



This summary is designed to give you an outline of the health benefit programs offered through Zion Elementary School District 6. Contained in the summary are tips for you on using the plans.

Your 2025 Benefit Summary provides information on your district's benefit plans, including:

- BCBS Member Resources
- Medical Options—PPO, HDHP, and HMO
- Dental Plans Comparison
- Medical Plans Comparison
- How does an HDHP work?
- Four Reasons to open an HSA
- Flexible Spending Account (FSA)
- Vision Plans Comparison
- Basic Life/AD&D
- Dependent Eligibility Audit

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 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)

Teladoc Diabetes and Hypertension Management (PPO and HDHP plans only)

The Teladoc for Diabetes and Hypertension management programs provide 24/7 personalized coaching, connected blood glucose meter, connected blood pressure monitor and app to help manage chronic conditions. Services are covered as preventative care with no out-of-pocket cost to members. The program is provided to all PPO and HDHP members as well as covered family members with diabetes or hypertension. Join today at teladochealth.com/smile/ebc or call **(800) 835.2362**. Use registration code: **EBC**

Benefits Value Advisor (PPO and HDHP plans only)

Call a Benefits Value Advisor to help you compare costs for 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 appointments
- Share online educational tools

Call **800.458.6024** before your next procedure!

BCBS Member Rewards (PPO and HDHP plans only)

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

- Compare costs and quality providers 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.**

Hinge Health (PPO and HDHP plans only)

Hinge Health's Virtual Physical Therapy Program

Hinge Health offers a comprehensive Digital MSK Clinic with dedicated programs across the MSK continuum of care. If you suffer from back, knee, neck, shoulder, or hip pain, Hinge Health may be able to help. You'll complete an online screening questionnaire to determine which program best fits your needs, whether preventive, acute, chronic or post-surgery. Through education, exercise therapy, and digital coaching, you can discover health alternatives to help manage your pain. You can participate in Hinge Health at no cost. It includes:

- Physical therapy through digital delivery with motion sensors, online education, and cognitive behavioral therapy to address the causes of chronic pain over time.
- 12-week, coach-led, digital platform for chronic back and knee pain.
- Exercise therapy—Wearable sensors and tablet for real-time movement feedback.

Sign up by visiting hinge.health/ebc.

Wondr

Digital Weight Loss Program

If you are enrolled in one of the district's medical plans, you and your covered dependents over the age of 18 will have access to Wondr, an online behavioral weight loss program (no dieting) to promote long-term weight loss with no out-of-pocket cost to you as services are covered as preventive. You can earn points along your wellness journey to be redeemed for items in the Wondr Store. Sign up by visiting wondrhealth.com/EBC.

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. Plus, you can get care from anywhere in the US: at home, the office, or on the road!

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

- If you're considering the ER or urgent care center for a non-emergency issue
- On a vacation, 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 and complete a medical history questionnaire, you will be granted access to speak with a doctor by phone or video on your mobile device, or computer.

Copay for PPO/HMO is \$0

Copay for HDHP members is \$55



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 BCBS member.

PPO Medical Plan

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

WI Residents Only – Blue Preferred POS Network

To get the highest level of benefits, Wisconsin members should use the Blue Preferred POS network. Blue Preferred POS is offered by Anthem Blue Cross Blue Shield, an independent licensee of the Blue Cross and Blue Shield Association.

If you need care outside of the state of Wisconsin, look for providers in the Participating Provider Organization (PPO) network. Log in through Blue Access for Members to get more personalized results.

WI Residents Only – Transition of Care

If you are getting care from a doctor who is not in the Blue Preferred POS network, you may be able to continue treatment with that doctor if you are

- Pregnant and in the third trimester
- Hospitalized prior to July 1, 2025
- Undergoing long-term treatment for cancer, heart- disease or an organ transplant
- Terminally ill with a life expectancy of less than six months

You can continue to get care from a non-network provider even if you do not qualify for transition of care, but your benefits will be paid at a lower level. Non-network providers can also “balance bill” you, which means they can charge amounts above your plans plan's fee schedule. Your out-of-pocket may be significantly higher.

