



LEYDEN
HIGH SCHOOL DISTRICT 212



Employee **BENEFITS GUIDE**

July 1, 2025 - June 30, 2026

INTRODUCTION & ELIGIBILITY

At Leyden High School District 212, we offer comprehensive and competitive benefits to eligible employees and their spouses/dependents, promoting happy and healthy lifestyles and a good work-life balance. Employees can enroll themselves and their spouses/dependents upon hire, during open enrollment, or after a qualifying life event.

This Employee Benefit Guide outlines D212's benefits, including enrollment details and tips for maximizing your experience. Our program features medical, dental, and voluntary vision plans; flexible spending accounts; life insurance for you and your dependents; and optional coverage like Accident and Critical Illness.

D212 provides a flexible benefits package that can be customized to fit your needs. Some benefits are shared in cost with employees, and many are paid pre-tax, reducing your payroll taxes.

After your initial eligibility period, you can only make changes during annual enrollment or after a qualifying event, such as marriage, death, birth, or adoption.

Eligibility:

All full-time employees working at least 30 hours per week can participate in our benefits program. You may cover yourself and eligible dependents, including your spouse and dependent children. Non-military dependents can be covered until age 26, regardless of residence or student status. Dependents who have served in the U.S. Armed Forces can be covered until age 30, but must reside in Illinois.

MEDICAL

Your medical insurance is through BlueCross BlueShield of Illinois (BCBS of IL).

Our PPO plan allows you to receive care from any in- or out-of-network doctor, specialist, or hospital without a referral. After meeting your deductible, coinsurance applies. Services that count toward your deductible include inpatient hospital stays, outpatient surgeries, labs, and x-rays. For doctor visits, specialist consultations, ER use, or prescription drugs, you'll pay a copay. While copays do not count toward your deductible, they do contribute to your overall out-of-pocket maximum.



HEALTHCARE ACCOUNT (HCA)

D212 provides an HCA to all employees enrolled in the BCBS of IL Medical PPO 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.



FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts (FSAs) allow you to save money on a pre-tax basis for qualified medical and dependent care expenses.

Medical FSA: You can contribute up to \$3,300 (2025 limit) per year for qualified medical, dental, and vision expenses for yourself and eligible family members. Funds can cover expenses for tax dependents, even if they are not on your health plan. Eligible expenses include deductibles, copays, orthodontia, and more.

Dependent Care FSA: You can contribute up to \$5,000 per year for qualified dependent care expenses, with funds saved tax-free.

Note that FSAs have a use-it-or-lose-it provision, so be cautious when deciding your contribution amount.



DENTAL

Dental PPO plans provide the flexibility to choose any dentist, in-network or out-of-network. Staying in-network helps extend your annual benefit maximum due to the contract with the insurance carrier. Coverage focuses on preventive and diagnostic procedures to avoid costly dental treatments.



VOLUNTARY VISION

Voluntary vision insurance covers routine eye exams and contributes to the cost of prescription eyewear, such as glasses and contact lenses.

Using in-network providers maximizes your benefits, while out-of-network providers usually offer only an allowance for services.



BASIC LIFE & VOLUNTARY LIFE AD&D

To support your family financially in the event of your death, D212 offers a basic term life benefit of \$20,000 for full-time 10-month staff and \$25,000 for full-time 12-month staff at no cost to you. If you need additional coverage, supplemental voluntary life Insurance is also available.



ACCIDENT & CRITICAL ILLNESS COVERAGE

Two voluntary programs provide a lump sum, tax-free cash benefit. If you or a covered family member suffers an accident, the payout depends on the type of injury and can be used as you wish. Critical Illness insurance is also available to help cover costs for serious illnesses like cancer, heart attack, or stroke. Both policies include a \$50 Wellness Benefit.



