

Benefits Summary

The Chicago Lighthouse

Illinois Employees

2024 - 2025



The Chicago
Lighthouse

Medical Insurance





Medical Insurance | BlueCross BlueShield of IL

Health Maintenance Organization (HMO)

The HMO gives you access to certain doctors and hospitals, but restricts services to in-network providers only. Your care is managed by a Primary Care Physician (PCP) chosen at the time of enrollment. If you require a specialist, outpatient procedure, or hospitalization, your registered PCP must refer you. There are no out-of-network benefits.

Preferred Provider Organization (PPO)

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. You have a deductible to meet and once the deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. The types of medical services that accumulate towards your deductible are inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). If you go to the doctor, see a specialist, utilize the ER or take a prescription drug, you'll pay a copay for those specific services. Copays do not accumulate towards your deductible but they do accumulate towards your overall out-of-pocket maximum.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

This medical plan option is comprised of two components (1) a High Deductible Health Plan (HDHP) and (2) a tax-exempt savings account called a 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 for by you at 100%, less carrier discounts, prior to meeting your entire annual deductible. This includes routine office visits, procedures, lab work, prescription drugs, etc.

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account and it is yours to keep – even when you change plans or retire. The funds roll over from year to year to be used when you really need them. Please see the next page for more details on the Health Savings Account (HSA).

The tax-preferred status of your HSA contributions depends on a number of factors. For example, you must be enrolled in a qualified high deductible health plan. Also, residents of California and New Jersey are taxed on HSA contributions at the state level. State tax laws can change periodically, so you should consult with a tax advisor to confirm the tax treatment of HSA contributions in your state.

Choice of plan options:	HMO In-Network Benefits Only	BluePrint PPO	ValueChoice PPO	HDHP/HSA
Network	BlueAdvantage HMO	PPO	PPO	BlueEdge Select
Deductible Individual (In-Network / Out-of-Network)	\$0	\$500 / \$1,000	\$1,500 / \$2,500	\$3,200 / \$6,000
Family (In-Network / Out-of-Network)	\$0	\$1,500 / \$3,000	\$4,500 / \$7,500	\$6,400 / \$12,000
Coinsurance In-Network / Out-of-Network	100%	80% / 60%	70% / 50%	100% / 70%
Out-of-Pocket Max Individual (In-Network / Out-of-Network)	\$1,500	\$4,000 / \$5,500	\$6,500 / \$12,500	\$3,200 / \$6,000
Family (In-Network / Out-of-Network)	\$3,000 <i>Max in Copays</i>	\$9,000 / \$13,500 <i>Includes Deductible</i>	\$14,200 / \$26,900 <i>Includes Deductible</i>	\$6,400 / \$12,000 <i>Includes Deductible</i>
Physician Services (In-Network) Well Adult / Well Child Physician Office / Specialist Visit X-Rays / Lab Diagnostics Telemedicine	100% \$30 / \$50 copay 100% N/A	100% \$30 / \$50 copay Deductible then 80% \$30 / \$50 Copay	100% Deductible then 70% Deductible then 70% \$48 per physician office visit until ded is reached	100% Deductible then 100% Deductible then 100% \$48 per physician office visit until ded is reached
Emergency Room	\$150 copay	\$150 copay	Deductible then 70%	Deductible then 100%
Prescription Drugs (In-Network) Generic/Formulary/Non-Formulary	Copays: \$10 / \$40 / \$60	Copays: \$10 / \$40 / \$60	Copays: Deductible then 70%	Copays: Deductible then 100%
Mail-Order Prescription Drugs (In-Network) Generic/Formulary/Non-Formulary	\$20 / \$80 / \$120	\$20 / \$80 / \$120	Deductible then 70%	Deductible then 100%
Prescription Out-of-Pocket Max Individual / Family	\$1,000 / \$3,000	\$1,000 / \$3,000	N/A	N/A

*Deductible and Out of Pocket Maximums reset on a calendar year basis



Health Savings Account (HSA)

For 2024, your HSA plan banking is administered through Benefit Resources (BRI). BRIWEB is your secure login for managing your BRI accounts. You can view your balance and transaction information, download plan documents, send receipts, sign up for text alerts, and more! To get started, please visit www.benefitresource.com and register to manage your HSA online. You may also download the mobile app, BRIMOBILE, for on-the-go account access. If you have any questions about your account, contact Benefit Resources (BRI) member services at 800-473-9595 or email ParticipantServices@BenefitResource.com.