PPO RX Information

Prime Therapeutics is the administrator of the PPO prescription drug program. They oversee retail and mail order prescriptions under this plan. Your medical ID card also serves as your prescription ID card. PPO members utilize the Balanced Drug List. To find a participating retail pharmacy or for more information on the Balanced Drug List, log into Blue Access for Members and click on the Prescription Drug 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 Express Scripts Phone: **833.715.0942** | Website: express-scripts.com/rx

Specialty Customer Service

through Accredo Pharmacy Phone: **833.721.1619** | Website: accredo.com

HMO Medical Plan

When you join a BCBS HMO plan, 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 bcbsil.com and use Provider Finder.

HMO Customer Service: **800.892.2803**

(8:00 a.m. to 6:00 p.m., Monday through Friday).

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

HMO RX Information

Prime Therapeutics is the administrator for the HMO prescription drug program. Your HMO medical card serves as your prescription ID card. HMO members utilize the Performance Drug List. To find a participating retail or mail-order pharmacy and for more information visit myprime.com. Or, log into BlueAccess for Members and click on the Prescription Drugs link.

Prescription Drug Inquiry Unit

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

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. adjustment of ear molds to maintain optimal fit when Medically Necessary; Hearing Aid repairs will be covered when deemed Medically Necessary.

Zion Elementary School District 6 Medical Plans Comparison

	Blue Cross and Blue Shield PPO Plan		Blue Cross and Blue Shield HDHP Plan ¹		Blue Cross and Blue Shield HMO Illinois / Blue Advantage HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible*						
Individual		\$2,000	\$5,000	\$10,000	\$0	No coverage
Family		\$4,000	\$10,000	\$20,000	\$0	No coverage
Coinsurance	90%	70%	100%	80%	100%	No coverage
Out-of-Pocket Limit* (deductible included)						
Individual	\$3,500	\$7,000	\$5,000	\$13,300	\$1,500	No coverage
Family	\$7,000	\$14,000	\$10,000	\$26,600	\$3,000	No coverage
Covered Expenses						
Hospital						
Inpatient Services	90%	\$300 admission copay, then 70% after program deductible is met	100%	80%	100%	No coverage
Outpatient Surgery	90%	70%	100%	80%	100%	No coverage
Emergency Room	100% after \$250 copay (copay waived if admitted)		100%		100% after \$50 copay (copay waived if admitted)	
Physician						
Inpatient Services	90%	70%	100%	80%	100%	No coverage
Outpatient Surgery	90%	70%	100%	80%	100%	No coverage
PCP Office Visit	\$40 copay	70%	100%	80%	\$10 copay	No coverage
Specialist Office Visit	\$50 copay	70%	100%	80%	\$10 copay	No coverage
Other						
X-ray and Lab	90%	70%	100%	80%	100%	No coverage
Therapy-Speech, occupational or physical therapy	90%**	70%**	100%**	80%**	100%***	No coverage
Mental/Nervous-Inpatient	90%	\$300 admission copay, then 70% after program deductible is met	100%	80%	100%	No coverage
Mental/Nervous-Outpatient	90%	70%	100%	80%	100% after \$10 copay	No coverage
Substance Abuse-Inpatient	90%	\$300 admission copay, then 70% after program deductible is met	100%	80%	100%	No coverage
Substance Abuse-Outpatient	90%	70%	100%	80%	100% after \$10 copay	No coverage
Wellcare	100%	70%	100%	80%	100%	No coverage
Prescription Drugs						
	Prime Therapeutics		Prime Therapeutics		Prime Therapeutics	
Retail Pharmacy 34-day supply	\$15 Generic \$25 Preferred Brand \$50 Non-Preferred Brand \$100 Specialty		100% after program deductible is met		\$10 Generic \$25 Preferred Brand \$45 Non-Preferred Brand	
Mail Order 90-day supply	\$30 Generic \$50 Preferred Brand \$100 Non-Preferred Brand		100% after program deductible is met		\$30 Generic \$50 Preferred Brand \$90 Non-Preferred Brand	

¹The PPO HDHP has an embedded deductible and out of pocket. Under this model, for those enrolled in family coverage, an individual is only responsible for the single deductible and out of pocket amount. Once an individual has met the single deductible, benefits will begin until the individual's out of pocket has been met. At that point, covered services will be paid at 100%. Please note - once the family deductible or out of pocket is met, each individual in the family will have satisfied the deductible or out of pocket requirement, even if they have not met the individual amount. All services are subject to the deductible with the exception of Wellcare.

*Deductible and Out-of-Pocket amounts accumulate based on the benefit period of Jan 1 to Dec 31.

