

# Summary of Benefits

City of Elmhurst

2023





# 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 plan, brand drugs will default to generic when a equivalent is available. If your doctor determines you cannot tolerate the available generic equivalent, your doctor can write dispense as written/do not substitute on the prescription. Otherwise, you will pay the brand drug copay amount 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 calendar year 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. You cannot contribute to a HSA once you enroll in Medicare. Any remaining balance carries forward each year.

Contributions:	Employee Only	Family
City of Elmhurst will contribute	\$1,500	\$3,000
You can contribute up to an additional	\$2,350	\$4,750
Maximum IRS Annual HSA Contributions 2023	\$3,850	\$7,750
Catch-Up Contribution (Age 55+)	Additional \$1,000	

Medical Benefits:	HMO (Group #B30712)	PPO 300 (Group #PH0015)		PPO HDHP 3000 (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	\$3,000	\$6,000
Family	\$0	\$900	\$900	\$6,000	\$12,000
<b>Out-of-Pocket Max</b> <i>(Includes Deductible)</i>					
Individual	\$1,500	\$1,300	\$1,300	\$3,000	\$12,000
Family	\$3,000	\$3,900	\$3,900	\$6,000	\$24,000
<b>Physician Office Visits</b>					
Well Adult / Well Child	\$0 Copay	Plan Pays 100%	30% After Ded	Plan Pays 100%	20% Aft Ded
Virtual Medical Visit - MD Live	N/A	\$20 Copay	N/A	\$48 Fee	N/A
Primary Care Physician Visit	\$20 Copay	\$20 Copay	30% After Ded	Deductible Applies	20% Aft Ded
Specialist Visit	\$20 Copay	\$20 Copay	30% After Ded	Deductible Applies	20% Aft Ded
<b>Emergency Room (Per Visit)</b>	\$75 Copay	\$100 Copay		In-Network Deductible Applies	
<b>Urgent Care (Per Visit)</b>	\$20 Copay	\$75 Copay	30% After Ded	Deductible Applies	20% Aft Ded
<b>Prescription Drug Out-of-Pocket Max</b>	\$1,000 / \$2,000	\$2,000 / \$6,000		N/A	
<b>Prescription Drugs</b>					
Generic Tier 1	\$10 Copay	\$10 Copay	\$10 + 25%	Deductible Applies	20% Aft Ded
Preferred Brand Tier 2	\$20 Copay	\$25 Copay	\$25 + 25%	Deductible Applies	20% Aft Ded
Non-Preferred Brand Tier 3	\$35 Copay	\$45 Copay	\$45 + 25%	Deductible Applies	20% Aft Ded
Specialty Tier 4	\$35 Copay	\$45 Copay	N/A	Deductible Applies	N/A
<b>Mail Order Prescription Drugs</b>					
Generic Tier 1	\$10 Copay	\$10 Copay	\$10 + 25%	Deductible Applies	20% Aft Ded
Preferred Brand Tier 2	\$20 Copay	\$25 Copay	\$25 + 25%	Deductible Applies	20% Aft Ded
Non-Preferred Brand Tier 3	\$35 Copay	\$45 Copay	\$45 + 25%	Deductible Applies	20% Aft Ded
Specialty Tier 4	N/A	N/A	N/A	N/A	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/HDHP 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:

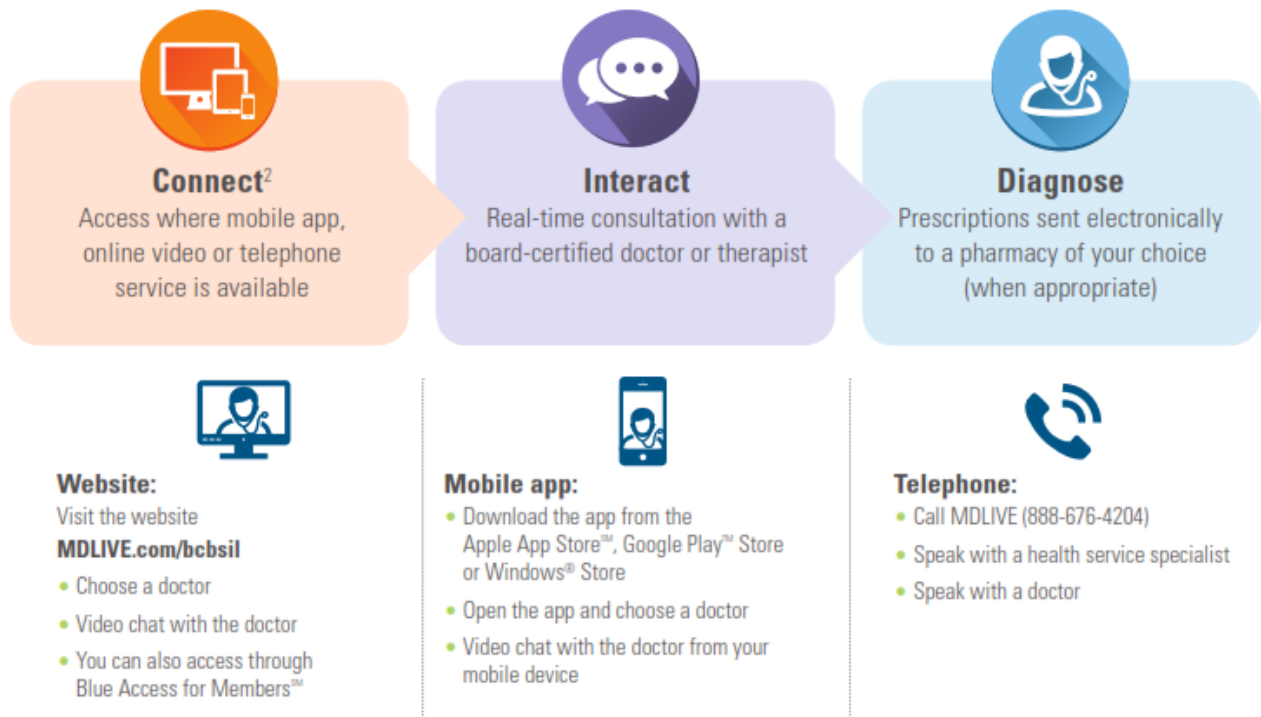
- Cold
- Flu
- Ear Problems
- Pink Eye

### 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.



**Get connected today!**

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



# Value Added Benefits | BlueCross BlueShield

## **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/HDHP 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.

## **Maternity Care Program: 888.421.7781**

Personalized support provided by Obstetrical nurses.

## **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.

## **Blue365 Discounts**

Access discounts for health related products by logging into Blue Access for Members via [www.bcbsil.com](http://www.bcbsil.com). Once logged in, go to the *Wellness* tab and click on *VisitBlue365*.

## **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.

## **Express Scripts: 833.715.0942**

Express Scripts is the prescription home delivery vendor.

## **Accredo: 833.721.1619**

Accredo is the prescription specialty drug vendor.



# Tips to Save Money

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

- Limited to one annual physical exam per year per enrolled member.
- Annual well-woman exam covered at 100% in addition to annual physical exam.
- No out-of-pocket costs apply - when your in-network physician codes claim 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.





# 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.

Dental Benefits:	CORE Plan (Group #230716)		Low Plan (Group #230715)		High Plan (Group #230717)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar Year (1/1 - 12/31) Deductible &amp; Out-of-Pocket</b>						
<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>	Plan Pays 100%	Plan Pays 80%	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%
<b>Basic Coinsurance*</b>	Plan Pays 80%	Plan Pays 50%	Plan Pays 80%	Plan Pays 80%	Plan Pays 100%	Plan Pays 80%
<b>Major Coinsurance*</b>	Plan Pays 50%	Plan Pays 50%	Plan Pays 50%	Plan Pays 50%	Plan Pays 80%	Plan Pays 50%
<b>Annual Plan Maximum</b>	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000
<b>Orthodontia Coinsurance**</b>	Plan Pays 50%	Plan Pays 50%	Plan Pays 50%	Plan Pays 50%	Plan Pays 50%	Plan Pays 50%
<b>Orthodontia Lifetime Maximum**</b>	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000

\*Coinsurance in-network is based on contracted rates. Out-of-Network coinsurance is based on 90th percentile of usual and customary. Plan pays coinsurance shown in table above.

\*\*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 *Wellness* tab.



## How to Find a BCBS Dental Provider



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



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



# Vision Insurance | VSP

Vision insurance provides coverage for eye exams, glasses, contact and contact lenses. Manage your out-of-pocket costs by using in-network vision providers.

Vision Benefits:	Frequency	In-Network	Out-of-Network
<b>Policy Number:</b> 30082920	<b>Plan Year</b> 1/1 - 12/31	VSP Choice Network	
<b>Eye Exam</b>	Every 12 months*	\$10 Copay	Up to \$45 Reimbursement
<b>Lenses</b> Single vision / Bifocal / Trifocal / Lenticular	Every 12 months*	Covered in full after \$25 copay	Reimbursement varies
<b>Frames</b>	Every 24 months*	\$130 Allowance then 20% off balance	Up to \$70 Reimbursement
<b>Elective Contacts</b>	Every 12 months**	\$130 Allowance then 20% off balance	Up to \$105 Reimbursement

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

\*\*Contacts and eye glasses are not covered by the plan within the same 12 month frequency period. However, discounts may be offered by the optical provider.

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 Life/AD&D Insurance | BlueCross BlueShield

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)
<b>Coverage Increments</b>	\$10,000	\$5,000	\$2,000
<b>Maximum Benefit Amount</b>	\$500,000	\$250,000	\$10,000
<b>Guaranteed Issue Amount</b>	\$250,000	\$50,000	\$10,000

Employee must elect Voluntary Life coverage in order for spouse/child(ren) to be eligible for Voluntary Life coverage. A spouse's maximum election cannot exceed 50% of the employee's election amount.

New hires (within 31 days of eligibility date) can elect up to guarantee issued amount without Evidence of Insurability.

**Evidence of Insurability** form must be completed if employee or spouse previously waived (did not enroll in) coverage when initially eligible or electing an amount that exceeds guaranteed issue amount.

**Open Enrollment Special:** Employees currently enrolled in Voluntary Life can purchase an additional \$10,000 of coverage, no Evidence of Insurability needed. Amounts exceeding the guaranteed issue amount require a completed Evidence of Insurability form.

Employee and spouse rates are based on employee's age and the amount of coverage elected.

Please remember to make sure your beneficiary or beneficiaries are updated.

Voluntary Life benefit is convertible within 31 days of leaving employment. See HR for details.

**The cost of the benefit is 100% paid by employee.**



# Carrier Information

## Medical HMO Blue Advantage

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>Phone Number</b>	800-892-2803
<b>Policy Number</b>	B30712

## Medical PPO Plans

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>Phone Number</b>	800-828-3116
<b>Policy Number</b>	PH0015 / 230713

## Dental DPPO

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>Phone Number</b>	800-367-6401
<b>Policy Number</b>	230716 / 230715 / 230717

## Vision

<b>Carrier</b>	VSP
<b>Website</b>	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Phone Number</b>	800-877-7195
<b>Policy Number</b>	30082920

## Voluntary Life/AD&D

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<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>



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.