MEDICAL & PRESCRIPTION DRUG BENEFITS



BlueCross BlueShield
of Illinois

PPO PLAN	
In-Network Benefits	Out-of-Network Benefits
Plan Deductible	
Individual: \$300	
Family: \$700	
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	
Individual: \$400 Family: \$1,100	Individual: \$2,400 Family: \$7,100
Preventative Care	
<i>Includes annual physical exam, child immunizations and routine diagnostic tests</i>	
100%; deductible waived	80% after deductible
Doctors Office Visit	
Physician/Specialist: 80% after deductible	Physician/Specialist: 70% after deductible
Diagnostic & Imaging	
<i>Coverage for x-rays, blood work, CT/PET scans, MRI; coinsurance may vary if rendered in an outpatient hospital setting.</i>	
100% after deductible	80% after deductible
Inpatient Hospital	
100%; deductible waived	80%; deductible waived
Emergency Room	
\$150 copay/visit; then 100%, deductible waived (Copay waived if admitted)	
Urgent Care	
100%; deductible waived	80%; deductible waived
Prescription Drugs	
(Managed through CVS Caremark; Not BCBS of IL)	
Separate Rx Copay & Out of Pocket Maximum	
Individual: \$750	N/A
Family: \$2,250	N/A
Retail	
100% after copay	Plan pay 75% after copay
Generic: \$5 / Formulary: \$20	Generic: \$5 / Formulary: \$20
Non-formulary: \$40 / Specialty: \$150	Non-formulary: \$40 / Specialty: \$150
Mail Order	
2x Retail	Not Covered

Sign in & Explore	Important Phone Numbers
Website: www.bcbsil.com	PPO Customer Service: 800.541.2767
BlueAccess for Members: www.bcbsil.com/member	MDLive: 888.676.4204
BCBS Provide Finder: my.providerfinderonline.com	CVS Customer Care: 866.526.9092
MDLive.com/bcbsil.com	
Prescriptions: Caremark.com	

This benefits guide provides an overview of the available benefits. For a more detailed description, please refer to the plan certificates. In the event of any discrepancies between this guide and the plan documents, the plan documents will take precedence in all cases.

Dental & Voluntary Vision 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	
Individual/Family: \$0	
Preventative & Diagnostic Care	
<i>Oral Evaluations, x-rays, prophylaxis, sealants, space maintainers</i>	
Covered at 80%	80% of Reasonable & Customary Fee
Basic	
<i>Fillings, oral surgery, endodontics, periodontics, local anesthesia</i>	
Covered at 80%	80% of Reasonable & Customary Fee
Major	
<i>Inlays, onlays and crowns, implants, prosthetics</i>	
Covered at 80%	80% of Reasonable & Customary Fee
Orthodontia Plan Maximum	
\$800 per dependent child	
Orthodontia	
<i>Covered up to dependent age 19</i>	
Covered at 50%; to plan max of \$800	Covered at 50% of Reasonable & Customary Fee; to a plan max of \$800

Voluntary Vision
In-Network Benefits
Benefit Amount
\$10 copay on exams
\$25 copay on material
Benefits
Exams every 12 months
Lenses every 12 months
Frames every 24 months
Out-of-Network Benefits based on Reimbursement Schedule

Flexible Spending Account & Dependent Care Accounts are administered by:
Flexible Benefit Service, LLC.



Flexible Spending / Dependent Care
Maximum Annual Contributions
Flexible Spending Account (FSA)
\$3,300
Dependent Care Account
\$5,000

Basic Life, Voluntary Supplemental Life AD&D, Voluntary Accident and Voluntary Critical Illness 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
Voluntary 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*

*Guarantee Issue applies to new hires only.

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*
Lump-sum case benefit upon diagnosis
Employee: \$10,000 or \$20,000
Spouse: \$5,000 or \$10,000
Child(ren): \$2,500 or \$10,000

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

Important Phone Numbers & Websites
MetLife: 800.275.4638 / www.metlife.com/mybenefits
BCBS - Life Claims: 800.778.2282 / www.bcbsil.com/ancillary
BCBS - Accident or CI: 800.367.6401 / www.bcbsil.com/ancillary
Flex: 866.472.5351 / www.flexaccount.com

Payroll Deductions			
Total Annual Cost			
	Medical	Dental	Vision
Single:	\$2,396.76	\$118.99	\$103.32
Family	\$6,231.60	\$305.20	\$242.64

Supplemental Employee and Dependent Life AD&D rates, Voluntary Accident and Voluntary Critical Illness rates will be calculated based on your demographics when enrolling in Employee Navigator for your benefits.