**Physical Therapy - 65 visits/ Occupational Therapy - 70 visits/ Speech Physical Therapy - 45 visits

***60 visits combined per calendar 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.

Zion SD 6 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 **847.379.0142**.

UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **847.379.0142**.



Tell Me More About The HDHP!

Zion Elementary School District 6 continues to offer the High Deductible Health Plan (HDHP) as an option for 2025. A HDHP differs from a traditional PPO plan in that you pay less per paycheck than with the traditional PPO plans, however, you pay all medical and prescription expenses you incur throughout the year until you meet the deductible. After that, you pay coinsurance until you meet the out-of-pocket maximum.

Three advantages to participating in the HDHP are:

1. You pay lower contributions out of your paycheck.
2. You may be eligible contribute to a Health Savings Account (HSA) to help pay for your out-of-pocket expenses. *
3. Contributions to your HSA pack a triple tax savings punch: You do not pay taxes on the money that goes in to your HSA, any HSA interest earnings are tax-free, and any money withdrawn for qualified expenses is tax-free.**

How does it work?

Step 1: Contributions

- You and Zion SD 6 contribute to your HSA.
- Contributions to your HSA cannot exceed the annual IRS maximum.

Step 2: Until you meet your deductible

- You pay for 100% of medical expenses with HSA funds or out-of-pocket.
- The plan pays for 100% of in-network preventive care.

Step 3: Meet your In-Network Annual Deductible

Individual: \$5,000

Family: \$10,000—Embedded

- An embedded deductible means an individual enrolled in family coverage is only responsible for the single deductible amount of \$5,000. Once the deductible is met, all services are paid at 100% in-network for that individual. Once two or more members reach the individual deductible, all enrolled members will be covered at 100% in-network.

Step 4: Then what?

- You pay coinsurance for medical expenses with HSA funds or out-of-pocket.
- The plan pays the remaining costs.

Step 5: If you meet your Out-of-Pocket Maximum*

Individual: \$5,000

Family: \$10,000—Embedded

- An embedded out of pocket means an individual enrolled in family coverage is only responsible for the single out-of-pocket amount of \$5,000. Once the single out-of-pocket is met, all services are paid at 100% in-network for that individual. Once two or more members reach the individual out-of-pocket, all enrolled members will be covered at 100% in-network.

*Deductible included

Step 6: Then What?

- The plan pays for 100% of medical expenses.
- Any unused funds in your HSA roll over to next year.

*To be eligible to contribute to an HSA, you must be enrolled in a HDHP, you cannot be enrolled in Medicare, you cannot be enrolled in other coverage, and no one can claim you as a dependent on their tax returns.

**Tax benefits only apply when HSA funds are used for eligible medical expenses.

This information being provided is for general educational purposes only. If you have specific questions about your benefits, please contact the Human Resources department.



Health Savings Account (HSA)

WEX

Four Reasons To Fund Your HSA

Wondering why you may want to contribute to a Health Savings Account, or HSA? An HSA is a tax advantaged account that lets you save for medical expenses and reduce your taxable income. You are eligible to participate in the HSA if you enroll in one of the High Deductible Plans, have no other medical coverage, are not enrolled in Medicare, and not a dependent on someone else's tax returns. Read on to understand how an HSA works and why you may want to consider contributing to one!

1. An HSA Offers Triple Tax Savings

- Contributions to your HSA are tax-free and lower your taxable income.
- If you are able to invest your HSA, the interest earnings are not taxed.
- You can use your HSA to pay for eligible medical expenses, and you won't be taxed on that withdrawal

2. Use Your HSA Now... or Save it for Retirement

Your HSA is designed to help you pay for medical expenses now, or you can choose to save it to pay for future qualified health care expenses. Annual Contribution maximums are set by the IRS. The maximum contributions for 2025 are \$4,300 (single) or \$8,550 (family). This includes your employer contribution. If you are over 55, you can make an additional "catch up contribution" up to \$1,000. Your account balance rolls over year after year. The funds do not expire as they do with an FSA.

3. Your Money, Your Decisions

With an HSA-qualified plan, you're the one in control. You have the power to make smarter health care choices. Did you know an MRI of the spine can range from under \$500 to over \$1,000, depending on the provider. If you have any out-of-pocket costs, you can save significantly by taking a few minutes to find quality, affordable providers.