You're eligible for a health savings account if:

- You are covered by a qualified high deductible health plan (HDHP)
- You are not covered by any other medical coverage that is not considered a qualified HDHP
- You are not enrolled in Medicare (Part A included)
- You are not claimed as a dependent on someone's tax return
- You are not enrolled in a Medical Flexible Spending Account (your own or your spouse's)

Advantages to having an HSA

There's a triple tax savings benefit as contributions are not taxed going into the account, while they sit there earning interest or when they're taken out for a qualified medical expense

- You pay less in premium for this plan
- Unused funds rollover each year with no maximum on how much you can save and accumulate over time
- The account is portable so you never have to worry about losing the money in the account should you change between plans, retire or even seek employment elsewhere
- Your HSA can be viewed as a second means of savings for your retirement
- You control your healthcare spending and choose when to use your HSA dollars and when to save them
- You become a more informed participant in your healthcare and healthcare spending

Steps to using your HSA

1. Go to the doctor and present your carrier ID
2. Your doctor submits your medical services to the carrier to be discounted
3. Your carrier adjusts the pricing to reflect the network discounted amount for your services
4. The carrier generates an Explanation of Benefits (EOB) and sends it to you
5. By now you've received an invoice from your doctor - make sure the EOB and invoice match
6. Pay your doctor directly with pre-tax dollars from your HSA or post-tax dollars from your pocket if funds are not available

Using your HSA on qualified expenses

You can use the money in your HSA to pay for qualified medical, dental and vision expenses permitted under federal tax law. For a full list of qualified medical expenses go to www.irs.gov and search Section 213d.

Medical Insurance Rates

HMO (BlueAdvantage HMO #B30814)

Contributions:	Monthly	Semi-Monthly	Weekly
Employee Only	\$280.05	\$140.03	\$64.63
Employee & Spouse	\$593.63	\$296.81	\$136.99
Employee & Child(ren)	\$475.23	\$237.62	\$109.67
Family	\$788.80	\$394.40	\$182.03

PPO (Blueprint PPO #P30814)

Contributions:	Monthly	Semi-Monthly	Weekly
Employee Only	\$352.73	\$176.36	\$81.40
Employee & Spouse	\$747.65	\$373.82	\$172.53
Employee & Child(ren)	\$598.54	\$299.27	\$138.12
Family	\$993.45	\$496.73	\$229.26

PPO (ValueChoice PPO #P36066)

Contributions:	Monthly	Semi-Monthly	Weekly
Employee Only	\$275.01	\$137.50	\$63.46
Employee & Spouse	\$582.93	\$291.46	\$134.52
Employee & Child(ren)	\$466.68	\$233.34	\$107.70
Family	\$774.59	\$387.29	\$178.75

HDHP/HSA (BlueEdge Select #OMA447)

Contributions:	Monthly	Semi-Monthly	Weekly
Employee Only	\$172.30	\$86.15	\$39.76
Employee & Spouse	\$453.38	\$226.69	\$104.63
Employee & Child(ren)	\$362.96	\$181.48	\$83.76
Family	\$602.45	\$301.23	\$139.03



Find a Provider | BlueCross BlueShield of IL

- 1 A. Go to <https://www.bcbsil.com/>
 - 2 B. Select Find Care
 - 3 C. Select Find a Doctor or Hospital
 - 4 D. Log in to your account to search OR search as Guest to find providers
 - 5 E. Enter the location where you want to search for a provider and select plan/network
 - HMO: Blue Advantage HMO [ADV]
 - PPO: Participating Provider Organization [PPO]
 - HDHP: BlueEdge Select HSA [BCS]
- F. Search for Name and Specialties

