



MINOOKA CCSD #201

2019 BENEFITS



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INTRODUCTION

Minooka CCSD #201 is pleased to offer you a comprehensive suite of benefits to help support the physical and financial health of you and your family. These benefits help you pay for health care and provide financial protection.

Most of your 2019 benefits will remain the same as last year.

Please read this guide carefully to fully understand your benefits and how they work to make the best decision for you and your family. Being thoughtful about your benefits is a good thing—it's the first step to ensuring your family has the protection needed to be healthy throughout the year.

This guide provides highlights of your benefits programs; you may want to keep this with your other important papers so you can refer to it as needed. However, this guide is not a complete description of your benefits. For more detailed information, please refer to your benefit plan certificates.

Plan Updates for 2019:

- Minooka #201 will again be using an online tool, Plan Source, for employees to enroll, manage and change their benefits. More information on Plan Source can be found on page 4.
- Effective January 1, 2019, Health Savings Account employer contributions are increasing to \$1,350 annually for individual coverage and \$2,700 annually for family coverage. See page 10 for more details.
- Minooka CCSD #201 has moved Basic Life and Voluntary Life benefits to Sun Life Financial. Benefits and rates remain the same. See details of life benefits on pages 11-12.



ENROLLMENT

New Employee Enrollment: As a newly hired, full-time employee of Minooka CCSD #201, you are eligible to participate in our benefit programs on your date of hire. You have the option of delaying the start of your benefits to the first day of the following month.

Existing Employee Enrollment: There is an annual open enrollment period beginning on November 1st and ending on November 15th for benefits beginning on January 1st. During your open enrollment period, you may drop, add or change your benefits.

If you wish to apply for, or makes changes to benefits outside of your initial eligibility or open enrollment period, you may do so within 31 days of an IRS recognized life change event, as defined below:

- Employee's legal marital status changes, such as marriage, divorce, separation or the death of a spouse.
- A change in the number of dependents, such as birth, adoption or death.
- Changes in employment status of the employee, spouse or dependents, which affects benefit eligibility status. This includes beginning or ending employment, new or different work hours, a change due to a strike, a change from full-time to part-time or vice versa, or beginning or ending an unpaid leave of absence.
- A dependent becoming eligible or ineligible for coverage due to age, obtaining other group coverage, or any similar circumstance.

Benefit changes due to a life change event must satisfy a consistency rule. That is, an election of benefits or change in coverage must be on account of, and correspond with, the change in status that affects eligibility for coverage under the medical and dental plan.

Voluntarily terminating existing benefits does not qualify as a life change event. You have the right to terminate your benefits during the open enrollment period. Benefit termination will be effective January 1st; you may not rejoin the plan until the next open enrollment period or within 31 days of a life change event, as detailed above.

It is your responsibility to notify the Bookkeeper in the Administrative Center within 31 days of a life change event. Any misrepresentations, inaccurate information, or failure to provide information could result in the loss of your coverage. If you cover an individual who is not eligible for benefits, you will be required to reimburse the plan for any expenses incurred as a result and further disciplinary actions may be taken.

Divorced or legally separated spouses are ineligible for coverage as of the day of the divorce or legal separation. Dependent children are ineligible for coverage as of age "26". It is essential to notify the Administrative Center of ineligibility within a timely manner to ensure your dependent's right to COBRA Continuation.

ENROLLING IN BENEFITS – PLAN SOURCE

Minooka uses the online enrollment tool, Plan Source, for all employees to enroll, manage and change their benefits.

Employees should take the following steps in order to use Plan Source; if you have any questions, please contact the business office:

1. LOGIN

Enrollment URL: <https://benefits.plansource.com>

- User Name: Your username is the first initial of your first name, up to the first six characters of your last name, and the last four of your social security number. For example: if your name is Jane Anderson and the last four of your social security number are 1234, your user name would be janders1234.
- Password: Your password is your birth date in YYYYMMDD format. For example: if your birth date is August 14, 1962, your password would be 19620814. *At initial login, you will be prompted to change your password.*

2. LAUNCH ENROLLMENT

- Click on the picture beneath “Enroll” or click on “Select Benefit Plans” to begin your enrollment.
- Click on “Enroll in Benefits – Open” link at the left of the screen to begin your enrollment.