4. Pay for the Care You Need

Use the money in your HSA to pay for eligible medical expenses such as:

- doctor's visits
- prescriptions
- diagnostic tests
- dental work
- acupuncture

This is just a small list of the medical expenses you can pay for with your HSA. You can find a full list at <https://www.irs.gov/publications/p502>.

For more information, contact the district office; or you can contact WEX at **833.225.5939** or visit www.WEXInc.com.

*This information being provided is for general educational purposes only. If you have specific questions about your benefits, please contact the Human Resources department.



Flexible Spending Account (FSA)

As of 9/1/2025, WEX will be the new vendor for the district's Flexible Spending Account.

WEX

An FSA allows you to set aside a portion of your salary, before taxes, to pay for qualified medical or dependent care expenses. Because that portion of your income is not taxed, you end up with more money in your pocket. Follow these three steps and start making plans for that extra money you'll bring home:

1. Plan—how much money you want to set aside
2. Spend— on dependent care and out-of-pocket medical expenses
3. Collect—the money you've set aside

- Health FSA—set aside money to pay expenses not covered by your medical insurance. There are two types of accounts:
 - » If you have traditional medical insurance, you'll use a regular Health FSA for things like coinsurance, prescriptions and vision and dental expenses.
 - » If you have a high deductible health plan (HDHP) along with a health savings account (HSA), you can use a Limited Health FSA to pay for dental, vision and medical preventive care until your annual deductible is met.
- Dependent Care Account (DCA)- set aside money for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse. To be eligible for this type of account, both you and your spouse (if applicable) must work, be looking for work, or be full-time students.

The current IRS limits for FSA contributions are as follows:

- Health Care FSA → \$3,300
- Dependent Care FSA → \$5,000 per household

Note: In some cases, you will be required to submit your BCBS Explanation of Benefits (EOB) as substantiation for your expense. If you receive a receipt from your provider for a copay amount, make sure the receipt says "copay". If not, ask your provider to write "copay" on your receipt before leaving the office.

Vague or missing information causes your reimbursements to be delayed or become ineligible. You should always keep your receipts for documentation. If audited by the IRS at a later time, you will be required to produce documentation for all medical FSA expenses.

Please note that if you contribute to a Health Savings Account (HSA) you can not have an FSA.

For more information, contact the district office; or you can contact WEX at **833.225.5939** or visit www.WEXInc.com.



Additional BCBS Resources

BCBS Global Core

BCBS Global Core provides members with access to doctors and hospitals in nearly 200 countries and territories around the world. Members can also search for providers, file a claim, translate medical terms, and much more.

To take advantage of the BCBS Global Core program, visit bcbsglobalcore.com or download the BCBS Global Core mobile app. 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**.

Seasons of Life

Seasons of Life is an outreach program that provides personalized claims resolution assistance to members and their families who are dealing with the death of a loved one. Seasons of Life ensures that members and their families receive compassionate help when they need it.

Fitness Program

The Fitness Program is an eight-tier membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 13,000 participating gyms, you can work out at any location of your choosing at any time. To search for a gym, log in to Blue Access for Members or call **888.762.2583**.

Other program perks:

- No long-term contract required. Membership is month to month.
- Enroll in a tier that fits your budget and preferences with a one time **\$19 enrollment fee**.
(No enrollment fee for Digital Only option.)

Digital Only: \$10/month	Core: \$29/month	Elite: \$129/month	Signature: \$199/month
Base: \$19/month	Power: \$39/month	Pro: \$159/month	Premiere: \$239/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 EyeMed providers. For a list of providers near you, go to eyemed.com, click *Find a Provider*, then choose the "Select Network" for HMO members and "Advantage Network" for PPO Members.

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

For more discount programs, sign up on the Blue365 website at 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, tools 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 various gift cards to your favorite retailers or restaurants.

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.

Visit ebcwellbeing.com to use these comprehensive online resources and step toward your healthiest, happiest self.

Dental Plan

Guardian Dental Coverage

Your district offers a dental PPO through Guardian. Members should use a dentist that participates in Guardian's Dental Guard Preferred network for the highest level of savings. Please visit Guardian's website at www.GuardianAnytime.com to conduct a provider search or contact Customer Service. Additionally, you can call Delta Customer Service at **866.494.4542**.

