



URBANA
SCHOOL DISTRICT #116

2025 BENEFITS GUIDE

**HEALTH
INSURANCE**

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Welcome

At Urbana School District 116, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments, and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs, we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access, and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

You can also view overviews of our benefit plans by accessing Employee Navigator, www.EmployeeNavigator.com.

Sincerely,

A handwritten signature in cursive script that reads "Angi Franklin". The ink is a light grey color.

Angi Franklin

Assistant Superintendent of Human Resources

Eligibility



Eligible Employees

You may enroll in the Urbana School District 116 Employee Benefits Program if you are a full-time employee working at least 30 hours per week. Exceptions: Clerical/Facilities min of 20 hours per week and Certified staff minimum of .5 FTE.

Eligible Dependents

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children, and children obtained through court-appointed legal guardianship, as well as children of same-sex state-registered domestic partners.

When Coverage Begins

The effective date for your medical benefits is the Date of Hire (DOH). All other plans will begin on the 1st day of the following month.

All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a qualifying event.

Qualifying Events

A qualifying event is a change in your personal life that may impact your eligibility or your dependent's eligibility for benefits. Examples of some qualifying events include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

Health Insurance Wavier

During Annual Open Enrollment, an employee can waive health insurance coverage. By signing the waiver, the employee is certifying they have health coverage elsewhere. If you intend to waive health insurance, you must complete the 2025 - 2026 Waiver of Participation Form. Employees can access the waiver during open enrollment in Employee Navigator. It is the responsibility of the employee to obtain, complete, and submit a new waiver by the deadline each year.

Employees must first complete a waiver to receive the Employee Benefit Allowance.

A NEW WAIVER OF PARTICIPATION FORM MUST BE SIGNED EACH YEAR.

The 2025 - 2026 Waiver of Participation forms must be submitted by **Aug 31, 2025**.

****Newly eligible employees who elect to waive health insurance coverage must obtain, complete, and submit a Waiver of Participation Form within their eligibility period (the first thirty days of eligibility).****

Employee Benefit Allowance

For the 2025 - 2026 school year, an Employee Benefit Allowance (EBA) of \$3,000 can be requested in place of employee health coverage. The allowance is for employees already covered by other insurance and who do not need the insurance provided by the District. The EBA allows you to be reimbursed for insurance/medical-related expenses, business-related expenses, and/or dependent care.

Employees must complete a Waiver of Participation form prior. A new waiver must be signed each enrollment year.

Approved expenses are listed on the Request for Payment Form, available Human Resources (hr@usd116.org). You must complete and sign a Request for Payment Form and attach appropriate documentation to receive payment. The EBA Request for Payment must be turned in by the May purchasing deadline, with any orders with vendors completed before this date as well. Balances cannot be carried over to next year. Direct any questions about the EBA request form to Human Resources (hr@usd116.org).

Please Note: Employees must have been employed for at least 90 days before the qualifying event and the EBA will be pro-rated accordingly. If you resign or are terminated before the end of the school year, the allowance will be pro-rated based on a twelve-month period. If some or all the EBA money has been used, the employee may be responsible for paying back a pro-rated amount based on the number of months employed. If you leave employment, the EBA request for payment must be submitted within 30 days of your termination date.

PAYMENT IS NOT AUTOMATIC

Benefit Changes

Open Enrollment

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

If you do not make your 2025 benefit elections, you will automatically default to your prior year elections, except for the FSA, which will default to zero (\$0) elections.

Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.

Important Contacts

	CARRIER	PHONE NUMBER	WEBSITE/EMAIL
Medical	Blue Cross Blue Shield of IL	(800) 538-8833	www.bcbsil.com
Voluntary Dental	MetLife	(800) 275-4638	www.metlife.com/mybenefits
Vision	MetLife	(833) 393-5433	www.metlife.com/mybenefits
Health Savings Account	FLEX	(866) 472-5351	www.myflexaccount.com
Life and AD&D	Reliance Standard	(800) 922-0509	www.reliancematrix.com
Voluntary Life and AD&D & Worksite Voluntary Benefits	Reliance Standard	(800) 922-0509	www.reliancematrix.com
FSA	FLEX	(866) 472-5351	www.myflexaccount.com
Human Resources & Benefits Specialist	Lisa Kincaid	(217) 384-3600	lkincaid@usd116.org
Benefit Resource Center	USI	(855) 874-0829	BRCMidwest@USI.com

This brochure summarizes the benefit plans that are available to Urbana School District 116 eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available.

