

Employee Benefits Enrollment Guide

Plan Year: July 1, 2023 - June 30, 2024



Prairie-Hills Elementary SD #144

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Prairie Hills Elementary School District #144 strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this enrollment guide.

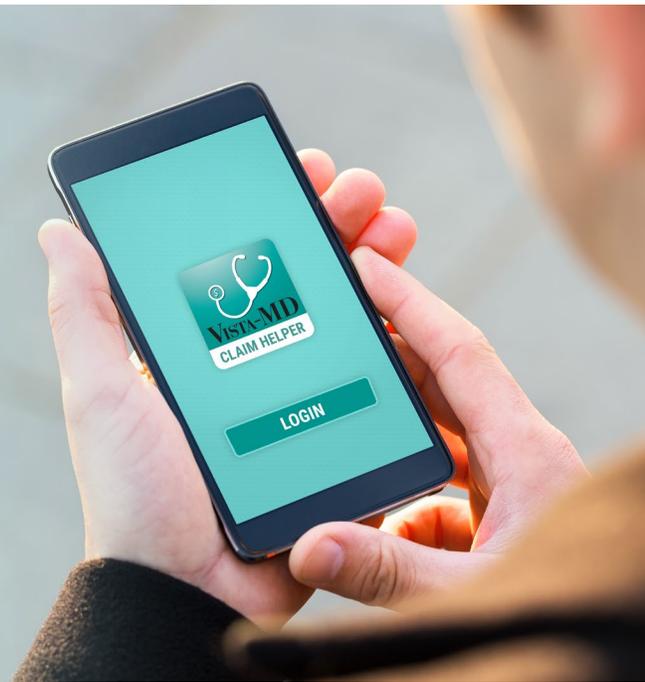
Please take a moment to review the below information.

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VISTA-MD CLAIM HELPER™ APP

CONVENIENT MOBILE ACCESS



Using The New Vista-MD Claim Helper App

Vista-MD Claim Helper is an easy and convenient way to access our Concierge Service and receive assistance on benefit claims to solve claim issues and manage billing appeals. Our mobile solution allows employees to dispatch their request for our Concierge Service by connecting them to one of our claims experts who will serve as their advocate, provide resolution to their claim issue, and/or negotiate their bill.

FAST AND EASY

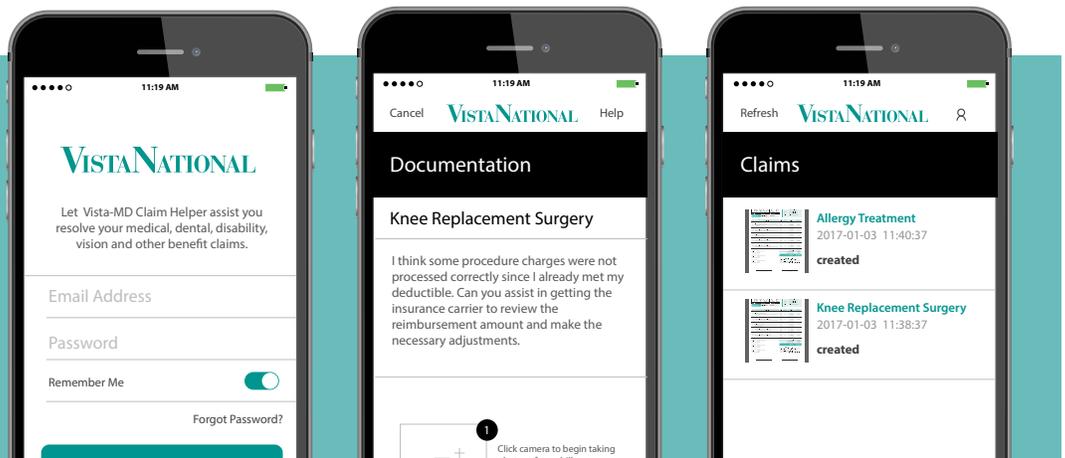
Vista-MD Claim Helper is as easy as:

- 1 Download the free Vista-MD Claim Helper app from the Apple® iOS or Android™ app store
- 2 Create an account
- 3 Provide a brief description of the claim issue
- 4 Take a picture of the claim document(s) using the app
- 5 Submit your claim request securely
- 6 Await one of our representatives to call you within 48 business hours

Once submitted, the Vista Concierge Service team is on the case, dealing with carrier claims, preparing any required paperwork and actively advocating resolution.



LET VISTA-MD CLAIM HELPER ASSIST IN RESOLVING MEDICAL, DENTAL, DISABILITY, VISION OR OTHER BENEFIT CLAIM ISSUES.



THE ULTIMATE CONVENIENCE!

The Vista-MD Claim Helper app and Concierge Service are provided as a value-add service – FOR EMPLOYEES HAVING GROUP BENEFITS WITH VISTA!



Introduction

This guide will outline the different benefits **Prairie Hills Elementary School District #144** offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on July 1, 2023. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

As an enhancement to your benefits package, **Prairie Hills Elementary School District #144** is partnered with VistaNational Insurance Group who acts as a "one stop" resource for you for all lines of coverage. VistaNational's Claims Resolution department will answer any billing questions you have and will help resolve any billing and claims issues that come up between your service provider and insurance carrier.

The Purpose of this Packet

This packet was created to provide a summary of the current employee benefits for **Prairie Hills Elementary School District #144** employees in conjunction with VistaNational. This packet is only a summary and does not describe every detail of the benefit programs outlined. If there are any inconsistencies or discrepancies between this booklet and the governing plan documents and benefit contracts, the governing plan documents and benefit contracts will control.

Refer to the carrier's literature for specific details. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this packet. Reasonable efforts are made to keep employees apprised of any changes to the benefit plans.

