LEYDEN
HIGH SCHOOL DISTRICT 212

EMPLOYEE BENEFITS GUIDE
July 1, 2024 – June 30, 2025

Alliant
EMPLOYEE BENEFITS

YOUR EMPLOYEE BENEFITS

Leyden High School District #212 is pleased to offer to you and your family our comprehensive benefits program. Our benefits program contains a variety of plans intended to enhance your life and those of your family members now and in the future. As part of this benefits program you will be asked to make choices about the benefits described in this booklet. Please study the information about each plan carefully, then, promptly complete the enrollment forms provided so that you can begin to enjoy the features of your benefits program as soon as they become effective.

Highlights of Your Benefits

- Medical and Prescription Drug coverage
  - BlueCross BlueShield of IL PPO
- Dental and Voluntary Vision
  - MetLife
- Employer-paid and Voluntary Life Insurance
  - BlueCross BlueShield of IL
- Flexible Spending Accounts (FSA)
  - Flexible Benefit Service LLC
- Voluntary Accident and Critical Illness Insurance
  - BlueCross BlueShield of IL

Eligibility

All full-time employees regularly scheduled to work at least 30 hours per week are eligible to participate in our benefits program. In addition to covering yourself, you may also choose to cover eligible dependents including your spouse and dependent children. Non-military dependents can be covered until they reach age 26 and are not required to live at home or in Illinois. Dependents no longer need to be enrolled as a full-time student, remain unmarried or be a qualified tax dependent. Eligible dependents who have served as a member of the active or reserve components of any branch of the United States Armed Forces can be covered until they reach age 30 and must reside in Illinois.

MEDICAL

The Company's medical coverage is provided by BlueCross BlueShield of Illinois (BCBSIL).

BCBSIL PPO Preferred Provider Organization (PPO) offers an extensive national network of physicians and hospitals that have agreed to provide services at discounted rates. You may visit any doctor in any practice or specialty without a referral, but you are covered at a higher level if you receive care from a provider in the BCBS network rather than outside of the network.

www.bcbsil.com

BlueCross BlueShield of Illinois

HCA

Leyden High Schools provide an HCA (Healthcare Account) to all employees enrolled in the BCBS medical plan. Every July 1st, $300 is deposited into the employees' HCA and these funds can be used to satisfy your deductible or out of pocket costs. Any unused funds will be rolled over to the following plan year.

BlueCross BlueShield of Illinois

DENTAL

Our dental plan is provided by MetLife.

Dental PPO The dental PPO works in the same way as the medical PPO in that you will receive the maximum benefits if you receive care from a PPO in-network dentist. While you may still be covered if you choose an out-of-network dentist, those benefits may be reduced.

www.metlife.com/mybenefits

MetLife

VOLUNTARY VISION

A voluntary vision benefit plan is provided to all Leyden High School employees. Exams, eyeglasses and contact lenses are available to you at low copayments at participating Eye Med locations nationwide. For a complete list of providers or information on your vision program, visit

www.metlife.com/mybenefits.

MetLife

FSA Plans

Healthcare FSA The Healthcare FSA enables you to put aside pre-tax dollars to pay for out-of-pocket expenses you may incur for medical, dental, vision and pharmacy care. For 2024, the maximum contribution you may elect for your healthcare FSA is $3,200. Contributions are made via pre-tax payroll deductions.

Dependent Care FSA The dependent care FSA enables you to put aside pre-tax dollars to pay for child and elder care expenses. For 2024, the maximum contribution you may elect for your dependent care FSA is $5,000. **www.myflexaccount.com**

FLEX

BASIC LIFE AND VOLUNTARY LIFE/AD&D

To assist your family financially in the unfortunate event of your loss of life, Leyden High Schools provides you with basic term life benefit of $20,000 for 10 Month Staff and $25,000 for 12 Month Staff, at no cost to you. Should you desire more coverage, supplemental "buy-up" life insurance also is available. Life and AD&D and Voluntary Life and AD&D coverage are carried through BlueCross BlueShield of Illinois (BCBSIL).

www.bcbsill.com

BlueCross BlueShield of Illinois

ACCIDENT & CRITICAL ILLNESS COVERAGE

Two voluntary programs offered through BCBSIL that pay out a lump sum, tax-free cash benefit. If you or a covered family member suffers an **Accident**, the amount of money you receive depends on the type of your injury and can be used any way you choose. You can also cover yourself and your family with **Critical Illness** insurance to help fill the financial gap if you experience a serious illness such as cancer, heart attack or stroke. Both policies include a $50 Wellness Benefit.

www.bcbsill.com

BlueCross BlueShield of Illinois

Medical and Prescription Drugs Benefits are insured by:
BlueCross BlueShield of Illinois