The screenshot shows the BlueCross BlueShield of Illinois website. At the top, there is a navigation bar with 'Welcome', 'Employers', 'Producers', and 'Providers'. A search bar is located in the top right corner. Below the navigation bar, there is a main banner with the text 'Choose Medicare with Confidence' and a 'Member Login' button. The 'Find Care' section is highlighted with a red circle 'B'. Under 'Find Care', there are three columns: 'Providers in Your Network', 'Blue Distinction® Specialty Care', and 'Where You Go Matters'. The 'Providers in Your Network' column has a red circle 'C' around the 'Find a Doctor or Hospital' link. Below this, there is a 'Personalized Search' section with a 'Log in to Search' button (red circle 'D') and a 'Don't have an account? Register' link. The 'Basic Guest Search' section has a 'Search for Doctors as a Guest' button (red circle 'D'). At the bottom of the page, there is a 'Log In' button and a search bar for 'City, state or zip' with 'Chicago, IL - 60608' entered (red circle 'E').



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

English

Log In

Plans
All Plans/Networks

City, state or zip
Chicago, IL - 60608

Good Morning!

Browse or search to find the care you need.

F

Common Searches: [Primary Care](#) [Urgent Care](#) [Behavioral Health](#) [Hospital](#) [Durable Medical Equipment](#)

Dental Insurance





Voluntary Dental Insurance | BlueCross BlueShield of IL

Dental Health Maintenance Organization (DHMO)

These dental plans require you to choose one dentist or dental facility to coordinate all of your oral health needs. If you need to see a specialist, your primary care dentist will refer you; specialty care may require preauthorization.

A typical DHMO-type plan doesn't have any deductibles or maximums. Instead, when you receive a dental service, you pay a fixed dollar amount for the treatment based off of a pre-determined fee schedule between the carrier and your dentist. Often, diagnostic and preventive services have no fee. DHMOs offer in-network benefits only, so if you visit a dentist outside of the network, you likely will be responsible for the entire bill.

Preferred Provider Organization (PPO)

These dental plans allow the flexibility to select any dentist in-network or out-of-network. By staying in-network, the contract between your dentist and insurance carrier will make your annual benefit period maximum last longer.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost.

Preventive:

- Annual cleanings (2 per year)
- X-rays (1 per year)
- And more

Basic:

- Fillings
- Simple extractions
- Root canals

Major:

- Dentures/bridges/partials
- Crowns
- And more

Choice of plan options:	HMO <i>In-Network Benefits Only</i>	Low PPO <i>In-Network / Out-of-Network</i>	High PPO <i>In-Network / Out-of-Network</i>
Network Name	BlueCare Dental HMO	BlueCare Dental PPO	BlueCare Dental PPO
Individual Deductible (Family = 3x)	None	\$50	\$50
Office Visit Copay	\$5	None	None
Preventive Coinsurance	Scheduled Fee	100% / 90%	100% / 90%
Basic Coinsurance	Scheduled Fee	80% / 70%	80% / 70%
Major Coinsurance	Scheduled Fee	50% / 40%	50% / 40%
Annual Plan Maximum	Unlimited	\$1,000 / \$1,000	\$2,000 / \$2,000
Orthodontia Coinsurance	Scheduled Fee	Not Covered	50%*
Orthodontia Lifetime Maximum	\$4,600 per member	Not Covered	\$2,000 / \$2,000