3. ENROLL

- Use the links at the left to make your selection.
- Follow the enrollment through each step of the enrollment process from top to bottom.
- In making your elections, choose the plan option of choice or select the “Decline” option and then select “Continue” after each election has been made.

4. CONFIRM ENROLLMENT SELECTIONS

- Once you complete all coverage elections, you will land on the Confirmation Statement. Select the “Confirm Enrollment” link once you have enrolled in benefits and this will complete the enrollment process.

YOUR MEDICAL PLAN

Medical Insurance is one of your most important benefits. Minooka CCSD #201 offers two different health plans, a PPO and a Value HSA (HDHP), through Blue Cross Blue Shield, giving you the choice to pick the best medical plan for you and your family. Both plans offer In-Network Preventive Care services at no cost to you, but differ in other plan features such as deductible, out-of-pocket maximum and prescription drug coverage. Under both plans you have coverage whether you seek care from in-network providers or out-of-network providers. However, your out-of-pocket expenses are dramatically reduced if you seek care in-network. To find a provider in Blue Cross Blue Shield's network, [visit BCBSIL.com](http://BCBSIL.com) or call (800) 810-2583.

The charts below and on the next page highlight some of the plan features. Please see the benefit plan certificate for full coverage information.

PPO		
Plan Features	In-Network Provider	Out-of-Network Provider
Calendar Year Deductible		
Individual		500
Family		1,000
Medical Out-of-Pocket Maximum (Includes Deductible)		
Individual	1,875	3,375
Family	3,750	6,750
Plan Maximum	Unlimited	Unlimited
Co-Insurance Coverage	90%	80%
Services		
Preventive Care – Routine Physical Exam, Pap Smear, Mammogram, Prostate Exam, Immunizations	100%	80% after deductible
Office Visit	\$20 copay, then 100%	80% after deductible
Inpatient Hospital Services	90% after deductible	80% after deductible
Outpatient Surgical Services	90% after deductible	80% after deductible
Outpatient Lab & X-ray	90% after deductible	80% after deductible
Emergency Room Care	90% after deductible	
Ambulance	80% after deductible	
Prescription Drug	5 / 25 / 50 copay, then 100%	5 / 25 / 50 copay, then 75%
Prescription Drug Out-of-Pocket Maximum		
Individual		2,000
Family		4,000

Be A Smart Health Care Consumer...being a smart health care consumer doesn't mean you should avoid trips to the doctor—it means making the best decisions about when and why to go to the doctor. Regular checkups can improve your health and extend your life. Through recommended exams and tests, you increase your chances of discovering problems before an illness significantly affects your health. Preventive care is beneficial not only to your physical well-being, it also makes sense for your financial health because it is generally covered by your medical plan.

Please Note: Preadmission Review is required for the following services: Inpatient Hospital (including Emergency and Maternity Admission), Skilled Nursing Facility, Coordinated Home Care Program, Private Duty Nursing, Mental Illness, and Substance Abuse Rehabilitation. Failure to notify the Medical Services Advisory Program of admission in a timely fashion (at least one business day prior or two days after in case of emergency) may result in a \$1,000 reduction in benefits.

