



This summary is designed to give you an outline of the health benefit programs offered through Mundelein School District 120. Contained in the summary are tips for you on using the plans.

Your 2021 Benefit Summary provides information on your district's benefit plans, including:

- BCBS Member Resources
- Medical Options—PPO and HMO
- Dental Plan
- Vision Plan
- Medical Plans Comparison
- Blue365 Discount Programs

BCBS Member Resources

Blue Access for Members

To access the many resources available to Blue Cross and Blue Shield members, register to participate in Blue Access for Members at www.bcbsil.com. To register, click on "Log In" tab located on the right side of the homepage and click on "Register Now" for new users. Be sure to have your BCBS ID card handy.

Blue Access is available 24 hours a day, 7 days a week, 365 days a year.

Blue Access Features

- Cost Estimator
- Claim status
- View your personal information
- Locate a provider
- Access to health and wellness information
- Compare hospitals and physicians
- Receive email alerts
- Print a temporary ID card or order a replacement card
- View and print Explanation of Benefits (EOB)

BCBS Global Core

BCBS Global Core provides members with access to doctors and hospitals in nearly 200 countries and territories around the world.

To take advantage of the BCBS Global Core program, contact BCBSIL for coverage details. The BCBS Global Core Service Center is available **24 hours a day, 7 days a week**, toll-free at **800.810.BLUE (2583)** or by calling collect at **804.673.1177**.

Wellbeing Management

The Wellbeing Management program is designed to help you take charge of your health and provide you with the tools to better manage your benefits. Members have access to a variety of resources through Blue Cross and Blue Shield's secure website and Blue Access for Members.

24/7 Nurseline — Around-the-Clock, Toll-Free Support (PPO Members Only)

The 24/7 Nurseline can help you figure out if you should call your doctor, go to the ER or treat the problem yourself.

Health concerns don't always follow a 9-to-5 schedule. Fortunately, registered nurses are on call at **800.299.0274** to answer your health questions, wherever you may be, 24 hours a day, 7 days a week.

Note: For medical emergencies, call 911 or your local emergency service first.

Livongo: Diabetes Management Simplified (only available to PPO members)

The Livongo for Diabetes program makes living with diabetes easier by providing you with a glucose meter, testing strips and lancets, and coaching. The program is provided to all PPO members as well as your family members with diabetes.

Join today at join.livongo.com/EBC/register or call **(800) 945.4355**. Use registration code: **EBC**

Benefits Value Advisor (PPO only)

Call a Benefits Value Advisor to help you compare cost on your next procedure!

The BVA is a personal concierge service that will help you choose doctors, providers, and facilities while helping you to maximize your benefits.

A Benefits Value Advisor can:

- Help you compare costs at different providers near you
- Help you schedule your appointment
- Tell you about online educational tools

Call **800.458.6024** before your next procedure!

BCBS Member Rewards (PPO only)

Earn **CASH REWARDS** when you choose a low-cost provider for certain services and procedures. The program uses the Provider Finder® —a database of independently contracted providers, which can help members:

- Compare costs and quality for numerous procedures
- Estimate out-of-pocket costs
- Assist in making treatment decisions with their doctors

Using this resource to shop for services based on price and location, as well as quality metrics, allows you to earn cash for selecting lower-cost care. The result puts extra cash in your pocket. **Please note, all rewards are taxable to the member.**

Teladoc

Your district offers virtual care, through Teladoc, to you and your dependents enrolled in medical coverage through the district. With Teladoc, members can connect with a doctor in minutes, not hours or days like the ER, urgent care or doctor's office. Plus, you can get care from anywhere in the US: home, office, or on the road!

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care:

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On a vacation, on a business trip, or away from home
- For short-term prescription refills when medically necessary

Set up your account by going to Teladoc.com, calling **1.800.Teladoc** or downloading the Teladoc mobile app. Once you register your account and complete your medical history, you will have access to speak with a doctor by phone or video on your mobile device, computer, or phone.



Your Medical Options

Blue Cross and Blue Shield of Illinois

Blue Cross and Blue Shield of Illinois (BCBSIL) is the claims administrator for your district's medical plan(s).

Contact Blue Cross for questions regarding:

- Eligibility
- Plan benefits
- Status of claim payments

Please remember to present your insurance ID card to your healthcare provider at your appointment. This informs providers where they need to send your claims and identifies you as a Blue Cross member.