Waiving, Enrolling into, or Changing Coverage

The medical, dental, vision, benefits are all optional. If you decide that you have appropriate benefits from an alternate source, you may choose to waive your existing coverage. If you are declining enrollment for yourself or your dependents (including your spouse) because of other insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, providing that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Making the Most of *YOUR* Benefits

Prairie Hills Elementary School District #144 would not be the successful organization it is today without the dedication and hard work of our employees. We care about you and your family! One of the many advantages to working for Prairie Hills Elementary School District #144 is the outstanding employee benefit plans that we offer. We have taken great care in designing a comprehensive benefit program that will allow you to select benefit options that are right for you and your eligible dependents.

Our plan year for our core benefits is **July 1, 2023 thru June 30, 2024**. This guide was designed to explain who is eligible for benefits, information of the plans available, and the cost for each plan and how to enroll.

Please review this guide carefully. The choices you make at this time will stay in place until the next open annual open enrollment period, unless you experience a “Qualifying Status Change” as defined by the IRS. You must contact the Human Resources Department within 30 days of the qualified event which include:

- *Marriage*
- *Divorce*
- *Legal separation*
- *Change in employment status (ex. part-time to full-time)*
- *Birth or adoption of a child*
- *Change in child’s dependent status*
- *Death of a spouse, child or other qualifying dependent*

A qualifying event allows you to add or remove dependents from your existing plan (you cannot change from one plan to another). Also, per IRS guidelines, the effective date of the change must be the date of the qualifying event (not the date you notify HR).

Who is Eligible to Enroll?

All full-time employees who have satisfied the eligibility waiting period are eligible to enroll as well as their dependents. You are eligible for benefits the first of the month following date of employment. You will have 30 days from your eligibility date to decide to enroll. Your eligible dependents are defined as:

- Legally Married Spouse
- Dependent Children up to age 26
 - Natural or legally adopted child
 - Stepchild
 - Child of whom you are a court appointed guardian
 - Children of any age totally due to a physical or mental handicap (documentation is required)

Open Enrollment Next Steps:

This open enrollment period is your opportunity to make any changes to your enrollment. You may decide to change plans, add/remove any dependents on your plan or waive coverage.

Your coverage will continue automatically under your current enrollment unless you complete the appropriate enrollment application indicating a plan or enrollment change. Please see HR for the appropriate enrollment form.

VistaNational Contact Names and Numbers

1.800.944.3645 or 630.468.6500 – Phone
630.468.6600 – Fax
www.vistanational.com

Prairie Hills Elementary School District #144 is partnered with VistaNational Insurance Group to help administer the medical, dental, vision, life, and disability insurance. You can call the VistaNational offices for assistance rather than calling the carriers directly. Your dedicated team is listed below.

Cathy Gleason

(General Contact: Benefits, Eligibility, Service Questions)

gleasondc@vistanational.com

630.468.6514 – Phone

Katie Mulcahy, Senior Claims Specialist

(Complex Claim & Billing Issues)

mulcahyk@vistanational.com

630.468.6509 – Phone

If you have a claims issue (you believe you were incorrectly billed) please call Katie. Katie will work on your behalf to resolve any billing/claims errors to assure you pay the correct amount due or you receive compensation if you overpay.

Medical Insurance - BlueCross BlueShield (BCBS)



BlueCross BlueShield of Illinois (BCBSIL) will continue to be our medical insurance provider this year. The plans are summarized below. The HMO and PPO plan information is also found within each plan's corresponding Summary of Benefits (SBC).

	Blue Cross and Blue Shield PPO Plan		Blue Cross and Blue Shield HMO Illinois / Blue Advantage HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$100		N/A	
Family	\$300		N/A	
Coinsurance	90%	70%	100%	No coverage
Out-of-Pocket Limit (deductible included) ¹				
Individual	\$900	\$1,900	\$1,500 copay	N/A
Family	\$1,800	\$3,800	\$3,000 copay	N/A
Covered Expenses				
Hospital				
Inpatient Services	90%	70% after \$300 per admission deductible	100%	No coverage
Outpatient Surgery	90%	70%	100%	No coverage
Emergency Room	100% after \$150 copay (waived if admitted)		100% after \$100 copay (waived if admitted)	
Physician				
Inpatient Services	90%	70%	100%	No coverage
Outpatient Surgery	90%	70%	100%	No coverage
Office Visits	100% after \$30 copay	70%	100% after \$30 copay	No coverage
Other				
X-ray and Lab	90%	70%	100%	No coverage
Therapy—Speech, occupational or physical therapy	90%	70%	100% (60 visits combined per calendar year)	No coverage
Mental/Nervous—Inpatient	90%	70% after \$300 per admission deductible	100%	No coverage
Mental/Nervous—Outpatient	90%	70%	100% after \$30 copay	No coverage
Substance Abuse—Inpatient	90%	70% after \$300 per admission deductible	100%	No coverage
Substance Abuse—Outpatient	90%	70%	100% after \$30 copay	No coverage
Wellcare	100%	70%	100%	No coverage
Prescription Drugs				
	Prime Therapeutics		Prime Therapeutics	
Retail Pharmacy 34-day supply	\$15 Generic \$30 Brand with no Generic Available \$50 Brand with Generic Available		\$15 Generic \$30 Formulary Brand \$50 Nonformulary Brand	
Mail Order 90-day supply	\$30 Generic \$60 Brand with no Generic Available \$100 Brand with Generic Available		\$30 Generic \$60 Formulary Brand \$100 Nonformulary Brand	

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.

¹ Effective 7/1/14, all medical copays are included in the out-of-pocket maximum.

Prairie Hills School District 144

Medical Plans Comparison

		Blue Cross and Blue Shield Blue Edge HSA	
		In-Network	Out-of-Network
Deductible			
Individual		\$1,500 / \$3,000	
Family		\$3,000 / \$6,000	
Coinsurance		80%	40%
Out-of-Pocket Limit (deductible included) ¹			
Individual		\$3,000	\$9,000
Family		\$6,000	\$18,000
Lifetime Maximum		Unlimited	
Covered Expenses			
Hospital			
Inpatient Services		80%	\$300/visit plus 40% coinsurance
Outpatient Surgery		80%	40%
Emergency Room		80%	40%
Physician			
Inpatient Services		100%	40%
Outpatient Surgery		100%	40%
Office Visits		80%	40%
Other			
X-ray and Lab		80%	40%
Therapy—Speech, occupational or physical therapy		80%	40%
Mental/Nervous—Inpatient		80%	40%
Mental/Nervous—Outpatient		80%	40%
Substance Abuse—Inpatient		80%	40%
Substance Abuse—Outpatient		80%	40%
Wellcare		80%	40%
Prescription Drugs			
Retail Pharmacy 34-day supply		Deductible & Coinsurance	
Mail Order 90-day supply		Deductible & Coinsurance	

Dependent Age: to 26 for all married or unmarried dependents and to age 30 for all unmarried military dependents who are Illinois residents.