Plan Features	Value HSA (HDHP)	
	In-Network Provider	Out-of-Network Provider
Calendar Year Deductible		
Individual	2,700	
Family	5,400	
Out-of-Pocket Maximum		
Individual	2,700	5,940
Family	5,400	11,880
Plan Maximum	Unlimited	Unlimited
Co-Insurance Coverage	100%	70%
Services		
Preventive Care – Routine Physical Exam, Pap Smear, Mammogram, Prostate Exam, Immunizations	100%	70% after deductible
Office Visit	100% after deductible	70% after deductible
Inpatient Hospital Services	100% after deductible	70% after deductible
Outpatient Surgical Services	100% after deductible	70% after deductible
Outpatient Lab & X-ray	100% after deductible	100% after deductible
Emergency Room Care	100% after deductible	
Ambulance	100% after deductible	
Prescription Drug	100% after deductible	
Prescription Drug Out-of-Pocket Maximum		
Individual	N/A	
Family	N/A	

Prescriptions

Specialty prescriptions need to be filled through Prime Specialty by AllianceRx Walgreens Prime Pharmacy to be eligible for coverage. Prime Specialty offers:

- Delivery to a location of your choice in the U.S., including supplies, at no extra cost
- A dedicated care team to help with managing potential side effects of your medicine, filing insurance paperwork, offering options for financial assistance and more
- 24/7 access to a specialty pharmacist for answers to your medicine questions

TELADOC

Minooka CCSD #201 offers all benefit eligible employees who select one of our health insurance plans access to Teladoc. Teladoc is a convenient and affordable option that allows you to talk to a doctor who can diagnose, recommend treatment and prescribe medication, when appropriate, for many of your medical issues. Board-certified physicians in internal medicine, family practice, and pediatrics are available 24/7/365 by web, phone, or app. With your consent, Teladoc will provide information about your consult to your primary care physician.

What can the Doctor treat you for?

Teladoc Doctors can treat you for many conditions, including:

- Cold & Flu Symptoms
- Allergies
- Bronchitis
- Urinary Tract Infection
- Respiratory Infection
- Sinus Problems
- And More!

When can I use Teladoc?

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

Teladoc Rates	
PPO Plan	\$5 Copay
Value HSA (HDHP) Plan	\$45 (goes towards deductible)

Who are the Doctors at Teladoc?

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years of experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA Standards

YOUR DENTAL PLAN

Minooka CCSD #201 provides dental benefits through Delta Dental of Illinois. Regular dental checkups are important to your overall health and can reveal early indications of serious conditions like osteoporosis and cardiovascular disease. An oral exam can help keep your teeth and gums healthy throughout your life. Minooka CCSD #201's dental plan allows you to see any dentist. However, you will maximize your benefits by visiting a dentist in Delta Dental's PPO Network. To find a provider in Delta Dental's network, [visit www.DeltaDentalil.com](http://www.DeltaDentalil.com)



The chart below highlights some of the plan features. Please see the benefit plan certificate for full coverage information.

Plan Features		Delta Dental PPO	
Annual Maximum		\$1,500 / person	
Lifetime Ortho Maximum		\$1,000	
Services	In-Network Provider	Out-of-Network Provider	
Preventive Services	100%	100%	
Basic Services	80%	80%	
Major Services	50%	50%	
Orthodontia (under age 19)	60% subject to lifetime max	60% subject to lifetime max	

Please Note: Out-of-Network dentists are reimbursed the lesser of the submitted fee or the 90th percentile Reasonable and Customary fee. These dentists may balance bill you for charges in excess of Delta Dental's reimbursement.

Preventive Services Include: Oral Evaluations (2 per year), X-rays (bitewings - 2 per year; full mouth – once every 3 years), Prophylaxis (cleaning; 2 per year), Fluoride Treatment (1 per year for children under age 19), Space Maintainers, Sealants, Harmful Habit Appliances

Basic Services Include: Fillings, Oral Surgery, Periodontics, Endodontics, General Anesthesia (in conjunction with oral surgery), Emergency Exams and Palliative Treatment, Stainless Steel and Prefabricated Resin Crowns

Major Services Include: Crowns, Jackets, Cast Restorations, Fixed/Removable Bridges, Partial/Full Dentures, Repair/Reline/Rebase and Adjustments to Dentures

YOUR VISION PLAN

Minooka CCSD #201 provides a vision care plan through Eye Med. Vision health impacts your overall health. Routine eye exams can lead to early detection of vision problems and diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis and rheumatoid arthritis. It is recommended that you have an eye exam once every 12 months. To find a provider, [visit Eyemed.com](http://Eyemed.com) or call 1-866-804-0982.