* Orthodontia on the High PPO covers members to age 19—it's a child only benefit

Dental Insurance Rates

Contributions:	HMO			Low PPO			High PPO		
	Monthly	Semi-Monthly	Weekly	Monthly	Semi-Monthly	Weekly	Monthly	Semi-Monthly	Weekly
Employee Only	\$16.48	\$8.24	\$3.80	\$30.05	\$15.03	\$6.93	\$34.34	\$17.17	\$7.92
Employee + Dependent(s)	\$37.03	\$18.52	\$8.55	\$82.11	\$41.06	\$18.95	\$100.51	\$50.26	\$23.19



Find a Provider | BlueCross BlueShield of IL

- 1 **A.** Go to <https://www.bcbsil.com/>
- 2 **B.** Select Find Care
- 3 **C.** Select Find a Dentist
- 4 **D.** Select plan/network
 - BlueCare Dental PPO
 - BlueCare Dental HMO
- 5 **E.** Click one of the available radio buttons (Search by Name, Location, Center Name etc.) and enter the appropriate search criteria.
- 6 **F.** The next page will be the Search Results page. On this Search Results page you can:
 - Start a New Search
 - Save the Search
 - Create a PDF
 - Print the Results
 - Email the Results

The screenshot shows the BlueCross BlueShield of Illinois website. The navigation menu includes 'Find Care', 'Shop Plans', 'Prescription Drugs', 'Insurance Basics', and 'Member Services'. The 'Find Care' section is highlighted, and the 'Find a Dentist' option is selected. Below this, there are three columns of links: 'Providers in Your Network', 'Blue Distinction® Specialty Care', and 'Where You Go Matters'. The 'Find a Dentist' link is circled in orange.

Find a Dentist

Choose a dental network from the list below to search for a dentist. If your Blue Cross and Blue Shield of Illinois (BCBSIL) plan includes pediatric dental coverage, choose "BlueCare Dental (Traditional National PPO)" as your network. To find out if your plan includes pediatric dental coverage, please check your Summary of Benefits and Coverage (SBC).

- BlueCare Dental PPO** ☞
- BlueCare Dental HMO** ☞
- Medicaid Plans (Blue Cross Community Health Plans)** ☞
- Blue Cross Community MMAI (Medicare-Medicaid Plan)** ☞
- Medicare Advantage Plans* ☞
- Medicare Supplement Plans* ☞



Find a PPO Dentist within the United States

- Search by Saved Searches
- Search by Dentist Name
- Search by Location
- Search by County
- Search by Center Name



Filter your search:

Dentist Name

Facility Name

City

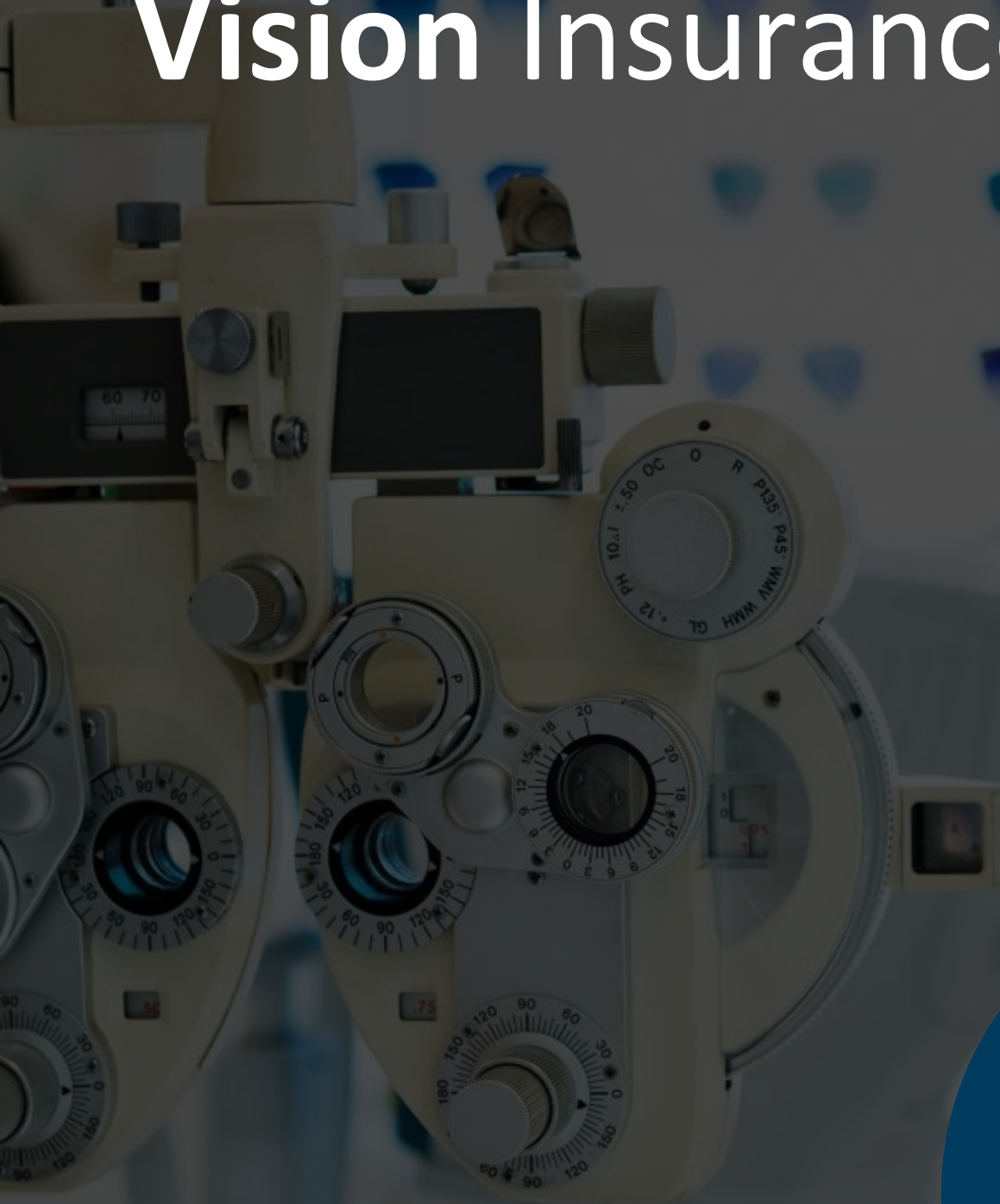
County

Specialty

Language



Vision Insurance





Voluntary Vision Insurance | BlueCross BlueShield of IL

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. Out-of-network providers will merely offer you an allowance towards your vision services.

Eye-care providers include many independent optical shops and national chains.

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Network	EyeMed's Select Network		
Eye Exam	Every 12 months	\$10 copayment	\$30 max allowance
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 months*	\$10 copayment	Allowance varies
Frames	Every 24 months*	\$130 Allowance + 20% off balance over \$130	\$65 max allowance
Elective Contacts	Every 12 months**	\$130 allowance + 15% off balance over \$130	\$104 max allowance

*Vision benefit frequencies are based on the date of service within the policy year

** You cannot get contacts and glasses in the same calendar year

Vision Insurance Rates

Contributions:	Monthly	Semi-Monthly	Weekly
Employee Only	\$7.52	\$3.76	\$1.74
Employee & Spouse	\$14.30	\$7.15	\$3.30
Employee & Child(ren)	\$15.06	\$7.53	\$3.48
Family	\$22.14	\$11.07	\$5.11



Find a Provider | BlueCross BlueShield of IL

- 1 A. Go to <https://www.bcbsil.com/>
- 2 B. Select Find Care
- 3 C. Select Find a Vision Provider
- 4 D. Select plan/network: BCBSIL Vision Plans
- 5 E. Find an Eye Doctor by location, doctor's last name, or office name. Results will be listed and displayed on a map.