Medical Plans	Blue Cross Blue Shield of Illinois Blue Choice Select PPO 2000	
	In-Network	Out-of-Network
Annual Deductible		
Individual	\$2,000	\$4,000
Family	\$6,000	\$12,000
Embedded or Aggregate	Embedded	Embedded
Coinsurance	80%	50%
Maximum Out-of-Pocket*		
Individual	\$4,000	\$12,000
Family	\$12,000	\$36,000
Physician Office Visit		
Primary Care	\$30 copay per visit	50% after deductible
Specialty Care	\$30 copay per visit	50% after deductible
Preventive Care		
Adult Periodic Exams	100%	50% after deductible
Well-Child Care	100%	50% after deductible
Diagnostic Services		
X-ray and Lab Tests	\$30 copay per visit	50% after deductible
Complex Radiology	\$500 copay	50% after deductible
Urgent Care Facility	80% after deductible	50% after deductible
Emergency Room Facility Charges	\$500 copay per visit	\$200 copay per visit
Inpatient Facility Charges	80% after deductible	\$300/visit plus 50% after deductible
Outpatient Facility and Surgical Charges	80% after deductible	50% after deductible
Mental Health		
Inpatient	80% after deductible	\$300/visit plus 50% after deductible
Outpatient	Office: \$30 copay per visit; Other outpatient services: 20% after deductible	50% after deductible
Substance Abuse		
Inpatient	80% after deductible	50% after deductible
Outpatient	Office: \$30 copay per visit; Other outpatient services: 20% after deductible	\$300/visit plus 50% after deductible
Other Services		
Chiropractic	80% after deductible; 30 visits per year	50% after deductible
Retail Pharmacy (30 Day Supply)		
Generic	\$0 copay: Preferred Generic; \$10 copay: Non-Preferred Generic	\$10 copay
Preferred	\$35 copay	\$55 copay
Non-Preferred	\$75 copay	\$95 copay
Preferred Specialty	\$150 copay	\$150 copay
Mail Order Pharmacy (90 Day Supply)		
Generic	\$0 copay	Not covered
Preferred	\$105 copay	Not covered
Non-Preferred	\$30	Not covered
Preferred Specialty	Not covered	Not covered

Medical Plans	Blue Cross Blue Shield of Illinois BlueEdge Select 4000	
	In-Network	Out-of-Network
Annual Deductible		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
Embedded or Aggregate	N/A	N/A
Coinsurance	100%	80%
Maximum Out-of-Pocket*		
Individual	\$4,000	\$24,000
Family	\$8,000	\$48,000
Physician Office Visit		
Primary Care	100% after deductible	80% after deductible
Specialty Care	100% after deductible	80% after deductible
Preventive Care		
Adult Periodic Exams	100%	80% after deductible
Well-Child Care	100%	80% after deductible
Diagnostic Services		
X-ray and Lab Tests	100% after deductible	80% after deductible
Complex Radiology	100% after deductible	80% after deductible
Urgent Care Facility	100% after deductible	80% after deductible
Emergency Room Facility Charges	100% after deductible	100% after deductible
Inpatient Facility Charges	100% after deductible	\$300/visit plus 80% after deductible
Outpatient Facility and Surgical Charges	100% after deductible	80% after deductible
Mental Health		
Inpatient	100% after deductible	\$300/visit plus 80% after deductible
Outpatient	100% after deductible	80% after deductible
Substance Abuse		
Inpatient	100% after deductible	\$300/visit plus 80% after deductible
Outpatient	\$100 after deductible	80% after deductible
Other Services		
Chiropractic	100% after deductible; 30 visits per year	80% after deductible
Retail Pharmacy (30 Day Supply)		
Generic	100% after deductible	100% after deductible
Preferred	100% after deductible	100% after deductible
Non-Preferred	100% after deductible	100% after deductible
Preferred Specialty	100% after deductible	100% after deductible
Mail Order Pharmacy (90 Day Supply)		
Generic	100% after deductible	100% after deductible
Preferred	100% after deductible	100% after deductible
Non-Preferred	100% after deductible	100% after deductible
Preferred Specialty	No Covered	Not Covered

Medical Contributions

Blue Choice Select PPO 2000	Monthly Cost	District Monthly Contributions	24 Deductions	19 Deductions
Employee	\$946.34	\$900.00	\$23.17	\$29.27
Employee & Spouse	\$1,901.11	\$1,000.00	\$450.56	\$569.12
Employee & Child(ren)	\$1,686.95	\$1,000.00	\$343.48	\$433.86
Employee & Spouse & Child(ren) (Family)	\$2,307.29	\$1,000.00	\$653.65	\$825.66

BlueEdge Select HSA 4000	Monthly Cost	District Monthly Contributions	24 Deductions	19 Deductions
Employee	\$807.08	\$807.08	\$0.00	\$0.00
Employee & Spouse	\$1,619.43	\$1,000.00	\$309.72	\$391.22
Employee & Child(ren)	\$1,436.91	\$1,000.00	\$218.46	\$275.94
Employee & Spouse & Child(ren) (Family)	\$1,966.52	\$1,000.00	\$483.26	\$610.43

Note:
 The Board of Education contributes \$900 per month towards employee-only coverage.
 An additional \$100 monthly is contributed for plans with dependent(s).
 HSA plan participants will receive a \$100 monthly Board contribution to their Health Savings Account.