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Prairie Hills SD 144 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 **708.210.2888**.

UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **708.210.2888**.

BlueCross BlueShield (BCBS) Medical insurance continued



Blue365 Discount Programs

Dental Program

Procter & Gamble (P&G) Dental Products: Get savings on dental packages containing the latest in Oral B® power toothbrushes and Crest® products. The dental packages from P&G can help you improve the health of your teeth and gums. Packages may contain items such as an electric toothbrush, mouth rinse, floss and many more. **877.333.0121**

Fitness Program

The Fitness Program is a flexible membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 8,000 participating gyms on hand, you can work out at any place or at any time. Choose a gym close to home and one near your office. To search for a gym, please log in to Blue Access for Members or call **888.762.2583**.

Other program perks are:

- No long-term contract required. Membership is month to month. Monthly fees are \$25 per month per member, with a onetime enrollment fee of \$25.
- Automatic withdrawal of monthly fee.
- Online tools for locating gyms and tracking visits.
- Earn bonus Life Points for joining the Fitness Program. Rack up more points with weekly visits.

Hearing Aid Program

TruHearing: Blue Cross and Blue Shield of Illinois (BCBSIL) has arranged a discount program through TruHearing that offers digital hearing aids at a reduced price. This program is available to BCBSIL health plan members, as well as parents and grandparents who are not enrolled in a BCBSIL plan.

Contact: To learn more about TruHearing or to find a location, visit their website at www.truhearing.com or call **800.687.4796** and identify yourself as a BCBSIL member.

SeniorLink Care™

It's important to find skilled, compassionate care for the elderly individuals we love—but it's not always easy. With SeniorLink Care™ you'll find just the right level of expert support to help your aging family members or friends lead fulfilling and comfortable lives. From coordinating care to assisting caregivers, SeniorLink connects seniors and their families to the programs and services they need most.

Access helpful information about eldercare and caregiver and find out more about caregiver options, professional advisory services and more with a three-month premium membership for \$32.17 (that's 17% off) or a 12-month premium membership for \$74.25 (for a 25% discount).

Vision Program

PPO and HMO members can receive discounts on glasses, contact lenses, laser vision correction services, examinations and accessories through Davis Vision and EyeMed providers. HMO members receive their vision exam benefit via EyeMed only. For a list of providers near you, go to www.eyemed.com, click *Find a Provider*, then choose the "Select Network" for HMO members and "Advantage Network" for PPO Members.

Davis Vision: **877.393.8844** | HMO EyeMed (Select Network): **866.273.0813** | PPO EyeMed (Advantage Network): **866.273.0813**

Weight Management Program

Jenny Craig | Seattle Sutton | Nutrisystem

Members may reach their weight loss goals with savings from leading programs. They may save on healthy meals, membership fees (where applicable), nutritional products and services.

For more discount programs, sign up on the Blue365 website at www.blue365deals.com/BCBSIL and start receiving weekly "Featured Deals."

BlueCross BlueShield (BCBS)

Medical insurance continued



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 Blue Cross member. Of special note—you, your doctor, or a family member must call Blue Cross and Blue Shield for any hospital stay that you have. A call must be made one business day before a planned hospital admission or within two hospital days after an emergency admission. This would also apply to private duty nursing, skilled nursing facilities, and home care. **If you fail to precertify your stay, you will not be eligible for maximum benefits!** Call **800.635.1928** to precertify.

PPO Medical Plan

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

PPO Customer Service: **800.828.3116** (8:00 a.m. to 6:00 p.m., Monday through Friday).

IL Network Provider Search: **800.828.3116** (8:00 a.m. to 6:00 p.m., Monday through Friday) or www.bcbsil.com.

HMO Medical Plan

When you join one of the HMOs of Blue Cross and Blue Shield of Illinois, 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 www.bcbsil.com and use the Provider Finder.

HMO Customer Service: **800.892.2803** (8:00 a.m. to 6:00 p.m., Monday through Friday).

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

HMO and PPO Rx Information

Prime Therapeutics is the retail and mail-order vendor (90-day supply) for HMO and PPO members. Your medical card also serves as your prescription ID card. A 90-day supply of maintenance medications can also be purchased through a network of contracting extended (90) day supply retail pharmacies or by mail through PrimeMail by Walgreens Mail Service. To find a participating retail pharmacy or for more information, log in to BlueAccess for Members and click on the Prescription Drugs link or visit www.bcbsil.com.

Prescription Drug Inquiry Unit: **800.423.1973** (8:00 a.m. to 6:00 p.m., Monday through Friday) or www.bcbsil.com.

Walgreens Mail Customer Service:

Phone: **800.345.1985** | Website: Walgreens.com/PrimeMail

BlueCross BlueShield (BCBS) Medical insurance continued



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 www.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)

BCBS Global Core

BCBS Global Core provides members with access to doctors and hospitals in nearly 200 countries and territories around the world.

To take advantage of the BCBS Global Core program, contact BCBSIL for coverage details. 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**.

Wellbeing Management

The Wellbeing Management program is designed to help you take charge of your health and provide you with the tools to better manage your benefits. In addition to confidential, telephonic coaching for individuals identified with particular conditions, members have access to a variety of resources through Blue Cross and Blue Shield’s secure website and Blue Access for Members.

Resources include:

24/7 Nurseline—Around-the-Clock, Toll-Free Support (PPO Members Only)

The 24/7 Nurseline can help you figure out if you should call your doctor, go to the ER or treat the problem yourself.

