of leaving employment.

An employee that already has Voluntary Life benefit can "buy up" in increments of \$10,000 each year up to the Guaranteed Issue amount.

**The cost of the benefit is 100% paid by you.** Your age and the amount of insurance elected determines the premium paid. If electing Voluntary AD&D, the election must be equal to the amount elected for Voluntary Life.

*Note: Spouse rate is based on employee age.*

Employee Age	Employee /Spouse Monthly Rates per \$1,000 of Coverage
<25	\$0.055
25-29	\$0.065
30-34	\$0.080
35-39	\$0.095
40-44	\$0.120
45-49	\$0.180
50-54	\$0.275
55-59	\$0.455
60-64	\$0.780
65-69	\$1.270
70-74	\$2.300
75-79	\$3.720
80+	\$3.720
AD&D (all ages)	\$0.030
Child(ren) Life	\$0.200
Child(ren) AD&D	\$0.030



# Carrier Information

## Medical HMO Blue Advantage

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	www.bcbsil.com
<b>Phone Number</b>	800-892-2803
<b>Policy Number</b>	B30712

## Medical PPO Plans

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	www.bcbsil.com
<b>Phone Number</b>	800-828-3116
<b>Policy Number</b>	PH0015 / 230713

## Dental DPPO

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	www.bcbsil.com
<b>Phone Number</b>	800-367-6401
<b>Policy Number</b>	230716 / 230715 / 230717

## Vision

<b>Carrier</b>	VSP
<b>Website</b>	www.vsp.com
<b>Phone Number</b>	800-877-7195
<b>Policy Number</b>	30082920

## Voluntary Life/AD&D

<b>Carrier</b>	Dearborn National
<b>Website</b>	www.dearbornnational.com
<b>Phone Number</b>	800-348-4512
<b>Policy Number</b>	F022640

## Human Resources Contact Information

<b>Contact</b>	Human Resources Department
<b>Email Address</b>	<a href="mailto:hr@elmhurst.org">hr@elmhurst.org</a>
<b>Phone Number</b>	630-530-3770
<b>Website</b>	<a href="http://elmhurst.governmentinsurancenetwork.org">http://elmhurst.governmentinsurancenetwork.org</a>

Brought to you by:



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.