The screenshot shows the BlueCross BlueShield of Illinois website. The top navigation bar includes 'Welcome', 'Employers', 'Producers', 'Providers', 'Company Information', 'Language Assistance', and 'En español'. The main navigation menu has 'Find Care', 'Shop Plans', 'Prescription Drugs', 'Insurance Basics', and 'Member Services'. A banner for 'Choose Medicare with Confidence' is visible. The 'Find Care' section is expanded, showing 'Providers in Your Network' with a sub-link 'Find a Vision Provider' highlighted. Below this, there are sections for 'Blue Distinction® Specialty Care' and 'Where You Go Matters'. The 'Find a Vision Provider' section is highlighted with a red box and labeled 'D'. It lists options: 'Medicaid Plan (Blue Cross Community Health Plans®)', 'Blue Cross Community MMAI (Medicare-Medicaid Plan)™', and 'Medicare Advantage Plans † *'. The 'Find an eye doctor' section is highlighted with a red box and labeled 'E'. It offers search options: 'Search by location', 'Search by doctor', and 'Online & Lasik'. At the bottom, there are buttons for 'USE MY LOCATION' and 'SEARCH BY ZIP'.

Additional Benefits





Basic Life and AD&D Insurance

Basic Life Insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away from a covered accident or illness. In addition, Accidental Death and Dismemberment (AD&D) provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident. Always make sure your beneficiaries are updated. The cost of the benefit is 100% paid for by the company.

Basic Life/Accidental Death & Dismemberment

Benefit Amount

2x your basic annual earnings, up to a maximum of \$550,000 - Life
Up to the amount of your Life benefit - AD&D



Voluntary Term Life and AD&D Insurance

Voluntary Term Life/AD&D allows you to purchase additional coverage at your own financial expense to ease your loved ones' financial burden if something should happen to you. Costs are determined on group discounted rates. Always make sure your beneficiary information is updated.

An employee's maximum benefit election cannot exceed 5x their basic annual earnings. A spouse's maximum election cannot exceed 50% of what the employee takes out on themselves.

The cost of the benefit is 100% paid for by you. Your age and the amount of insurance you elect determines the premium you'll pay. Costs will go up as you age. See your plan documents for more detail.

	Employee	Spouse	Child(ren)
Coverage Increments	\$10,000	\$5,000	\$2,000
Maximum Benefit Amount	\$500,000	\$100,000	\$10,000
Guaranteed Issue Amount*	\$100,000	\$50,000	\$10,000

*Guarantee issue applies to new hires only. If you wish to apply for coverage after your initial new hire eligibility period, any amount of voluntary life coverage you apply for will be subject to medical underwriting, and you are not guaranteed any amount of coverage.



Short & Long-Term Disability

Disability Coverage	Short -Term	Long -Term
Waiting Period	Begins on the 15th day of continuous injury or illness	Begins on the 91st day of continuous injury or illness
Benefit Amount	70% of weekly earnings	60% of monthly earnings
Maximum Benefit	\$3,000 per week	\$9,000 per month
Length of Payment Period	12 weeks	Social Security Normal Retirement Age
Premium Contribution	Company paid	Company paid

If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time.



Flexible Spending Account (FSA)

Flexible Spending Accounts (FSA) allow you to save money on a pre-tax basis to pay for qualified medical expenses and/or dependent care expenses you may incur throughout the year. The money you put into your FSA is done so on a pre-tax basis. This means you are lowering your taxable income and also not paying taxes when the money is used for qualified expenses.

Health Care FSA - You may contribute up to \$3,200 per plan year to pay for qualified medical, dental and vision expenses for yourself and eligible family members. Funds in this account can be used to cover all eligible expenses on your tax dependents even if they are not enrolled under your health care plan. Eligible reimbursable expenses include medical and dental plan deductibles and copays (if applicable), orthodontia expenses not covered by your dental plan, prescription drugs, prescription eye glasses and contact lenses, Lasik eye surgery and much more.

Dependent Care FSA - You may contribute up to \$5,000 per plan year to pay for qualified eligible dependent care expenses. Funds in this account are saved on a tax-free basis.