Health concerns don’t always follow a 9-to-5 schedule. Fortunately, registered nurses are on call at **800.299.0274** to answer your health questions, wherever you may be, 24 hours a day, 7 days a week.

Note: For medical emergencies, call 911 or your local emergency service first.

Diabetes Program

Complimentary Glucose Meters: BCBSIL offers glucose meters to members with diabetes at no additional charge to help you manage your condition.

CONTOUR®NEXT Blood Glucose Monitoring Systems

To order a CONTOUR NEXT meter to be shipped directly to you, call **800.401.8440**. Be sure to identify yourself as a BCBSIL member and mention ID code “BDC-BIL.” Or you can visit <https://ContourNextFreeMeter.com>.

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 you to a suite of innovative programs and tools.

- onmytime self-directed courses on topics such as healthy eating, stress, weight management and fitness
- Health and wellness content
- Tools and trackers, such as a food diary
- 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 popular health and wellness merchandise and services.

Blue Points offers you many features:

- **Instant recognition of points.** Real-time granting of points gives you instant notice of your healthy efforts.
- **Easily manage your points.** The interactive portal makes it easy to understand how many points are available to be earned. You can also track the total number of points earned year-to-date. All of your point data will be displayed on one screen.
- **Get more Blue Points.** The Blue Points program gives you the option to supplement your Blue Points balance using a credit card to redeem your points for a larger reward.
- **Expanded selection of rewards.** Redeem your hard-earned points in an expanded online Shopping Mall.

Dental Insurance

Delta Dental



Prairie Hills Elementary School District #144 offers a PPO and DMO dental care plan. Our dental plans allows you the option to visit any dental provider you choose. Each time you visit a dentist that is a non-contracted provider with Delta you will pay higher out of pocket costs and be subject to balance billing. Below is the benefit overview. Refer to the benefit highlight sheet found in the back of this enrollment guide for a comprehensive list of covered services.

PPO Summary of Benefits

	PPO Network*	Premier Network**	Out of Network***
Deductible* —Before the plan pays, you'll pay all costs up to:			
Employee / Family (Excludes Preventive and Diagnostic)	\$50 / \$150	\$50 / \$150	\$50 / \$150
Coinsurance* —Once the deductible is met, the plan pays:			
Diagnostic & Preventative Services	100%	100%	80%
Basic dental services:			
Restorations Simple Extractions Oral Surgery	80%	80%	50%
Major dental services:			
Crowns and bridges Dentures	50%	50%	50%
Orthodontia services:	50%	50%	50%
Annual limits — This is the most the plan will pay in the plan year.	\$2,000	\$2,000	\$2,000
Orthodontia Lifetime Maximum – Dependents to age 26.	\$1,500	\$1,500	\$1,500

DMO Summary of Benefits

	In the Network
Office Visit Copay	\$0
Diagnostic Services Copay	\$0
Preventative, Restorative, and All Other Services	See Patient Charge List for Detailed Cost of Each Service
Annual limits —This is the most the plan will pay in the plan year.	Unlimited

How to find a dentist: PHSD's Dental Plan utilizes the Delta Dental and Delta Premier PPO Networks and DeltaCare DMO Network. To locate a dental provider log on to www.deltadentalil.com

Vision Insurance EyeMed



Prairie Hills Elementary School District #144 vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Co-pay	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay; \$130 allowance; 20% off balance over \$130	Up to \$91
Standard Plastic Lenses		
Single Vision	\$10 Co-pay	Up to \$30
Bifocal	\$10 Co-pay	Up to \$50
Trifocal	\$10 Co-pay	Up to \$70
Standard Progressive Lens	\$75	Up to \$50
Premium Progressive Lens ^A	\$95 - \$120	
Tier 1	\$95	Up to \$50
Tier 2	\$105	Up to \$50
Tier 3	\$120	Up to \$50
Tier 4	\$75 Copay, 80% of charge less \$120 Allowance	Up to \$50
Lenticular	\$10 Co-pay	Up to \$70
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating ^A	\$57-\$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Contact Lenses		
Conventional	\$0 Co-pay; \$130 allowance; 15% off balance over \$130	Up to \$130
Disposable	\$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$130
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of **in-network** providers near you, use our **Enhanced** Provider Locator on www.eyemed.com or call **1-866-804-0982**.
- For Lasik providers, call **1-877-5LASER6**.

And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference...

81%
SAVINGS
with us*

With EyeMed	Without Insurance**
Exam \$10 Co-pay	Exam \$106
Frame \$163 - \$130 allowance \$33 - \$6.60 (20% discount off balance) \$26.40	Frame \$163
Lens \$10 Co-pay \$15 UV treatment add-on <u>+\$15 Scratch coating add-on</u> \$40	Lens \$78 \$23 UV treatment add-on <u>+\$25 Scratch coating add-on</u> \$126
Total \$76.40	Total \$395



Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.



Telemedicine Teladoc



Prairie Hills Elementary School District # 144 offers telemedicine through Teladoc to you and your dependents enrolled in medical coverage. Telemedicine solutions enables employees to have a live consultation with an independently contracted board-certified doctor by mobile app, online video or phone — 24 hours a day, seven days a week.

Instead of going to the doctor's office, you can talk with a doctor while at home, work or many other places.

Some common medical health conditions:

- Allergies
- Asthma
- Sinus Infections
- Cold/Flu
- Ear Infections
- Online counseling
- Stress Management

*To set your account logon to www.teladoc.com. Once you have completed your registration, you can speak to a doctor, or call 800.835.2362. Please refer to the member brochure for additional details.

Basic Life and AD&D Dearborn National



Basic Term Life/AD&D

Life insurance can help provide for your loved ones if something were to happen to you. Prairie Hills Elementary School District #144 pays for the full cost of Life/AD&D benefits.

Prairie Hills Elementary School District #144 provides you with Basic Life and AD&D insurance valued at \$35,000.

Supplemental Life and AD&D Dearborn National



You can select Supplemental Life and AD&D insurance through Dearborn National.