PPO Plan	
In-Network Benefits	**Out-of-Network Benefits**
Plan Deductible	
$300 Individual $700 Family	
HCA (Healthcare Account)	
$300 Deposited every July 1st	
Coinsurance	
You Pay 0%; Plan 100% or You Pay 20%; Plan 80%	You Pay 20%; Plan 80% or You Pay 30%; Plan 70%
Out-of-Pocket Maximum	
Includes deductible and emergency room copays; does not include: Rx copays, reductions in benefits due to non-compliance with program requirements, charges over eligible charges, muscle manipulations and naphropathic services	
$400 Individual $1,100 Family	$2,400 Individual $7,100 Family
Preventive Care	
Includes annual physical exam, child immunizations and routine diagnostic tests	
100% deductible waived	80% after deductible
Doctors Office Visit	
applies to consultation only	
80% after deductible	70% after deductible
Virtual Visits	
Sponsored by MDLive Coverage 24/7/365 with Board Certified Doctors for non-emergency medical issues	
100% after $10 copay	Not Covered
Diagnostic and Imaging	
Coverage for x-rays, blood work, CT/PET scans, MRI Coinsurance may vary if rendered in an outpatient hospital setting.	
100% after deductible	80% after deductible
Physician Medical / Surgical Services	
Coverage for outpatient and inpatient services	
100% after deductible	80% after deductible
Facility Medical / Surgical Services	
Coverage for outpatient surgeries, inpatient hospital stay	
100% after deductible	80% after deductible
Outpatient Mental Health & Substance Use Disorder Services	
Coverage for the diagnosis and/or treatments of Mental Illness, and/or Substance Use Disorder.	
80% after deductible (100% @ hospital setting)	80% after deductible
Inpatient Mental Health & Substance Use Disorder Services	
Coverage for the diagnosis and/or treatments of Mental Illness, and/or Substance Use Disorder.	
100% after deductible	80% after deductible
Therapy Services - Rehabilitation and Habilitation Services	
Coverage for services provided by a physician or therapist	
Unlimited visits per calendar year	
80% after deductible	70% after deductible
Emergency Room Services	
$150 copay, then 100%, deductible waived (Copay waived if admitted to hospital)	
CVS Prescription Drug Card	
Separate Rx Copay Out of Pocket Maximum	
$750 Individual $2,250 Family	N/A N/A
Retail	
100% after copay Generic: $5 copay Formulary: $20 copay Non-formulary: $40 copay Specialty: $150 copay	Plan pays 75% after copay Generic: $5 copay Formulary: $20 copay Non-formulary: $40 copay Specialty: $150 copay
Mail Order	
2x Retail	Not Covered

Log on and Discover:	Important Phone Numbers
BCBS Home Page: www.bcbsil.com Blue Access for Members: www.bcbsil.com/member BCBS Provider Finder: bcbsil.com/find-care/providers-in-your-network/find-a-doctor-or-hospital MDLive.com/bcbsil Caremark.com (after 7/1/2022)	*PPO Customer Service: (800) 541-2767 (Medical) MDLive: (888) 676-4204 CVS Customer Care: 866-526-9092*

This Benefit Guide only highlights the benefits available. For a more complete description, see the Plan Certificates. If any conflict should arise between this Guide and the Plan Document, the Plan Document will govern in all cases.

Dental benefits are insured by:
MetLife

Dental PPO Plan	
In-Network	**Out of Network**
Calendar Year Maximum	
$2,000 per person per benefit period	
Calendar Year Deductible	
None	
None	
Preventive/Diagnostic	
Oral Evaluations, x-rays, prophylaxis, sealants, space maintainers	
80% of reduced fee deductible waived	80% of Reasonable & Customary deductible waived
Basic	
Fillings, oral surgery, endodontics, periodontics, local anesthesia	
80% of reduced fee deductible applies	80% of Reasonable & Customary deductible applies
Major	
Inlays, onlays and crowns, implants, prosthetics	
80% of reduced fee deductible applies	80% of Reasonable & Customary deductible applies
Orthodontia Plan Maximum	
$800 per Dependent Child	
Orthodontia	
Coverage up to age 19	
50% of reduced fee deductible applies	50% of Reasonable & Customary deductible applies

Vision Benefits are insured by:
MetLife

Vision
In-Network Benefits
Benefit Amount
$10 Copay on Exams
$25 Copay on Materials
Benefits
Exams every 12 Months
Lenses every 12 Months
Frames every 24 Months
Out of Network Benefits based on Reimbursement Schedule

Flexible Spending Account and Dependent Care Accounts are administered by:
Flexible Benefit Service LLC

Flexible Spending / Dependent Care
Maximum Annual Contributions
Flexible Spending Account (FSA)
$3,200
Dependent Care Account
$5,000

Basic and Supplemental Life/AD&D are insured by:
BlueCross BlueShield of Illinois

Basic Life
100% Employer Paid / Full-Time Employees - 12 Month Staff
$25,000
100% Employer Paid / Full-Time Employees - 10 Month Staff
$20,000
Supplemental Employee and Dependent Life/AD&D
100% Voluntary
Employee: $10,000 increments up to $500,000 / $150,000 Guarantee Issue
Spouse: $5,000 increments up to $50,000 / $20,000 Guarantee Issue
Child(ren): $5,000 / $5,000 Guarantee Issue

Voluntary Accident and Critical Illness are insured by:
BlueCross BlueShield of Illinois

Voluntary Accident Insurance*	
Provides a cash benefit for injuries from an accident	
Emergency Room	$150
Urgent Care Center	$150
Hospital Admission	$1,200

Voluntary Critical Illness Insurance*	
Lump-sum cash benefit upon diagnosis	
Employee	$10,000 or $20,000
Spouse	$5,000 or $10,000
Child	$2,500 to $10,000

**See Policy for additional benefits, policy conditions and limitations.*

Important Phone Numbers & Websites
MetLife Dental - Customer Service (800) 275-4638 www.metlife.com/mybenefits
MetLife Vision - Customer Service (855) 638-3931 www.metlife.com/mybenefits
BCBSIL - Life Claims (800) 778-2281 www.bcbsil.com
BCBSIL - Accident or Critical Illness (800) 367-6401 www.bcbsil.com
Flexible Benefit Service LLC - (866) 472-5351 www.flexaccount.com

Payroll Deductions			
Total Annual Costs			
	Medical	**Dental**	**Vision**
Single	$2,046.12	$118.99	$103.32
Family	$5,524.55	$305.20	$242.64
Supplemental Employee and Dependent Life/AD&D Rates, Voluntary Accident and Critical Illness rates will be calculated based on your demographics when enrolling in Employee Navigator for your benefits.			