Plan Feature	Participating Provider	Non-Participation Provider
Eye Examinations	100%	\$40 allowance
Lenses (1x every 12 months)		
Single	100% after \$20 copay	\$30 allowance
Bifocal	100% after \$20 copay	\$50 allowance
Trifocal	100% after \$20 copay	\$70 allowance
Lenticular	100% after \$20 copay	\$70 allowance
Frames (1x every 24 months)	\$120 retail allowance	\$84 retail allowance
Contact Lenses (1x every 12 months)		
Elective (conventional & disposable)	\$150 allowance	\$150 allowance
Medically Necessary	100%	\$210 allowance

Additional Plan Discounts:

- Fixed copayments on lens options including: anti-reflective and scratch-resistant coatings, UV Treatment, Tint, Photochromic/Transitions
- 20% discount off balance of frames over \$120
- After copay, standard polycarbonate available at no charge



PAYROLL CONTRIBUTIONS

Bi-Weekly Employee Premium Contributions

Coverage Tier	PPO (With Wellness)	PPO (Without Wellness)	Value HSA (HDHP) (With Wellness)	Value HSA (HDHP) (Without Wellness)	Dental	Vision
Employee Only	40.38	50.38	32.72	42.72	1.70	0.21
Employee & Family (Years 1 – 5)	262.74	282.74	212.40	232.40	11.00	1.39
Employee & Family (Years 6+)	102.03	122.03	82.54	102.54	4.28	0.54

YOUR HEALTH SAVINGS ACCOUNT

When you enroll in the Value HSA (HDHP) plan offered by Minooka CCSD #201, you are also enrolled in a Health Savings Account (HSA) to help you save pre-tax dollars to pay for out-of-pocket health care expenses. The funds in your HSA belong to you and may be used for current or future qualified medical expenses or may be left to accumulate for use during retirement. You may elect to make contributions to your HSA through pre-tax payroll deductions. HSA contributions are limited by the U.S. Internal Revenue Service based on the calendar year. The maximum amount that can be contributed to an HSA for 2019 is \$3,500 for employee only coverage and \$7,000 for family coverage. Individuals over age 55 may make an additional “catch-up” contribution of \$1,000 annually.

Funds from your HSA can be withdrawn at any time, but may be assessed taxes and a penalty if you are under age 65 and the funds are not used for qualified medical expenses. Funds may be withdrawn tax and penalty free at any age to cover qualified expenses, such as out-of-pocket medical, dental or vision expenses, long-term care insurance, or COBRA premiums, for yourself or any IRS-eligible dependents (even if you have employee only coverage and your dependents are not covered under your plan). After age 65, there is no penalty for non-qualified withdrawals but the amounts withdrawn are taxable. A list of qualified medical expenses can be found in Publication 502 at www.IRS.gov.

Please note that you may not contribute to an HSA if you are enrolled in Medicare Part A or B or if you are covered under a non-HSA qualified medical plan. You may also not contribute to an HSA if you are currently participating in a Flexible Savings Account (FSA) unless it is a “limited purpose” FSA which allows payouts for only dental and vision expenses.

Minooka CCSD #201 makes contributions to employees' Health Savings Accounts:

\$1,350 annually for individual coverage

\$2,700 annually for family coverage

YOUR LIFE AND AD&D PLAN

Planning your financial security is a challenging task under the best of circumstances, but what happens if you die or are sidelined due to a severe injury? How will your family pay the monthly bills? That's where income protection benefits such as life insurance come into play.

Minooka CCSD #201 provides basic life insurance and accidental death and dismemberment (AD&D) insurance through Sun Life Financial at no cost to you. The information below highlights some of the plan features; please refer to your benefit plan certificate for full coverage information.