This coverage is available for you and your dependents; however, you cannot elect dependent coverage unless you elect employee coverage. If you do not enroll now you will be subject to EOI if you enroll or increase your coverage in the future.

AD&D coverage is equal to the life insurance benefit and is paid in the event of a covered accidental death or dismemberment.

Refer to the benefit highlight sheet for employee rates.

Health Savings Accounts (HSA)

What is a Health Savings Account?

Otherwise known as an HSA, a health savings account can be funded with your tax-exempt dollars, by a family member or by anyone else on your behalf. Dollars from the account can help pay for eligible medical expenses not covered by an insurance plan, including the deductible, coinsurance, and even health insurance premiums, in some cases.

Eligibility Guidelines:

According to IRS guidelines, you can participate in high deductible health plan (HDHP), if you are:

- Covered under a High Deductible Health Plan (HDHP).
- Not covered by any other non-HDHP plan (with some exceptions for certain plans with limited coverage, such as dental, vision and disability).
- Not enrolled in Medicare.
- Not claimed as a dependent on someone else's tax return.

Advantages of an HSA:

- Money can be invested much like 401(k) fund.
- Make a rollover contribution of funds from another HSA during a one-year period.
- Unused money is not forfeited at the end of the year and is carried forward to the next calendar year.
- The account is yours to keep. You can take it with you if you change jobs or retire.
- If you have any money remaining after your retirement, you may withdraw it as cash. Any funds left in your account continue to grow tax free.
- Contributions made with post-tax dollars can be deducted from your gross income on your tax return, which means you owe less tax at the end of the year.

What is the difference between an HSA and Flexible Spending Account (FSA)?

- An HSA can roll over unused funds from year to year and is portable if the employee leaves the company.
- An FSA plan only allows a maximum rollover of up to \$610 per plan year and is not portable.

Can I contribute to both an HSA and an FSA in the same year?

General purpose FSA coverage will make you ineligible for HSA contributions.

What if I enroll in an HSA in the middle of the year?

Your HSA contributions are generally determined on a monthly basis. However, if you enroll in an HSA mid-year, you are allowed to make a full year's contribution, provided you are eligible on Dec. 1 of that year and you remain eligible for HSA contributions for at least the 12-month period following that year.

Why should I elect an HSA?

1. Cost Savings

- Triple tax benefits
- HSA contributions are excluded from federal income tax
- Interest earnings are tax-deferred
- Withdrawals for eligible expenses are exempt from federal income tax
- Reduction in medical plan contribution
- Unused money is held in an interest-bearing savings or investment account

Note: Many states have not passed legislation to provide favorable state tax treatment for HSAs. Therefore, amounts contributed to HSAs and interest earned on HSA accounts may be included on the employee's W-2 for state income tax purposes.

2. Long-term Financial Benefits

- Save for future medical expenses.
- Funds roll over from year to year.
- Account is portable—you take it with you even if you leave the company.

3. Choice

- You control and manage your health care expenses.
- You choose when to use your HSA dollars to pay your health care expenses.
- You choose when to save your HSA dollars and pay health care expenses out-of-pocket.
- You decide whether to use your HSA dollars to pay for non-medical expenses and incur the additional taxes.

Flexible Spending Account HealthEquity



Health Care FSA

Flexible Spending Accounts (FSA) provide you with an important tax advantage that can help you pay for health care and dependent care expenses on a pretax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

The WageWorks plan allows employees to pay for certain IRS-approved medical care expenses not covered by their insurance plan with pretax dollars.

Examples of eligible expenses:

- Hearing services, including hearing aids and batteries.
- Vision services, including contact lenses, eye examinations, and eyeglasses
- Dental and orthodontia services
- Co-pays

The annual maximum you may contribute to the Health Care FSA is \$3,050.

In addition, you will be eligible to carryover amounts left in your Health Flexible Spending Account, up to \$610. This means that amounts you do not use during a Plan Year can be carried over to the next Plan Year and used for expenses incurred in the next Plan Year.

The Dependent Care FSA

The Dependent Care FSA lets employees use pretax dollars toward qualified dependent care such as caring for children under the age of 13 or caring for elders.

The annual maximum amount you may contribute toward the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year.

Examples of qualified expenses:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

Worksite Products

AFLAC



Prairie Hills Elementary School District #144 is offering voluntary benefits through Aflac to you and your dependents. Aflac policies are designed to pay cash directly to the policyholder for injuries or illness, allowing you to build out and customize your benefits package further.

Short Term Disability

Short term disability lets you protect your paycheck. You're able to elect coverage up to 60% of your gross pay. This policy is guaranteed issue and will have no health questions; You'll be able to choose from 0/7 or 14/14 day elimination periods and a 3 or 6 months benefit period. This Short Term Disability plan covers only yourself and your paycheck, covering injury, illness, and maternity.

Accident Advantage

Aflac Accident Advantage offers coverage for yourself and your dependents, paying cash for seeking medical treatment for an injury including initial treatment, admission into the hospital, wellness benefits, injury specific payouts, and additional amounts for sports injuries.

Hospital Choice

This hospital plan offers coverage for yourself and your dependents, paying you \$500 upon admission into the hospital for illness, injury, or maternity and additional amounts per day, with the option to add surgical benefits of physician visit benefits to offset co-pays.

Cancer Protection Assurance

The Aflac Cancer policy lets you choose to cover yourself and your dependents. This policy pays wellness of \$75 per year, a lump sum payout for any cancer diagnosis, and additional payouts for any treatment an individual may choose to seek out. This policy includes cash payouts for transportation, lodging, and elective procedures such as reconstructive surgeries, egg harvesting, and home health care.

Critical Care Protection

Critical Illness through Aflac offers coverage for yourself and your dependents, paying cash for major health events, starting with an initial diagnosis of \$7,500 for diagnoses such as heart attack, stroke, major organ transplants, end-stage kidney failure, and other conditions.