Benefit	Guardian Plan	
	In-Network	Out-of-Network
Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Preventive Services (cleanings & exams)	100%	100%
Basic Services (fillings, endodontics, periodontics, & oral surgery)	80%	80%
Major Restorative (crowns, bridges & dentures)	50%	50%
Annual Maximum	\$2,500	\$2,500
Orthodontics (up to age 19)	50%	50%
Orthodontia Lifetime Max	\$2,000	\$2,000

Max Rollover Feature

Eligible members may be able to rollover a portion of their insured annual maximum amount. The rollover amount can then be used towards in-network services once your annual maximum amount is fully exhausted. Services are still considered and paid according to the plan benefits when using the rollover amount. To qualify for the max rollover feature, you must:

- Submit at least 1 paid claim during the benefit year
- Be effective for more than 3 months during the benefit year
- Be eligible for major services
- Not exceed the threshold in paid claims during the benefit year.

For more information or if you have questions, reach out to Guardian customer service at 800.627.4200."

Early Smiles Program

Guardian offers members it's Early Smiles Program to support kids on the path to good health. With the early smiles program provides 100% in-network coverage on Preventive, Basic and Major dental care for dependent children ages 12 and under who are covered as a dependent on the dental plan.

*This document is only intended to be a brief summary of current benefits. If you have any questions regarding specific benefit coverage, limitations or exclusions, please refer to your Guardian certificate of coverage. The certificate of coverage will take precedence over any difference in plan design.





Vision Insurance

Insured by EyeMed

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis.

To find an EyeMed in-network provider, log on to www.eyemedvisioncare.com, click on “Find a Provider”, enter your location information and select the “Insight” network.

Vision Comparison Chart

	EyeMed Vision Plan Option 1	EyeMed Vision Plan Option 2
	Insight Network Member Cost In-Network	Insight Network Member Cost In-Network
Vision Exam		
Exam with Dilation	\$10 copay	\$10 copay
Retinal Imaging Benefit	Up to \$39	Up to \$39
Standard Contact Lens Fit & Follow Up	\$40	\$40
Premium Contact Lens Fit & Follow Up	10% off retail price	10% off retail price
Frames		
Any available frame at provider location	\$0 copay; \$150 allowance (20% off balance over \$150)	\$0 copay; \$130 allowance (20% off balance over \$130)
Standard Plastic Lens		
Single, Bifocal, Trifocal, & Lenticular Vision	\$25 copay	\$25 copay
Standard Progressive	\$80 copay	\$80 copay
Discounted Lens Options		
UV Treatment & Tint	\$15	\$15
Standard Plastic Scratch Coating	\$15	\$15
Standard Polycarbonate - Under age 19	\$40	\$40
Standard Polycarbonate - age 19 and over	\$40	\$40
Standard Anti-Reflective Coating	\$45 copay	\$45 copay
Other Add-Ons	20% off retail	20% off retail
Contact Lenses		
Conventional	\$0 copay; \$150 allowance (15% off balance over \$150)	\$0 copay; \$130 allowance (15% off balance over \$130)
Disposable Lens	\$0 copay; \$150 allowance	\$0 copay; \$130 allowance
Frequency of Service		
Exam	12 months	12 months
Lenses or Contact Lenses	12 months	12 months
Frame	12 months	24 months

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 operations of the plans.



Basic Life Insurance and AD&D

Insured by Matrix

As part of your benefit package, the district enrolls you in Basic Life and Accidental Death and Dismemberment (AD&D). In the unfortunate event of your death, your beneficiary will receive your life insurance benefit. Make sure you keep your beneficiary form up-to-date.

Call Human Resources Department for questions.



Employee Assistance Program

Zion SD 6 offers its employees and their families an employee assistance program at no cost. A professional EAP counselor can provide confidential services related to: emotional, personal and stress-related concerns, chemical dependency, prenatal care, child care, parenting, special needs, legal and financial matters, academic and financial aid referrals, convenience services (auto care, home repair, moving specialists, etc.) and pet care, elder care, health and wellness, pre-retirement lifestyle planning and marriage, family and relationship issues.

Contact the district office or contact AllOne Health toll-free at **855.775.4357**.

Identity Theft Protection

To protect you and your family from the devastating loss of time, money and security, you have access to an ID Recovery Program should you or your family fall victim to identity theft. In addition to the recovery program, you also have access to real-time card monitoring, as well as password and personal document protection through WalletArmor.

If you suspect your personal information has been compromised, call toll free: **1.855.246.7347**.