Dental

Urbana School District 116 will continue to offer a voluntary dental benefit.

Please Note: It is recommended that when a course of treatment is expected to cost \$300 or more and is non-emergency, your dentist should submit a treatment plan before he/she begins. This enables you to see your out-of-pocket expenses, so you are not surprised and can budget accordingly. There is also a possibility that suggested procedures may be denied, and alternative procedures approved based upon X-rays and supporting documentation.

Please refer to the summary plan description for complete plan details.



MetLife	PDP Plus Dental Network	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Waived for Preventive Care?	Yes	Yes
Annual Maximum		
Per Person / Family	\$1,000	\$1,000
Preventive	100%	100%
Basic	90%	80%
Major	60%	50%
Orthodontia		
Benefit Percentage	Not Covered	Not Covered

Dental Contributions

Dental PPO	Monthly	24 Deductions	19 Deductions
Employee	\$27.39	\$13.70	\$17.30
Employee & Spouse	\$52.50	\$26.25	\$33.16
Employee & Child(ren)	\$55.56	\$27.78	\$35.09
Employee & Spouse & Child(ren) (Family)	\$87.36	\$43.68	\$55.17

Vision

Sight, it's a beautiful thing and not to be taken for granted. Whether you want to be incognito and wear contact lenses or stand out in the crowd with the latest stylish frames, this vision plan has you covered. Go anywhere in the network for an exam, but we suggest you use a major retail chain when getting your frames and lenses.

Urbana School District 116 offers Voluntary Vision Insurance. Enter Vision coverage details as appropriate for the client. To access a listing of providers (private practice and retail centers), log on to www.metlife.com/mybenefits.



MetLife	Vision
Copay	
Routine Exams (Annual)	\$10 copay
Vision Materials	
Materials Copay	\$25 copay for most lenses
Lenses	Benefits vary by type of lens. Covered every 12 months
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level.	Elective contacts covered \$25 copay, up to \$130 Allowance every 12 months
Frames	Covered at \$0 copay, up to \$130 Allowance every 24 months

Vision Contributions

Vision	Monthly	24 Deductions	19 Deductions
Employee	\$5.43	\$2.72	\$3.43
Employee & Spouse	\$10.86	\$5.43	\$6.86
Employee & Child(ren)	\$12.80	\$6.40	\$8.08
Employee & Spouse & Child(ren) (Family)	\$19.60	\$9.80	\$12.38

Health Savings Account (HSA)



When you are enrolled in a Qualified High-Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible healthcare expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no "use it or lose it" rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- The money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax-free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options that earn competitive interest rates, so your unused funds grow over time.

Are you eligible to open a Health Savings Account (HSA)?

Although everyone can enroll in the Qualified High-Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High-Deductible Health Plan (QHDHP)

- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited-purpose health care FSA is allowed.)

2025 HSA Contributions

You can contribute to your Health Savings Account pre-tax through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

FOR THE 2025 TAX YEAR:

- \$4,300 Individual
- \$8,550 Family
- If you are age 55 and over, you may contribute an extra \$1,000 catch-up contribution.

How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. Or you can withdraw money from an ATM. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense if you are

audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes. You can manage your HSA through www.myflexaccount.com 24 hours a day, seven days a week. Flex provides helpful information

about your HSA, including online calculators to help you add up your tax savings and see your HSA's possible future growth. For additional guidelines, please go online or call FLEX at 866-472-5531.

Flexible Spending Accounts



The Flexible Spending Account (FSA) plan with American Fidelity Assurance Company allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan comprises a healthcare spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

How an FSA works

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Important Rules to Keep in Mind

- The IRS has a strict "use it or lose it" rule. You will lose any remaining funds if you do not use the full amount in your FSA.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.

- You cannot transfer funds from one FSA to another. Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

Flexible Spending Plan Year

September 1, 2025 – August 31, 2026

Flexible Spending Grace Period

Provides additional time for employees to incur expenses beyond the plan year (medical only, does not include dependent care accounts)

- For current Flex accounts (2024-2025) the Grace Period ends on 11/15/2025
- For upcoming Flex accounts (2025-2026), the Grace Period ends on 11/15/2026

Flexible Spending Runoff Period

Provides additional time to allow employees to file claims for both medical dependent care accounts.