PPO Medical Plan

To find a contracting doctor or hospital, just go to www.bcbsil.com and use the Provider Finder.

PPO Customer Service: **800.458.6024**
(8:00 a.m. to 6:00 p.m., Monday through Friday).

IL Network Provider Search: **800.458.6024** (8:00 a.m. to 6:00 p.m., Monday through Friday) or www.bcbsil.com.

HMO Medical Plan

When you join one of the HMOs of Blue Cross and Blue Shield of Illinois, you choose a contracting medical group within your network and then a family practitioner, internist or pediatrician from your chosen medical group to serve as your primary care physician (PCP).

To find a medical group and PCP in either network, go to www.bcbsil.com and use the Provider Finder.

HMO Customer Service: **800.892.2803**
(8:00 a.m. to 6:00 p.m., Monday through Friday).

Your HMO Illinois ID number is located on your ID Card (Blue Cross and Blue Shield of IL).

Prescription Drug Information

Prime Therapeutics is the retail and mail-order vendor (90-day supply) for enrolled members. Your medical ID card also serves as your prescription ID card. To find a participating retail pharmacy or for more information, log in to BlueAccess for Members and click on the Prescription Drugs link or visit myprime.com.

Prescription Drug Inquiry Unit

Phone: **800.423.1973** (Available 24 Hours Per Day, 7 Days Per Week) | Website: myprime.com

Home Delivery Customer Service

through AllianceRx Walgreens Prime
Phone: **877.357.7463** |
Website: AllianceRxWP.com/Home-Delivery

Specialty Customer Service

through AllianceRx Walgreens Prime
Phone: **877.627.6337** |
Website: AllianceRxWP.com/Specialty-Pharmacy

Hearing Aid Benefit Coverage

Benefits will be provided for Hearing Aids for covered persons when a Hearing Care Professional prescribes a Hearing Aid to augment communications. Some related services are included, such as audiological examinations and selection, fitting and adjustment of ear molds to maintain optimal fit when Medically Necessary; Hearing Aid repairs will be covered when deemed Medically Necessary.

Dental Plan

MetLife Dental Coverage

MetLife is the administrator of the dental benefits for you and your family. As a member of this plan, you are free to use any dentist; however, additional discounts will be realized if you use one that participates in the MetLife PDP Plus Network.

Contact MetLife at **800.942.0854** for questions regarding:

- Network providers
- Eligibility status
- Plan benefits
- Claim status and claim forms

Additionally, you can access MyBenefits at www.metlife.com/mybenefits. This website offers you the ability to manage your personal information on your own personalized homepage, where you can view claims status and eligibility information, as well as view a summary of your dental benefits.

MetLife Dental PPO Plan	
Benefit	PPO
Deductibles (calendar year)	\$50 Individual \$150 Family (3)
Type A: Preventive Services (cleanings & exams)	Deductible waived, reimbursed at 100%
Type B: Basic Services (fillings, endodontics, periodontics and oral surgery)	Deductible applies, reimbursed at 80%
Type C: Major Restorative (crowns, bridges & dentures)	Deductible applies, reimbursed at 50%
Orthodontics (to age 19)	Deductible waived, reimbursed at 50% to a lifetime maximum of \$500
Annual Maximum Benefit	\$2,000

Dependent Age: to 26 for all unmarried or married dependents and to age 30 for all unmarried military dependents who are Illinois residents.

MetLife offers a vision discount program through Vision Service Plan (VSP). For more information or to find a participating provider visit www.metlife.com/mybenefits.

Voluntary Vision


Coverage from Vision Service Plan Network Provider	
Find a network doctor www.vsp.com or call 800.877.7195	
Exam covered in full	Every 12 months less \$10 copay
Contact Lens Care*	every 12 months
–or– Prescription Glasses	
Lenses covered in full • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Every 12 months less \$25 copay
Frame • Frame of your choice covered up to \$130 • Plus, 20% off any out-of-pocket costs	Every 24 months

*When you choose contacts instead of glasses, your \$130 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained.

Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement.

Learn more from your doctor or vsp.com.