Aflac Contact Information

Vince Scaletta (Account Representative)

708-363-6940 cell

312-661-1222 office

312-661-9978 fax

vince_scaletta@us.aflac.com

303 W Erie, Suite 400

Chicago, IL 60654

Russ O'Brien (Office Administrator)

312-661-1222 x. 5837 office

312-661-9978 fax

aflac.customerservice.chicago@gmail.com

303 W Erie, Suite 400

Chicago, IL 60654

Employer Assistance Program ComPsych



Prairie Hills Elementary School District #144 pays the full cost of the EAP and Work-Life Services Program to eligible employees. The EAP provides unlimited telephonic support services for a wide range of topics and up to three face-to-face confidential counseling sessions per event, per calendar year to assist with personal issues facing employees and their dependents.

Prairie Hills Elementary School District #144 employees and their family members can contact ComPsych with issues regarding behavioral and emotional health, family, legal, financial, wellness or other personal matters 24 hours a day, seven days a week, via our toll-free line, email and chat feature on GuidanceResources Online. We will conduct an issues assessment and direct the caller to the appropriate ComPsych GuidanceExpert (network provider) and cross-refer as appropriate to an in-house attorney, financial professional or family research specialist for further assistance—all through a single point of contact.

Employees always reach our GuidanceConsultants, who are master's-level clinicians, never an answering service or an automated menu system. GuidanceConsultants are ComPsych employees who will listen to Prairie Hills School District #144's employees' issues, assess their needs and refer them to specialists to resolve their issues.

What is an EAP?

At times we all experience challenges at work or at home that affect our well-being and make it difficult to concentrate on our daily tasks. The EAP provides short-term counseling and referral services to help you address matters related to these and other topics:

- Marital and Family conflict
- Stress Management
- Budgeting and Financial issues
- Substance Abuse
- Job Performance
- Childcare/Eldercare Resources
- Skill Builder online courses
- Daily Living Needs/Pet Care
- Dining and Entertaining
- Community Volunteering

Refer to the ComPsych member brochure for additional details.

Travel Resource Services

Your Guide to Safe Travel

Our Travel Resource Services provider, Generali Global Assistance, Inc. (GGA), offers around the clock emergency and information services that can help you access emergency assistance when you are traveling 100 or more miles away from home. Help is there when a crisis strikes. More than 850,000 multilingual service professionals stand ready to assist you in more than 200 countries and territories worldwide.

To Access Your Services



CALL:

(877) 715-2593
in the US and Canada

(202) 659-7807
from other locations



In 2017, almost
72 million
U.S. citizens traveled
outside the country.¹

Key Services

Medical Search and Referral: GGA will assist you in finding physicians, dentists, and medical facilities.

Medical Monitoring: During the course of a medical emergency, professional case managers, including physicians and nurses, will monitor your case to determine whether the care is appropriate or if evacuation/repatriation is required.

Medical Evacuation/Return Home: In the event of a medical emergency, when a physician designated by GGA determines that it is medically necessary for you to be transported under medical supervision to the nearest hospital or treatment facility or be returned to your place of residence for treatment, GGA will arrange and pay for the transport under proper medical supervision.

Traveling Companion Assistance: If a travel companion loses previously-made travel arrangements due to your medical emergency, GGA will arrange for your traveling companion's return home.

Dependent Children Assistance: If any qualifying dependent children under the age of 26 traveling with you are left unattended because you are hospitalized, GGA will arrange and pay for their economy class transportation home. Should transportation with an attendant be necessary, GGA will arrange for a qualified escort to accompany the children.

Visit by Family Member/Friend: If you are traveling alone and must be or are likely to be hospitalized for at least seven consecutive days or in critical condition, GGA will arrange and pay for round trip transportation for one member of your immediate family, or one friend designated by you, from his or her home to the place where you are hospitalized.

Return of Mortal Remains: In the event of your death while traveling, GGA will arrange and pay for all necessary government authorization, including a container appropriate for transportation and for the return of the remains to place of residence for burial.

This is not a Reimbursement Service—All Services must be arranged by GGA.

Travel Resource Services

In the US and Canada call

(877) 715-2593

From other locations (call collect)

+1 (202) 659-7807

Email ops@us.generaliglobalassistance.com

Dearborn  National®

¹National Travel and Tourism Office. "U.S. Citizen Travel to International Regions 2017." <https://travel.trade.gov/view/m-2017-0-001/index.html>. Published March 27, 2018. Accessed May 3, 2018.

For Employee Use. Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands and Puerto Rico. Product features and availability vary by state.

Replacement of Medication and Eyeglasses: GGA will arrange to fill a prescription that has been lost, stolen or requires a refill, subject to local law, whenever possible. GGA will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc. are your responsibility.

Emergency Travel Arrangements: If appropriate, GGA will make new travel arrangements or change airline, hotel, and car rental reservations.

Emergency Cash: GGA will advance up to \$500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.

Legal Assistance/Bail: GGA will locate an attorney and advance bail bond, where permitted by law, with satisfactory guarantee of reimbursement from you. (You pay attorney fees.)

Interpretation/Translation: GGA will assist with telephone interpretation in all major languages or will refer you to an interpretation or translation service for written documents.

Pre-Trip Information: GGA offers a wide range of informational services before you leave home, including: Visa, Passport, Inoculation and Immunization Requirements, Cultural Information, Temperature, Weather Conditions, Embassy and Consulate Referrals, Foreign Exchange Rates, Travel Advisories.

Conditions and Exclusions

GGA shall not provide services enumerated if the coverage is sought as a result of: suicide or attempted suicide; intentionally self-inflicted injuries; participation in any war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not) or civil war, rebellion, revolution, and insurrection, military or usurped power; participation in any military maneuver or training exercise; traveling against the advice of a physician; traveling for the purpose of obtaining medical treatment; traveling in any country in which the U.S. State Department issued travel restrictions; piloting or learning to pilot or acting as a member of the crew of any aircraft; mental or emotional disorders, unless hospitalized; being under the influence of drugs or intoxicants unless prescribed by a Physician; commission or the attempt to commit a criminal act; participation as a professional in athletics or underwater activities; participating in bodily contact sports; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; speed contests; spelunking or caving, heliskiing, extreme skiing; dental treatment except as a result of accidental injury to sound, natural teeth; any non-emergency treatment or surgery, routine physical examinations, hearing aids, eyeglasses or contact lenses; pregnancy and childbirth (except for complications of pregnancy); curtailment or delayed return for other than covered reasons; services not shown as covered.