- **Life Insurance:** \$20,000/\$40,000 or other amount specified in your employment contract.
- **Accidental Death & Dismemberment (AD&D):** AD&D provides benefits for an accidental bodily injury that directly causes dismemberment. You will receive 50% of your life insurance amount for the loss of one member (hand, foot, eye) and 100% for the loss of two or more members. In the event that death occurs from a covered accident, both the Life and AD&D benefit would be payable.
- **Accelerated Benefit:** If you have been diagnosed with a terminal illness and life expectancy is 12 months or less, you can receive up to 75% of the life benefit in advance. You can utilize this money for expenses incurred that are not covered by other insurance for your care. Please Note: your death benefit would be reduced by the amount taken through the accelerated benefit (ex: \$15,000 provided through accelerated benefit and \$5,000 provided upon death for a total benefit of \$20,000).
- **Conversion:** If you terminate your employment or become ineligible for coverage, you have the option to convert all or part of your coverage in force to an individual life policy without Evidence of Insurability. Conversion election must be made within 31 days of the date of termination.



YOUR SUPPLEMENTARY LIFE INSURANCE PLAN

Should you feel the need to increase coverage on yourself or your dependents, Minooka CCSD #201 provides all eligible employees with the opportunity to purchase additional life insurance at group rates through Sun Life Financial. You pay the full cost of this coverage through after-tax payroll deductions. The information below highlights some of the plan features; please refer to your benefit plan certificate for full coverage information.

Insured	Benefit	Guaranteed Issue Amount
Employee	Up to 5x annual salary, maximum of \$150,000 (\$50,000 for employees age 70 & over), in increments of \$10,000	\$100,000
Spouse	Up to 2.5x employee's salary (not to exceed 50% of employee's elected benefit), maximum of \$75,000 in increments of \$5,000	\$30,000
Dependent Children	Age 14 days to 6 months: \$250 Age 6 months up to 19 years: \$2,500, \$5,000, \$7,500 or \$10,000	\$10,000

An employee must be insured through this supplementary policy for a spouse or dependent children to be insured.

Employee & Spouse Rate Per Person Per \$1,000

Employee's Age	Rate/\$1,000/Month	Employee's Age	Rate/\$1,000/Month
Under 25	\$0.06	50 – 54	\$0.33
25 – 29	\$0.06	55 – 59	\$0.48
30 – 34	\$0.08	60 – 64	\$0.74
35 – 39	\$0.09	65 – 69	\$1.27
40 – 44	\$0.14	70 – 74	\$2.06
45 – 49	\$0.20	75 – 79	\$3.43

Dependent Children Rate – Covers all dependent children regardless of the number of children

\$2,500 = \$0.50 monthly
\$5,000 = \$1.00 monthly
\$7,500 = \$1.50 monthly
\$10,000 = \$2.00 monthly

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance through Sun Life Financial is designed to protect your income and personal assets when your out-of-pocket expenses increase as a result of an illness. The benefit pays a lump sum that can be used in any way you choose and benefits are paid in addition to any other insurance coverage you may have. The information below highlights some of the plan features; please refer to your benefit plan certificate for full coverage information.

Feature	Benefit
Employee Benefit Options	\$5,000 to \$20,000
Employee Guarantee Issue	\$20,000
Spouse Benefit Options	\$2,500 to \$10,000
Spouse Guarantee Issue	\$10,000
Child(ren) Benefit Options	\$2,500 or \$5,000
Child(ren) Guarantee Issue	\$5,000

- **Covered Critical Illnesses include but are not limited to:** heart attack, stroke, loss of sight, major organ transplant, end-stage renal failure, cancer and many more illnesses.
- **Portability:** Portable upon insurance termination.
- **Wellness Screening Benefit:** of **\$75** for Employees, Spouses, and Child(ren) upon eligible health screening.