Mundelein School District 120 Medical Plans Comparison

	Blue Cross and Blue Shield PPO Plan 1		Blue Cross and Blue Shield HMO Illinois	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$250		N/A	
Family	\$750		N/A	
Out-of-Pocket Limit (deductible included)				
Individual	\$500	\$2,500	\$1,500 in copays	N/A
Family	\$1,500	\$7,500	\$3,000 in copays	N/A

Covered Expenses

Hospital				
Inpatient Services	100%	80% after \$300 per admission deductible	100%	No coverage
Outpatient Surgery	100%	80%	100%	No coverage
Emergency Room	90% after \$100 copay (waived if admitted)		100% after \$50 copay (waived if admitted)	
Physician				
Inpatient Services	90%	70%	100%	No coverage
Outpatient Surgery	90%	70%	100%	No coverage
Office Visits	90%	70%	100% after \$10 copay	No coverage
Specialist Office Visit				
Other				
X-ray and Lab	90%	70%	100%	No coverage
Therapy—Speech, occupational or physical therapy	90% ¹	70% ¹	100% (60 visits combined per calendar year)	No coverage
Mental/Nervous—Inpatient	100%	80% after \$300 per admission deductible	100%	No coverage
Mental/Nervous—Outpatient Physician Services	90%	70%	100% after \$10 copay	No coverage
Substance Abuse—Inpatient	100%	80% after \$300 per admission deductible	100%	No coverage
Substance Abuse—Outpatient Physician Services	90%	70%	100% after \$10 copay	No coverage
Wellcare	100%	70%	100%	No coverage
Prescription Drugs	Prime Therapeutics		Prime Therapeutics	
Retail Pharmacy 34-day supply	\$10 Generic \$20 Formulary Brand \$40 Non-Formulary Brand		\$5 Generic \$10 Formulary Brand \$25 Non-Formulary Brand	
Mail Order 90-day supply	\$20 Generic \$40 Formulary Brand \$80 Non-Formulary Brand		\$5 Generic \$10 Formulary Brand \$25 Non-Formulary Brand	

¹ Speech— 30 visits per year | Physical/Occupational— 60 visits per year.

Dependent Age: to 26 for all married or unmarried dependents and to age 30 for all unmarried military dependents who are Illinois residents.

Note: This is an outline of the benefit schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

Mundelein HSD 120 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **847.949.2200 x1228**.

UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **847.949.2200 x1228**.





Blue365 Discount Programs

Fitness Program

The Fitness Program is a four-tier membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 11,000 participating gyms on hand, you can work out at any place or at any time. Choose a gym close to home and one near your office. To search for a gym, please log in to Blue Access for Members or call **888.762.2583**.

Other program perks are:

- No long-term contract required. Membership is month to month.
- Enroll in a tier that fits your budget and preferences.
 - Base:** \$19/month
 - Core:** \$29/month
 - Power:** \$39/month
 - Elite:** \$99/month
- Automatic withdrawal of monthly fee.
- Online tools for locating gyms and tracking visits.
- Earn bonus Blue Points for joining the Fitness Program. Rack up more points with weekly visits.

Vision Program

PPO and HMO members can receive discounts on glasses, contact lenses, laser vision correction services, examinations and accessories through Davis Vision and EyeMed providers. HMO members receive their vision exam benefit via EyeMed only. For a list of providers near you, go to www.eyemed.com, click *Find a Provider*, then choose the "Select Network" for HMO members and "Advantage Network" for PPO Members.

Davis Vision: **888.897.9350** | HMO EyeMed (Select Network): **866.273.0813** |
PPO EyeMed (Advantage Network): **866.273.0813**

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For more discount programs, sign up on the Blue365 website at www.blue365deals.com/BCBSIL

Well onTarget®

A Dynamic Wellness Program

Wellness is more than diet and fitness. It involves making healthy choices that enrich your mind, body and spirit. Well onTarget is designed to give you the tools and support you need to make these choices, while rewarding you for your hard work.

Well onTarget features:

Well onTarget Member Wellness Portal

The heart of Well onTarget is the member portal. It uses the latest technology to offer you an enhanced online experience. This engaging portal links to a suite of innovative programs and tools including self-directed courses, health and wellness content, tool and trackers, and the Blue Points program.

Blue Points

With the Blue Points program, you will be able to earn points by regularly participating in a range of healthy activities. You can then redeem your points for popular health and wellness merchandise and services.

Navigate

Wellbeing Solutions

Your physical, financial, and emotional wellbeing are extremely important. In order to support, and offer you resources all in one place, the EBC has partnered with Navigate Wellbeing Solutions to provide a unified wellbeing engagement platform. Through the secure site, you will have access to group challenges, e-learning opportunities, health resources including workout videos and healthy recipes, and information on free programs the district provides, even if you are not enrolled in benefits.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.