The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, GGA may not be able to respond in the usual manner. GGA also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, Acts of God or refusal of authorities to permit GGA to fully provide services.

GGA is not responsible and cannot be held liable for any malpractice performed by a local physician or attorney who is not an employee of GGA; or for any loss or damage to your vehicle during the return of vehicle; or for any loss or damage to any personal belongings.

Eligibility:

When am I eligible for these services?

You, your spouse or domestic partner and dependent children who have life insurance coverage from Dearborn National® are eligible for this service once your coverage has been verified. Pre-trip informational services are available at any time. All other services take effect when you are on a trip 100 miles or more from home lasting 90 days or less. Full-time students are exempt from the 90-day rule.

Who is responsible to pay for these services?

After your coverage has been verified, GGA will arrange and pay for the following subject to the policy limits and guidelines:

- ▲ Emergency Evacuation: \$150,000 Combined Single Limit (CSL)
- ▲ Medically Necessary Repatriation: Included in CSL
- ▲ Repatriation of Remains: Up to \$15,000

If traveling alone:

- ▲ Visit of Family Member or Friend: Up to \$5,000
- ▲ Return of qualifying Dependent Children under Age 26: Up to \$5,000
- ▲ Return of Vehicle: Up to \$2,500

All Travel Resource Services must be provided by GGA USA. There are no claim reimbursements provided under this Travel Resource Services program. If GGA is unable to verify your coverage, you must provide proper guarantee of payment prior to GGA incurring third party expenses.

Travel Resource Services

In the US and Canada call

(877) 715-2593

From other locations (call collect)

+1 (202) 659-7807

Email ops@us.generaliglobalassistance.com



This is not a Reimbursement Service—All Services must be arranged by GGA.

Beneficiary Resource Services™

Benefits Beyond a Check

When a loved one dies, families often face complex issues ranging from estate planning, legal questions, funeral planning, coping with grief and financial uncertainties. That's why Dearborn National offers Beneficiary Resource Services, a program that combines family wellness and security at the most difficult of times. Services include grief and financial counseling, funeral planning, legal support, as well as online will preparation. Beneficiary Resource Services is provided by Morneau Shepell.

Services for Beneficiaries and Their Families

The following services are available after a death claim or for those who qualify for an accelerated death benefit:

Unlimited Phone Contact

Available for up to one year with a grief counselor, legal advisor or financial planner.

Face-to-Face Working Sessions*

Five face-to-face working sessions are available to you or your beneficiaries. All five sessions may be used with one grief counselor or legal advisor or they may be split among the two types of counselors or advisors in geographically accessible locations. A one-hour financial consultation on the phone is also available.

Referrals and Support Services

Morneau Shepell maintains a comprehensive directory of qualified and accessible grief counselors and legal and financial consultants.



Follow Up

Counselors will initiate follow-up calls when necessary for up to one full year from the date of initial contact.

Morneau Shepell's nationwide network of experienced professionals can offer counseling for those facing emotional, financial or legal issues. Morneau Shepell's counselors are available 24 hours a day, 365 days a year. All calls are completely confidential.

BENEFICIARY RESOURCE SERVICES

Counseling:

(800) 769-9187

www.beneficiaryresource.com
Username: Dearborn National

BENEFICIARY RESOURCE SERVICES

Counseling:

(800) 769-9187

www.beneficiaryresource.com
Username: Dearborn National

Services for Insureds and Their Families

Online Will Preparation

A will is one of the most important documents every adult should have, and creating one has never been easier. You and your family have access to a full legal library with many estate planning documents, including an online will. You can create your own will online in a safe and secure way, right from your home. The will can be saved and updated as family situations change. Creating a will provides security and peace of mind for several reasons:

- ▲ Appoints a guardian for children
- ▲ Controls where property and assets go
- ▲ Provides family security
- ▲ Without one, the state can make these decisions

Create your will by visiting www.beneficiaryresource.com and entering the username: Dearborn National.

TO ACCESS THESE VALUABLE RESOURCES, VISIT

www.beneficiaryresource.com

Username: Dearborn National



Online Funeral Planning

You have access to an online funeral planning site that features a variety of helpful tools and information, such as:

- ▲ A downloadable funeral planning guide to document vital information your loved ones will need when making final arrangements
- ▲ Calculators to estimate and compare expenses for various types of funeral arrangements
- ▲ Information on funeral requirements and various religious customs
- ▲ Directories to locate funeral homes and cemeteries in your area

For employee distribution.

**May include face-to-face sessions, over-the-phone sessions or time taken for research or document preparation.*

Beneficiary Resource Services is provided by Morneau Shepell. Dearborn National® Life Insurance Company does not provide or insure any part of Beneficiary Resource Services. Legal services will not be provided for court proceedings or for the preparation of briefs for legal appearances or actions or for any action against any party providing Beneficiary Resource Services. Legal services provided under Beneficiary Resource Services are not intended for adversarial matters. Neither Morneau Shepell nor Dearborn National® Life Insurance Company is responsible or liable for care or advice rendered by any referral resources.

This brochure is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the services described. Only the service agreement can provide the actual terms, coverages, services, amounts and conditions. Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company, (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the U. S. Virgin Islands and Puerto Rico. Product features and availability vary by state.

BENEFICIARY RESOURCE SERVICES

Counseling:

(800) 769-9187

www.beneficiaryresource.com

Username: Dearborn National

dearborn  national®

BENEFICIARY RESOURCE SERVICES

Counseling:

(800) 769-9187

www.beneficiaryresource.com

Username: Dearborn National

dearborn  national®

Your good name is valuable. EZShield will help you protect it.

Take a stand with Aflac Fraud Protection, powered by EZShield.

