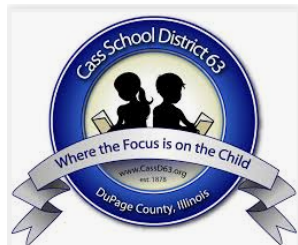


EMPLOYEE BENEFITS 2023 GUIDE

CASS SCHOOL DISTRICT 63 BENEFITS SUMMARY

Plan Year: 1/1/2023 – 12/31/2023



OUR EMPLOYEES ARE OUR MOST VALUABLE ASSET.

At Cass School District 63 we are committed to offering a comprehensive employee benefits program that helps our employees stay healthy, feel secure and maintain a work/life balance. The intention of this Benefits Guide is to assist both you and your family in making the choices that best meet your needs for the upcoming plan year. This guide highlights the benefit options available to you and your dependents. Please review this benefit guide carefully, in addition to the Summary of Benefits and Coverage (SBC).

ELIGIBILITY

All full-time employees are eligible to participate in our benefits program. Your benefit elections will become effective on your date of hire. In addition to covering yourself, you may also choose to cover eligible dependents including your spouse and dependent children until they reach age 26 (regardless of if full-time student).

WAIVING, ENROLLING INTO, OR CHANGING COVERAGE

Open enrollment is your one time every year to make changes to your benefit elections including adding/dropping coverage and adding/dropping dependents. You cannot make changes during the year unless you have a Qualified Change in Status. You have 30 days from a qualifying event to make changes to your current coverage. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Losing or gaining coverage elsewhere

WHEN TO ENROLL

Open enrollment begins on Wednesday, November 16, 2022 and runs through Wednesday, November 30, 2022. The benefits you choose during open enrollment will become effective on January 1, 2023.

WHAT FORMS MUST BE COMPLETED

If you are making changes to your current coverage i.e. switching plans, enrolling for the first time, or adding/removing dependent, please complete the 2023 Open Enrollment Benefits Election Form located at the end of this packet as well as the applicable carrier's Enrollment/Change form(s).

CARRIER CONTACT INFORMATION

Medical Insurance.....6
 BlueCross BlueShield of Illinois – www.bcbsil.com
 HMO Member Services: 800-892-2803
 PPO Member Services: 800-548-1686

Flexible Spending Account..... 10
 Envision - www.envisionhealthcare.com
 Customer Service: 866-672-7526 or info@envisionhealthcare.com

Dental Insurance..... 11
 MetLife - www.metlife.com
 Dental Group #:TBD
 Dental Customer Services: 800-275-4638

Life/AD&D Insurance 12
 MetLife-www.metlife.com
 Life/AD&D Group #: TBD
 Life/AD&D Customer Service: 800-275-4638

Long Term Disability Insurance 13
 MetLife - www.metlife.com
 Long Term Disability Group: #TBD
 Long Term Disability Customer Service: 800-275-4638

Vision Insurance 14
 EyeMed - www.eyemed.com
 Vision Group #1013530
 Vision Customer Service: 800-843-1371

Notice of COBRA Rights15

BROKER CONTACT INFORMATION

VistaNational is full-service insurance agency specializing in employee benefits. Vista strives to serve their clients by providing an array of services and programs to employees. VistaNational provides assistance with employee claims, membership and provider issues through our *Concierge Service*. Vista's Concierge Service can help employees resolve medical, dental, disability, vision or other benefit claim issues. There is no need to contact the insurance carrier or healthcare provider. VistaNational will do all the work for you! (See following page for more information)

All employees are encouraged to call VistaNational's service representatives to assist billing, service or claim issues, at *1-800-944-3645*

For questions regarding benefits, you may contact Cathy Gleason, Account Manager at VistaNational, at *630-468-6514* or via email at gleasonc@vistanational.com

For claim inquiries, please contact Katie Mulcahy, Claims Specialist at VistaNational, at *630-468-6509* or via email at mulcahyk@vistanational.com



DID YOU KNOW YOU HAVE A CONCIERGE SERVICE TO HELP WITH YOUR INSURANCE CLAIMS?

VistaNational's Concierge Service with the VISTA-MD CLAIM HELPER™ APP provides expert claims assistance when you need it!



VistaNational Insurance Group provides the ultimate convenience as a value-add to those having group benefits with Vista. Our Concierge Service can help you resolve medical, dental, disability, vision or other benefit claim issues. One call and Vista is on the case, investigating your claim, managing benefits, preparing paperwork, and advocating on your behalf to get resolution.