Employee and Spouse Rate Per Person

Employee's Age*	Bi-Weekly Rate TOBACCO**			Bi-Weekly Rate NON-TOBACCO**		
	\$5,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000
Under 25	\$2.70	\$3.82	\$6.07	\$2.65	\$3.72	\$5.87
25 - 34	\$3.07	\$4.57	\$7.57	\$2.92	\$4.27	\$6.97
35 - 44	\$4.87	\$8.17	\$14.77	\$4.02	\$6.47	\$11.37
45 - 54	\$10.25	\$18.92	\$36.27	\$6.82	\$12.07	\$22.57
55 - 64	\$20.37	\$39.17	\$76.77	\$11.55	\$21.52	\$41.47
65 - 74	\$38.50	\$75.42	\$149.27	\$19.70	\$37.82	\$74.07
75 and over	\$66.52	\$131.47	\$261.37	\$38.02	\$74.47	\$147.37

*Employee's age is used to determine rates for both Employee and Spouse.

**Rates are based upon each individual's tobacco use.

Child Rate

\$2,500 = \$0.81 bi-weekly

\$5,000 = \$1.63 bi-weekly

HEALTH CARE TERMS

- **Ambulance**: Most ambulance companies do NOT participate with provider networks. It must be a medical emergency to be covered. You may be required to pay the entire cost over the allowable amount.
- **Co-Insurance**: The percentage of medical costs that a member shares with the insurance company after the deductible is met.
- **Copay**: The amount a member pays for a specific treatment or prescription drug. This is usually payable at the time of service.
- **Deductible**: The amount a member pays out-of-pocket for services before plan co-insurance is applied.
- **Emergency Room vs. Urgent/Immediate Care**: Emergency rooms are meant for life threatening illnesses or emergency accidents. They are for things like Chest Pain, Breathing Problems and Excessive Bleeding. If you need to be seen by a doctor for something other than an emergency but can't wait for an appointment with your regular physician, try using an Urgent/Immediate Care Center. These centers are designed to treat you in an office visit setting. The cost to you will be less than using an emergency room.
- **Employee Contribution**: The amount of money the employee contributes towards their insurance from their paycheck.
- **Generic Drugs**: Generic drugs have the same active ingredients as their brand name counterparts with no compromise in quality, yet they are 40% to 60% less expensive. Generic drugs cost less because they don't require the same costly research, development and sales expenses associated with brand name drugs.
- **In-network**: You are considered to be in-network if you visit providers that participate with your health plan. In-Network coverage means the plan will pay a higher percentage of benefits and you have lower out-of-pocket costs. Participating providers have signed contracts to accept discounted or negotiated fees as payment in full.
- **Out-of-Network**: You are considered to be out-of-network if you visit providers that have chosen not to participate with your health plan (non-participating providers). Non-participating providers do not have contractual arrangements with the insurance carrier and can bill for charges in excess of your plan's maximum allowable fee. These charges are in addition to the higher deductibles and co-insurance amounts that apply to your out-of-network benefits.
- **Out-of-Pocket Maximum**: The total a member will pay in deductible and co-insurance in the calendar year.
- **Preventive Services**: Physicals and eligible non-diagnostic tests, well baby/child exams, eligible immunizations and well visits as defined by the plan.

CONTACT INFORMATION

If you have questions about plan benefits, claims, or other information covered in this packet, or if you need a form or assistance filling out a form, please contact:

Eva Medrano

Minooka CCSD #201

305 West Church Street, Box 467

Minooka, Illinois 60447

(815) 467-6121 ext: 3



Carrier Contact Information	Phone	Website
Medical Carrier – BlueCross BlueShield	(800) 828-3116	www.bcbsil.com
Provider Locator	(800) 810-2583	
Preauthorization - Medical	(800) 635-1928	
Preauthorization – Mental Health / Substance Abuse	(800) 851-7498	
Dental Carrier – Delta Dental	(630) 718-4700	www.deltadentalil.com
Vision Carrier – Eye Med	(866) 804-0982	www.eyemed.com
Life Insurance – Sun Life Financial	(800) 247-6875	www.sunlife.com
Health Savings Account – The Private Bank	(815) 467-8883	www.theprivatebank.com