Transit & Parking FSA - You may contribute up to \$315 per month for parking and up to \$315 per month for mass transit expenses in your transportation FSA.

FSAs do have a use-it-or-lose-it provision, so be conservative when electing how much to contribute. You are eligible to rollover up to \$640 to the next year.*

* Rollover applies to Health Care FSA only



Verizon Wireless Discount

Verizon Wireless offers employees of The Chicago Lighthouse a discount of 18% off of their monthly data plans. Please see your Human Resources Representative for more information on this benefit and how to take advantage of the discount.



Employee Assistance Program (EAP)

EAP service offers caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. There is no cost, it's just there for you when you need it.

Possible reasons to call can include:

- Stress and depression
- Life transitions
- Grief and loss
- Parenting and child care
- Elder care referrals
- Domestic violence
- Workplace conflict
- Work/life balance
- Addiction and recovery
- Financial issues
- Legal assistance
- And more



401(k) Retirement Plan | Principal

Employees have the opportunity to make pre-tax contributions through payroll deductions into a 401(k) retirement savings plan, up to the maximum amount permitted by the Internal Revenue Service (IRS).

Plan details:

- » Enrollment is automatic; all eligible employees will be enrolled on the 1st of the month following 30 days of employment with a default contribution rate of 5% of their eligible gross earnings (Employees may make changes to their contribution rates at any time.)
- » Employees may contribute a maximum of \$23,000 per year (or \$30,500.00 for employees over 50)
- » The Chicago Lighthouse will provide an employer match of up to 4% (100% of the first 3% and 50% of the next 2%)
- » Employees are fully vested in the plan after 5 years of service

For more information about the 401(k) plan and services provided by Principal, see your Human Resources Representative.



Vacation Time

Employees who are regularly scheduled to work 25 hours or more per week are eligible to accrue paid vacation time in accordance with the following schedule:

- 1-2 years of employment: 10 days (1 day accrued per month, up to 10 day limit per calendar year)
- 3 years of employment: 12 days (1 day accrued per month)
- 4-7 years of employment: 15 days (1.25 days accrued per month)
- 8+ years of employment: 22 days (1.84 days accrued per month)

Part-time employees who are regularly scheduled to work less than 25 hours per week accrue vacation time at a rate of 1 hour per every 35 hours worked, up to 40 hours per calendar year.

Employees can roll over up to 5 vacation days from one calendar year to the next.

Please note: The above schedule does not apply to education staff in the Children's Development Center and employees working under government service contracts.



Sick Time

Employees earn paid sick time at a rate of 1 hour per 35 hours worked, up to 48 hours per calendar year. (Employees working under government service contracts accrue paid sick time at a rate of 1 hour per 30 hours worked, up to 56 hours per calendar year.) Employees may roll over up to 128 hours of sick time from one calendar year to the next.



Holidays

Employees receive 12 paid holidays per calendar year. Holidays schedules for each department are sent out each December.

Tips, Tricks & Tools





BlueCross BlueShield Value Added Benefits

BlueAccess for Members: 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/HSA 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 or call 888.676.4204 today to find out additional info on this awesome benefit.

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.

Maternity Care Program: 888.421.7781

Personalized support provided by Obstetrical nurses.

Mail Order Prescriptions: 833.715.0942

Through BCBS and Express Scripts, mail order prescriptions may save time and money.

Blue365 Discounts

Access to additional special program discounts. Details can be accessed by logging into Blue Access for Members via www.bcbsil.com. Once logged in, go to the *My Coverage* tab and click on *Discounts* found under *Member Advantages*.

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.



Tips to Save Money

Preventive/Wellness Exams Covered at 100%

- Preventive care is equal to one physical exam per year per enrolled member
- Females get an annual well-woman exam covered at 100% in addition to their annual physical exam
- No out-of-pocket costs apply - these exams are fully covered as long as your physician codes them 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 or walmart.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.



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.