To protect the contents of your wallet, enroll in WalletArmor – www.reliancestandard.com/walletarmor.

24-Hour Travel Assistance

Traveling more than 100 miles away from home? Should you need assistance with any of the following (and more), Travel Assistance is just a phone call away.

- Passport/visa requirements
- Consulate/embassy referral
- Emergency evacuation
- Recovery of lost or stolen luggage/personal possessions
- Emergency travel arrangements

In the U.S. call toll free: **800.456.3893** or worldwide, call collect to **603.328.1966**.

Dependent Eligibility Audit

The EBC Board of Directors approved conducting an ongoing Dependent Eligibility Audit for all employees who newly cover dependents on their medical plans. The audit is mandatory for all EBC districts.

This audit will capture any new hires or employees experiencing a qualifying life event that add dependents. These employees will be required to upload documents that show proof of dependent eligibility status into a secure online portal managed by Impact Interactive.

Dependents will be dropped from the plan if a dependent is determined to be ineligible during the audit or, if an employee fails to submit documents for the dependent before the deadline. The date the dependent will be dropped is listed in the audit communication sent to individual employees via mailed and district email.

Dropped dependents are NOT eligible for COBRA.

Who are eligible dependents?

- Spouse
- Civil Union
- Biological, adopted, step child
- Child under legal guardianship, foster child

What are examples of documents that will be required?

- The most recent tax return showing married filing jointly/separately
- Birth certificate
- Court documents that show legal guardianship
- Marriage certificate AND two financial statements, such as bank statements, insurance bills, rental/mortgage contracts

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. Any pre-tax benefit elections made during open enrollment must remain in effect until the following open enrollment period, unless you experience a qualifying life event (QLE) that may allow for an election change. Allowed election changes will depend on the QLE that is experienced.

Some examples of qualifying life events include:

- Marriage
- Change in dependent's eligibility or employment status
- Birth or adoption
- Divorce or legal separation

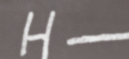
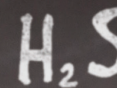
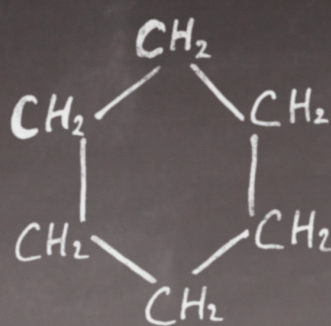
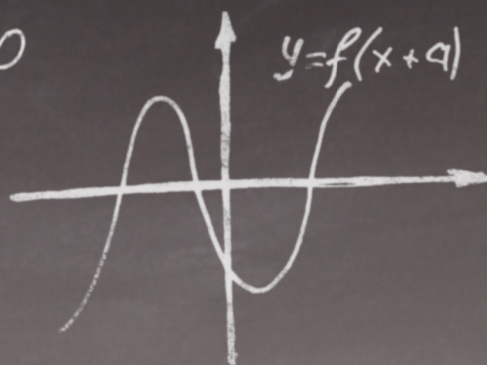
Please note, these are only a few examples. If you believe you experienced a qualifying event, please notify human resources immediately. You have 30 days* from the date of the qualifying event to make applicable changes. Keep in mind, the changes you make must be directly related to the event and you may be required to provide documentation.

*If you lose eligibility for Medicaid/CHIP or become eligible for a state premium assistance subsidy, you have 60 days from that qualified change in status to make changes.



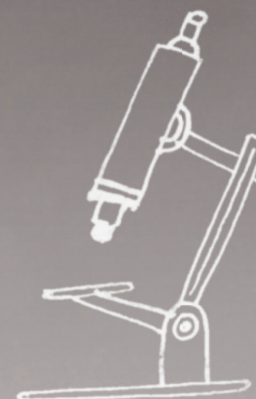
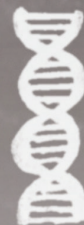
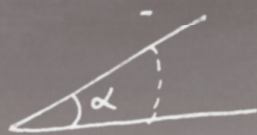
Zion Elementary School District 6

$$\int_a^a f(x) dx = 0$$



$$P(A) = \sum P(\omega)$$

$$\int \frac{dx}{x} = \ln|x| + C$$



$$\begin{cases} S = 2\pi RH \\ V = \pi R^2 H \end{cases}$$



$$E=mc^2$$

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.