- For the current (2024-2025) Flex account Runoff Period ends on 11/28/2025
- For upcoming Flex accounts (2025-2026), the Runoff Period ends 11/28/26

Maximum Annual Election	
Health Care FSA	\$3,300
Dependent Care FSA	\$5,000

Life and Accidental Death & Dismemberment (AD&D)

Urbana School District 116 provides Life and AD&D benefits to eligible employees at no cost. The benefit is paid in the event of a loss of life or limb by accident while covered under the plan.

Beneficiary

Remember to keep your beneficiary updated, which can be done anytime throughout the year. If you are married and living in a community property state, your insurance carrier may require that you designate your spouse (or in some cases a registered domestic partner) for at least 50% of the benefit unless you have a waiver notice on file from your spouse. Consult your legal or tax advisor.

Reliance Standard Voluntary Life and AD&D (Employee-paid benefit)	
You	
Benefit Maximum	\$500,000
Guaranteed Issue	\$350,000
Your Spouse	
Benefit Maximum	\$250,000
Guaranteed Issue	\$50,000
Your Child	
Benefit Maximum	\$10,000
Guaranteed Issue	\$10,000

Keep Your Beneficiaries Up to Date

You must log on to www.EmployeeNavigator.com to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance.

Make sure to keep this person's information updated so that your benefit is paid according to your wishes.

Reliance Standard Basic Life and AD&D (Company-paid benefit)	
Life	\$10,000
AD&D	\$10,000

Plan Highlights

Group Supplemental and Dependent Life Insurance



Urbana School District 116

ELIGIBILITY

Each Active Full-Time Employee working 20 hours or more per week, except for any person working on a temporary or seasonal basis.

Dependents: You must be insured for your Dependents to be covered.

Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you;
- ▶ Your legally-recognized domestic or civil union partner;
- ▶ Your unmarried financially dependent children birth to 26 years;
- ▶ A person may not have coverage as both an Employee and Dependent;
- ▶ Only one insured spouse may cover dependent children;

BENEFIT AMOUNT

Employee: Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments.

Spouse: Choose from a minimum of \$5,000, a maximum of \$250,000 in \$5,000 increments, not to exceed 50% of employee amount.

Child(ren): Birth to age 26 years: \$10,000.

GUARANTEED ISSUE

Employee: \$350,000

Spouse: \$50,000

Child(ren): \$10,000

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

BENEFIT REDUCTION DUE TO AGE

<u>Age</u>	<u>Original Benefit Reduced to</u>
65	65%
70	50%

RATES

See attached Rate Sheet

FEATURES

- ▶ Accelerated Death Benefit
- ▶ FMLA/MSLA Extension
- ▶ Portability

Plan Highlights

Voluntary Group Short Term Disability Insurance



Urbana School District 116

COVERAGE

Disability income protection insurance provides a benefit for short term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active Full-Time Employee working 20 hours or more per week, except for any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

You may elect a weekly benefit in increments of \$25, from a minimum of \$100, up to a maximum benefit of \$1,750, not to exceed 60% of your covered earnings (rounded to the next lower increment).

DAY BENEFITS BEGIN

Injury (accident) and Sickness (illness): benefits begin on the 8th consecutive day of disability.

MAXIMUM BENEFIT DURATION

Benefits for one period of disability will be paid up to a maximum of 12 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

RATES

See attached Rate Sheet

FEATURES

- ▶ Maternity covered as any other illness
- ▶ Non-occupational coverage
- ▶ Partial Disability
- ▶ Transfer of Coverage provision
- ▶ FMLA Continuation
- ▶ Military Services Leave of Absence Continuation

VALUE-ADDED SERVICES

- ▶ Telephonic Claim Intake Included

LIMITATIONS

- ▶ Pre-Existing Condition Limitation: 6/12
- ▶ Offsets: Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans.

Plan Highlights

Voluntary Group Long Term Disability Insurance



Urbana School District 116

COVERAGE

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active Full-Time Employee working 20 hours or more per week, except for any person working on a temporary or seasonal basis.

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

ELIMINATION PERIOD

90 consecutive days of total disability.

BENEFIT AMOUNT

You may elect a monthly benefit in increments of \$100, from a minimum of \$500, up to a maximum benefit of \$7,500, not to exceed 60% of your covered earnings (rounded to the next lower increment).