Considering that fraud and identity theft impact U.S. consumers every two seconds¹, it's no wonder these issues are among the top fears of working adults.

Fortunately, your employer and Aflac have teamed up to provide access to an easy way to reduce your risk of becoming the next victim.

Aflac Fraud Protection, powered by EZShield, is now available to you as part of your employer's benefits package.

Fraud is a real concern. But now there's a real solution. Aflac Fraud Protection helps ease your worries — giving you more time to focus on what matters most to you.



35,000
U.S. consumers affected
by identity theft each day.²



25 hours
Average time spent
to resolve identity theft.²

For questions about your Aflac Fraud Protection or to access your protection, call **866-826-8851** or visit aflac.ezshield.com.

¹Javelin Strategy & Research 2014 Identity Fraud Study. ²Javelin Strategy & Research 2015 Identity Fraud Study. EZShield Fraud Protection: Aflac has entered into a marketing alliance with EZShield whereby EZShield may provide one year of complimentary identity theft protection from EZShield to individuals who are employees of accounts that choose to make EZShield available to them. Other than this marketing alliance, Aflac and EZShield are not affiliated in any way. Aflac makes no representations or warranties regarding EZShield's identity theft protection, and is not responsible for any products or services provided by EZShield. If you have questions regarding EZShield's identity theft protection, please contact EZShield by calling 866.826.8851 or visiting <https://aflac.ezshield.com>. The one year of complimentary identity theft protection provided by EZShield is not available to accounts located in ID, MN, MO or NY. EZShield is not available to residents of ID or MN. Additional state restrictions may apply and benefits may vary by state.

Aflac Fraud Protection, powered by EZShield, gives you stronger security for peace of mind.



SECURE

Online Identity Vault*

- Encrypted digital storage for personal and account information, vital documents, images and other data
- A secure mobile app for on-the-go access to manage your identity
- Password Manager

Expert Protection Tips and Timely News

- Email alerts if your information is discovered on black market websites
- Monthly activity reports via email detailing your account status and protection tips
- Breach alert emails to make you aware of recent breaches and scams



MONITOR*

Internet Monitoring

- Baseline fraud exposure report of your personal information on black market websites
- Daily monitoring for personal information (stored in your Online Identity Vault) sold on black market websites



RESTORE

Certified Resolution Specialist

- Fully managed restoration services
- One-on-One dedicated care

End2End DefenseSM 32-step recovery process

- For lost/stolen wallet, breached data, fraud or ID theft
- Designed to discover, isolate and prevent future fraud

24/7 Live Support

Access your Aflac Fraud Protection today.

Call: **866-826-8851** | Visit: **aflac.ezshield.com**

* Requires online account activation

Aflac[®]
Fraud Protection

Powered by
EZShield[®]

COBRA Benefits Policy

Prairie Hills Elementary School District #144 complies with the federal law, Consolidated Omnibus Budget Reconciliation Act of 1985, P.L. 99 272, and later amendments, otherwise known as COBRA. Covered employees and their dependents who lose insurance coverage for any of the following reasons are eligible to continue their coverage through COBRA: termination of the covered employee's employment, reduction in the covered employee's working hours, divorce or legal separation, death of the employee, eligibility for Medicare or loss of dependent child status under the insurance plan. All administrative rules and processes as well as changes in plan benefits and premiums apply to those on continuation coverage.

In the event of divorce or legal separation, or the loss of dependent child status under the plan, a covered employee or dependent must notify Human Resources within 60 days to maintain the right to continue coverage. At that time, Human Resources will provide enrollment materials to the employee or covered dependent within 14 days of that notification.

The covered employee or dependent has 60 days to elect continuation of coverage from either the date that coverage would ordinarily have ended under the plan by reason of a qualifying event or the date of notification, whichever comes later. Election of continuation of coverage is established by completing and returning enrollment materials to Human Resources.

COBRA premiums will be billed by the applicable insurance provider, and the first premium will be due within 45 days of the date of election. Subsequent premiums must be received within the terms set forth by the provider. Failure to make timely payments will result in termination of coverage without notice.

COBRA continuation coverage will end for any of the following reasons: discontinues its insurance plan, the premium payment is not made in a timely fashion and the person who elected continuation of coverage becomes covered under another insurance plan or Medicare. Continuation coverage will end after 18 months if the qualifying event was termination or reduction in hours, unless the qualified beneficiary is disabled at the time of termination or reduction in hours, in which case coverage may extend to 29 months. Continuation coverage will otherwise end after 36 months.

Healthcare Reform Notices

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1- 866-444-EBSA (3272).

Women’s Health Cancer Rights Act of 1998 (WHCRA)

For individuals receiving mastectomy-related services, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

College-age Dependents On Medical Leave Of Absence

Effective January 1, 2010, under a recently-enacted law commonly known as “Michelle’s Law,” the medical plan shall extend the coverage of any child of yours who is on a medically necessary leave of absence if the child is enrolled in the plan on the basis of being a student at a post-secondary educational institution immediately before the first day of the leave of absence. Coverage must be extended until the sooner of: (1) one year from the start of a medically necessary leave of absence, or (2) the date coverage would otherwise terminate under the terms of the plan. A “medically necessary leave of absence” means a leave of absence from a post- secondary educational institution or any other change in enrollment that—(1) commences while the child is suffering from a serious illness or injury; (2) is medically necessary; and (3) causes the child to lose student status

for purposes of coverage under the terms of the plan. The extended coverage must provide the same benefits as if the child was not on a medically necessary leave of absence. You will receive an additional notice of the terms of this continued coverage with any notice regarding a requirement for certification of student status for coverage.

Statement of Rights Under The Newborns' and Mothers' Health Protection Act Of 1996 (NMHPA)

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Availability of Notice of Privacy Practices

Prairie Hills Elementary School District #144 maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact your Human Resource Department.

Title II of the Genetic Information Nondiscrimination Act of 2008 ("GINA") protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members. For further information on GINA, please see the poster "Equal Employment Opportunity is The Law," which should be posted in a common area at your employment location

Notice of Special Enrollment

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.