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of your Social Security Normal Retirement Age or Duration of Benefits below:

<u>Age at Disablement</u>	<u>Duration of Benefits</u>
61 or less	5 Years
62	4 Years
63	3 1/2 Years
64	3 Years
65	2 1/2 Years
66	2 Years
67	1 3/4 Years
68	1 1/2 Years
69	1 1/4 Years
70 or more	1 Year

RATES

See attached Rate Sheet

FEATURES

- ▶ Military Services Leave of Absence
- ▶ FMLA Continuation
- ▶ Own Occupation Coverage – 24 Months
- ▶ Rehabilitation Provision
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit – 3 months
- ▶ Work Incentive & Child Care Provisions
- ▶ Worksite Modification Benefit

VALUE-ADDED SERVICES

- ▶ Travel Assistance Services

LIMITATIONS

- ▶ Pre-Existing Condition Limitation: 12/12
- ▶ Limited Benefit Period for Other Specific Conditions – 24 months
- ▶ Mental & Nervous Limitation – 24 months outpatient
- ▶ Substance Abuse Limitation – 24 months
- ▶ Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans



www.reliancematrix.com

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6564, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

Plan Highlights



Voluntary Group Accident Insurance

Urbana School District 116

COVERAGE

Voluntary group accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment (if included). These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

ELIGIBILITY

Each Active Full-Time Employee working 20 hours or more per week, except for any person working on a temporary or seasonal basis.

Dependents: You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or domestic partner.
- ▶ Your unmarried child(ren), including adoptive, foster and stepchildren who are financially dependent upon you for support and (1) under age 26 years or (2) under age 30 if the Dependent is an Illinois resident, served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States, and has received a release or discharge other than a dishonorable discharge.
- ▶ A person may not have coverage as both an Employee and Dependent.

BENEFIT AMOUNT

See Full Schedule of Benefits on next page

BENEFIT REDUCTION DUE TO AGE

<u>Age</u>	<u>Original Benefit Reduced to</u>
70	50%

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

SEMI-MONTHLY PREMIUM

Coverage	Plan A	Plan B
Employee	\$ 6.75	\$ 11.33
Employee and Spouse	\$ 10.25	\$ 17.34
Employee & Children	\$ 10.12	\$ 16.44
Employee & Family	\$ 14.10	\$ 23.22

FEATURES

- ▶ Portability
- ▶ FMLA/MSLA Continuation
- ▶ Newlywed and Newborn Provision
- ▶ 24-Hour Travel Assistance Services
- ▶ Off the Job Coverage



www.reliancematrix.com

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9547, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

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Plan Highlights

Voluntary Group Critical Illness Insurance



Urbana School District 116

COVERAGE

Voluntary group critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

ELIGIBILITY

Each Active Full-Time Employee working 20 hours or more per week, except for any person working on a temporary or seasonal basis.

Dependents: You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or your domestic partner.
- ▶ Your unmarried child(ren), including adoptive, foster and stepchildren who are financially dependent upon you for support and (1) under age 26 years or (2) under age 30 if the Dependent is an Illinois resident, served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States, and has received a release or discharge other than a dishonorable discharge.
- ▶ A person may not have coverage as both an Employee and Dependent.

BENEFIT AMOUNT

Employee: Choose from a benefit of \$10,000 to a maximum of \$30,000 in \$10,000 increments.

Spouse: Choose from a benefit of \$5,000 to a maximum of \$30,000 in \$5,000 increments, not to exceed 100% of approved employee amount.

Child(ren): 25% of approved employee amount up to a maximum of \$7,500.

GUARANTEED ISSUE

Employee: \$30,000

Spouse: \$30,000

Child(ren): \$7,500

BENEFIT REDUCTION DUE TO AGE

Age	Original Benefit Reduced to
70	50%

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

RATES

See attached Rate Sheet

FEATURES

- ▶ Lifetime Maximum Benefit – 1000% of Insurance Amount
- ▶ Subsequent Occurrence Benefit – 100% of benefit if diagnosed 3 months or later
- ▶ Recurrence Benefit (Same Illness) – 50% of benefit if diagnosed 6 months or later
- ▶ FMLA / MSLA Continuation
- ▶ Transfer of Coverage
- ▶ Portability to employee age 70
- ▶ **Wellness (Health Screening) Benefit – \$100**

LIMITATIONS

- ▶ Pre-Existing Condition Limitation: 12/12



www.reliancematrix.com

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9537, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

Plan Highlights

Voluntary Group Hospital Indemnity Insurance



Urbana School District 116

COVERAGE

Voluntary group hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

ELIGIBILITY

Each Active Full-Time Employee working 20 hours or more per week, except for any person working on a temporary or seasonal basis.

Dependents: You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or domestic partner.
- ▶ Your unmarried child(ren), including adoptive, foster and stepchildren who are financially dependent upon you for support and (1) under age 26 years or (2) under age 30 if the Dependent is an Illinois resident, served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States, and has received a release or discharge other than a dishonorable discharge.
- ▶ A person may not have coverage as both an Employee and Dependent.

FEATURES

- ▶ No pre-existing conditions exclusions
- ▶ No deductibles
- ▶ Eligible for continuation of coverage
- ▶ Coverage Offered on a Voluntary Basis
- ▶ Portability
- ▶ FMLA/MSLA Continuation

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

BENEFITS

	Standard	High
Hospital Room & Board Benefits		
Room & Board Benefit per Day (30 Daily Benefits per Coverage Year)	\$100	\$150
Hospital Critical Care Unit Benefits		
Critical Care Unit Benefits per Day (10 Daily Benefits per Coverage Year)	\$200	\$300
Hospital Admission Benefit		
One Daily Benefit per Coverage Year	\$500	\$1,000
Nursery Confinement Benefit		
Ten Daily Benefit per Coverage Year	\$100	\$150
Wellness Care		
One Daily Benefit per Coverage Year	\$100	\$100
Non-Insurance Services		
On-Call Travel Assistance	Included	Included

SEMI-MONTHLY PREMIUM

Coverage	Standard Premium	High Premium
Employee	\$ 6.91	\$ 11.66
Employee & Spouse	\$ 13.19	\$ 22.23
Employee & Child(ren)	\$ 14.22	\$ 23.59
Employee & Family	\$ 20.50	\$ 34.16



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Life comes with challenges. Your Assistance Program is here to help.

Reach out to your Assistance Program for short-term counseling, financial coaching, caregiving referrals and a wide range of well-being benefits to reduce stress, improve mental health and make life easier.

The following services are free to use, confidential, and available to you and your family members:

Mental Health Sessions

Up to 5 sessions* to help manage stress, anxiety and depression, resolve conflict, improve relationships, overcome substance abuse and address any personal issues, with options for in-person, telephonic, or video counseling sessions.

Life Coaching

To help reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

Financial Consultation

To help build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identify theft, and saving for retirement or tuition.

Legal Consultation

To help with a variety of personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

Life Management

To provide information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Personal Assistant

To help manage everyday tasks and give back time by providing information and referrals for home services, repairs, travel, entertainment, dining and personal services.

Medical Advocacy

To help navigate insurance, obtain doctor referrals, secure medical equipment or transportation, and plan for transitional care and discharge.

Member Portal and App

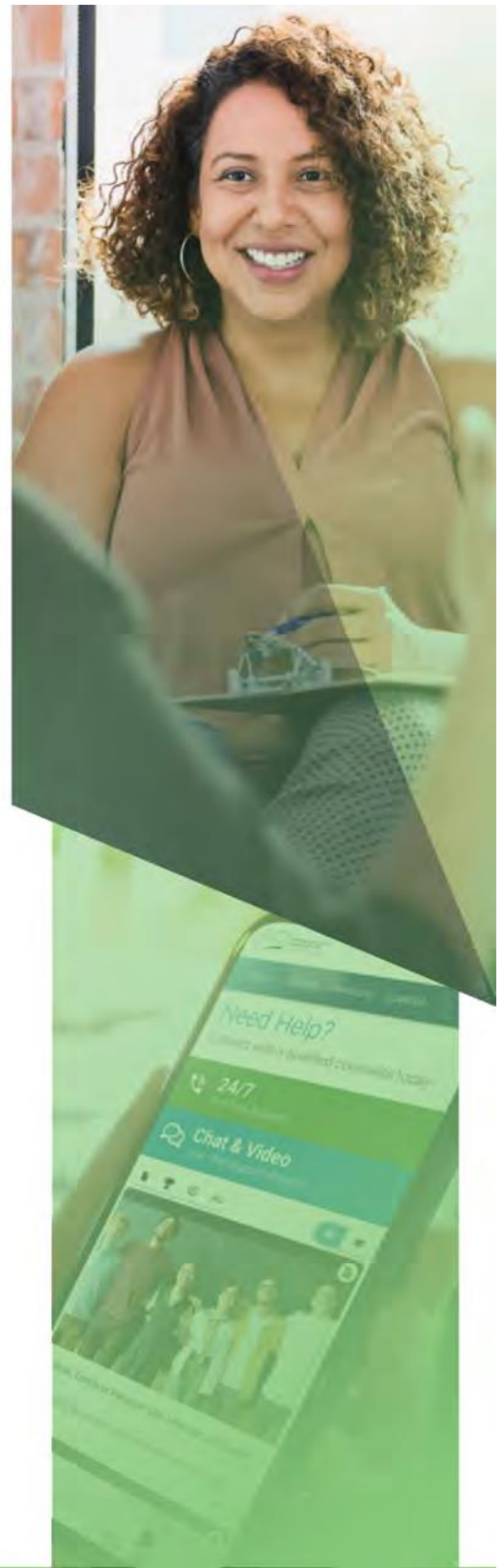
Access your benefits 24/7/365 with online requests and chat options, and explore thousands of articles, webinars, podcasts and tools covering total well-being.

EAP benefits are free of charge, 100% confidential, available to all family members regardless of location, and easily accessible through ACI's 24/7, live-answer, toll-free number.

EAP services are provided by ACI Specialty Benefits, under agreement with Reliance Standard Life Insurance Company.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product availability and features may vary by state.

*3 Sessions per Six Months for California Employees



Contact ACI Specialty Benefits
855-RSL-HELP (855-775-4357)
rsli@acieap.com
<http://rsli.acieap.com>
Company Code: RSLI859

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Powered by

ACI SPECIALTY
BENEFITS
An AllOne Health Company

RS-2507 (12/2021)



BlueCross BlueShield
of Illinois



It's Time to Level-Up Your Benefits with Blue Access for MembersSM

**Blue Cross and Blue Shield of Illinois has you covered 24/7/365.
Now, sign up¹ for BAMSM to start getting the most from your benefits.**

BAM Gives You Your Benefits Your Way

- Get your digital member ID card
- Find in-network doctors, hospitals and other health care providers
- Check claims or print your Explanation of Benefits
- Get prior authorization status and details
- Sign up for text² or email updates
- Use your wellness tools

Get the App

- **The BCBSIL App** is available in English and Spanish for iPhone and Android users.
- **Text BCBSILAPP to 33633*** to download it from the App Store or Google Play.



Getting Started Has Never Been Easier

- Scan the QR Code or go to mybam.bcbsil.com
- Create an account using your member ID card or name and date of birth

1. You and your covered dependents age 18 and up can create your own BAM accounts

2. Update your mobile number to make your secure login even faster

* Message and data rates may apply. Terms and conditions and privacy policy at bcbsil.com/member/account-access/mobile/text-messaging



BlueCross BlueShield
of Illinois

Your Doctor Is In...

Find Care on Blue Access for MembersSM



It's easy to find a provider and manage your health care expenses.

Find Care on BAMSM

We make it easy to find in-network health care providers and manage your out-of-pocket costs.

Go to bcbsil.com to log in or create an account on BAM. Then, look for **Find Care** to:

- Find in-network providers, clinics, hospitals and pharmacies.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Compare quality, awards for doctors, hospitals and more.
- Read or add reviews for providers.
- Estimate the out-of-pocket costs for more than 1,700 health care procedures, treatments and tests.*
- Find cost savings opportunities for prescription drugs using the Medication Finder tool.*

* Not all plans provide this information.

Find a Doctor Wherever You Are

- **Log in to BAM.** Use your ZIP code to find providers in your network.
- **Search as a guest.** Go to bcbsil.com, choose Find Care and use the ZIP code at your location to find in-network providers near you.
- **Need more help?** Call 800-810-BLUE (2583) Also applies to Global[®] Core.



Stay Connected with BCBSIL

Even on the go you can manage your ID cards and stay on top of claims activity, coverage information and prescription refill reminders. It's easy: Log in or create a BAM account at bcbsil.com.



Take Advantage of Preventive Services



Your family's track to better health begins with a single step

Preventive check-ups and screenings can help find illnesses and medical problems early and improve the health of you and everyone in your family.

Your health plan covers screenings and services with no out-of-pocket costs like copays or coinsurance as long as you visit a doctor in your plan's provider network. This is true even if you haven't met your deductible.

Some examples of preventive care services covered by your plan include general wellness exams each year,

recommended vaccines, and screenings for things like diabetes, cancer or depression. Preventive services are provided for women, men and children of all ages.

For more details on what preventive services are covered at no cost to you, refer to the back of this flier for a listing of services, or see your benefits materials.

Learn more on immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at www.cdc.gov/vaccines.

FOR ADULTS

Annual preventive medical history and physical exam



SCREENINGS FOR

- Abdominal aortic aneurysm
- Alcohol abuse and tobacco use
- Anxiety
- Asymptomatic Bacteriuria
- Breast cancer screening, breast cancer prevention medication, genetic testing and counseling
- Cardiovascular disease (CVD) including cholesterol screening and statin use for the prevention of CVD
- Certain contraceptives and medical devices, morning after pill, and sterilization to prevent pregnancy¹
- Cervical cancer screening
- Colorectal and lung cancer
- Depression
- Falls prevention
- High blood pressure, obesity, prediabetes and diabetes
- Human papillomavirus (HPV) DNA test
- Osteoporosis screening
- PrEP medication use for the prevention of HIV including baseline and monitoring services
- Sexually transmitted infections, Chlamydia, gonorrhea, syphilis, HIV, HPV, hepatitis B, and hepatitis C
- Tuberculosis

COUNSELING FOR

- Alcohol and drug misuse
- Contraceptive methods
- Domestic violence
- Healthy diet and physical activity counseling for adults who are overweight or obese and have additional cardiovascular disease risk factors
- Obesity
- Sexually transmitted infections
- Skin cancer prevention
- Tobacco use, including certain medicine to stop
- Urinary incontinence screening

CERTAIN VACCINES

Learn more on immunization recommendations and schedules by visiting: www.cdc.gov/vaccines



- COVID-19
- Diphtheria, Pertussis ("Whooping Cough"), Tetanus
- Haemophilus Influenzae Type B (Hib)
- Hepatitis A and B
- Human Papillomavirus (HPV)
- Inactivated Poliovirus (Polio)
- Influenza (Flu)
- Measles, Mumps, Rubella (MMR)

- Meningitis
- Mpox
- Pneumococcal
- Rotavirus
- Respiratory Syncytial Virus (RSV)²
- Varicella (Chicken Pox)
- Zoster (Herpes, Shingles)

PREGNANCY



- Aspirin for preeclampsia prevention
- Breastfeeding support, supplies and counseling
- Counseling for alcohol and tobacco use during pregnancy
- Counseling for healthy weight gain during pregnancy
- Diabetes screening after pregnancy
- Folic acid supplementation during pregnancy
- Hepatitis B Screening
- HPV
- Screenings related to pregnancy, including screenings for anemia, gestational diabetes, bacteriuria, Rh(D) compatibility, preeclampsia and perinatal depression

FOR CHILDREN

Annual preventive medical history and physical exam



SCREENINGS FOR

- Anemia
- Anxiety
- Autism
- Bilirubin, Blood for newborns
- Cervical dysplasia
- Critical congenital heart defect screening for newborns
- Depression
- Developmental delays
- Dyslipidemia (for children at higher risk)
- Hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- Hematocrit or hemoglobin
- HIV
- Lead poisoning
- Obesity
- Sexually transmitted infections and HIV
- Tuberculosis
- Vision screening

ASSESSMENTS AND COUNSELING

- Alcohol and drug use assessment for adolescents
- Obesity counseling
- Oral health risk assessment, dental caries prevention fluoride varnish and oral fluoride supplements
- Skin cancer prevention counseling
- Tobacco cessation

1. Members may have additional reproductive health benefits per Illinois law not represented within this list.

2. The RSV vaccine for adults 60+ and the vaccine for infants/children are different vaccines and may be covered differently depending on the plan.

Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. You may have to pay all or part of the cost of preventive care if your health plan is grandfathered. To find out if your plan is grandfathered or non-grandfathered, call the Customer Service number listed on your member ID card.



BlueCross BlueShield of Illinois



Virtual Visits: Get Cost-Effective, 24/7 Care

With Virtual Visits from MDLIVE[®], the doctor is always in. This Blue Cross and Blue Shield of Illinois (BCBSIL) benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.

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

Powered by
MDLIVE

Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

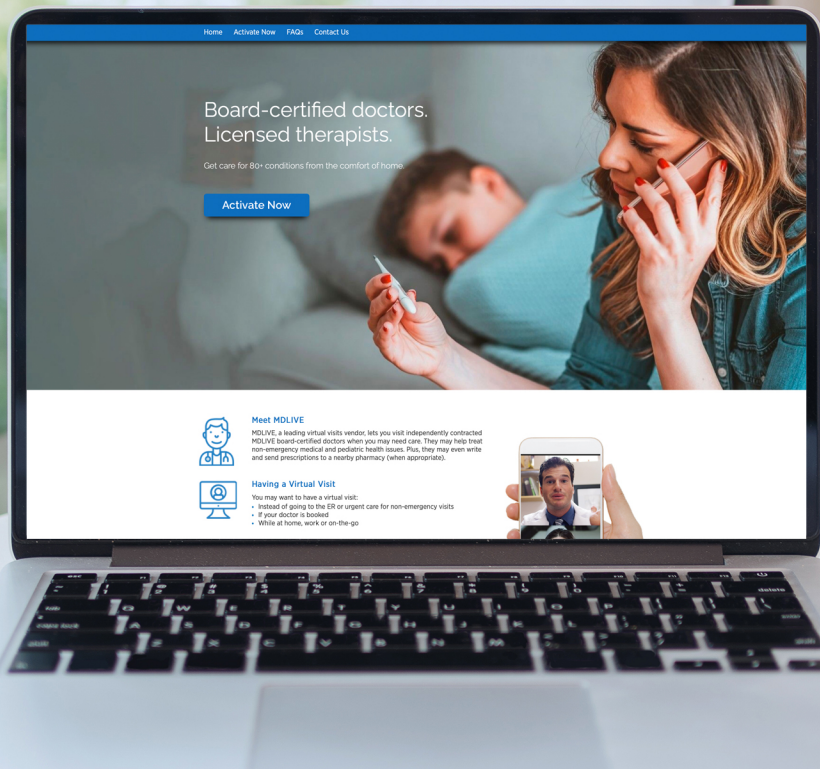
Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSIL benefit, please call the number on the back of your ID card.

Activate your Virtual Visits account today:

- Call 888-676-4204
- Go to MDLIVE.com/bcbsil
- Text BCBSIL to 635-483
- Download the app



Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

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