Call Vista When You Have A Claim Issue

We'll Help You Get Resolution

Our Concierge Service will:

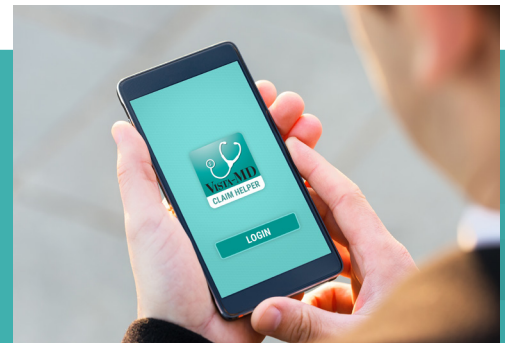
- Break through bureaucracy
- Advocate for you on claims issues
- Act as your personal concierge

*Why Spend Time On The Phone, On Hold, Tracking Down Information, Doing Paperwork...
Vista's Concierge Service Does It For You!*

VISTA-MD CLAIM HELPER™ APP

Fast And Easy Mobile Access

VistaNational offers the VISTA-MD CLAIM HELPER™ APP to make contacting our Concierge Service fast and easy. Now you can start getting help with your insurance claims in minutes with convenient mobile access!



How It Works

Vista-MD Claim Helper is easy:

- 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.

HEALTH INSURANCE

Cass School District's medical coverage is provided by Blue Cross Blue Shield of Illinois (BCBSIL). Visit www.bcbsil.com or download the BCBSIL app to register, access a copy of your ID card, review benefits, find a provider and view promotions.

The following charts give a basic side-by-side look at the amounts you pay when you use in-network and out-of-network providers. This is for illustration purposes only. A comprehensive coverage listing can be found in the SBC and/or certificate booklet.

BLUE CHOICE PPO – MBPC3836

PPO Plan Feature (Group #0MC343)	In-Network	Out-of-Network
Deductible - Individual - Family	\$2,500 \$7,500	\$5,000 \$15,000
Coinsurance	80%	50%
Out-of-pocket Maximum - Individual - Family	\$4,500 \$10,200	\$9,000 \$20,400
Physician Visits - Primary Care Physician - Specialist	\$ 30 Copay \$ 30 Copay	Deductible then 50%
Urgent Care	Deductible then 20%	Deductible then 50%
Emergency Services	\$150 Copay per visit , then 20%	\$150 Copay per visit , then 20%
Hospital Services - In-Patient - Out-Patient	Deductible then 20%	\$300 Copay then 50% Deductible then 50%
Mental Health and Substance Abuse Services - In-Patient - Out-Patient	Deductible then 20% \$30 Copay per Visit or Deductible then 20%	\$300 Copay then 50% Deductible then 50%
Prescription Drug Coverage Generic (Preferred) Brand (Preferred) Brand (Non-Preferred) <i>Rx Out of Pocket Limit \$1,000 Individual / \$3,000 family</i>	\$10 \$40 \$60	\$15 \$50 \$70
MailOrderRX Generic (Preferred/Non-Preferred) Brand (Preferred) Brand (Non-Preferred)	\$20 \$80 \$120	N/A

BLUE EDGE HSA – MPSE3X05

HSA Plan Feature (Group #P60198)	In-Network	Out-of-Network
Deductible - Individual - Family	\$3,500 \$6,850	\$7,000 \$14,000
Coinsurance	80%	60%
Out-of-pocket Maximum - Individual - Family	\$5,800 \$6,850	\$11,600 \$23,200
Physician Visits - Primary Care Physician - Specialist	Deductible then 20%	Deductible then 40%
Urgent Care	Deductible then 20%	Deductible then 40%
Emergency Services	Deductible then 10%	Deductible then 10%
Hospital Services - In-Patient - Out-Patient	Deductible then 20%	\$300 Copay then 40% Deductible then 40%
Mental Health and Substance Abuse Services - In-Patient - Out-Patient	Deductible then 20%	\$300 Copay then 40% Deductible then 40%
Prescription Drug Coverage Generic (Preferred) Brand (Preferred) Brand (Non-Preferred)	Deductible then 20%	Deductible then 20%
Mail Order RX Generic (Preferred/Non-Preferred) Brand (Preferred) Brand (Non-Preferred)	Deductible then 20%	N/A

2023 HSA CONTRIBUTION LIMITS

IRS 2023 limits are set with an annual contribution to an HSA bank in the amount of \$3,850 for an individual and \$7,750 for family, which will allow the employee to have pretax payroll deductions taken to cap out the annual max if so desired. For employees who are age 55 and over, the IRS allows for an additional \$1,000 “catch-up” contribution (\$4,850 for single and \$8,750 for family). Employees aged 65 and older are not eligible to participate in an HSA.

BLUE EDGE SELECT HSA - MBSC3805

HSA Plan Feature (Group #0MC342)	In-Network	Out-of-Network
Deductible - Individual - Family	\$2,500 \$5,000	\$5,000 \$10,000
Coinsurance	80%	50%
Out-of-pocket Maximum - Individual - Family	\$5,000 \$6,850	\$10,000 \$20,000
Physician Visits - Primary Care Physician - Specialist	Deductible then 20%	Deductible then 50%
Urgent Care	Deductible then 20%	Deductible then 50%
Emergency Services	Deductible then 20%	Deductible then 20%
Hospital Services - In-Patient - Out-Patient	Deductible then 20%	\$300 Copay then 50% Deductible then 50%
Mental Health and Substance Abuse Services - In-Patient - Out-Patient	Deductible then 20%	\$300 Copay then 50% Deductible then 50%
Prescription Drug Coverage Generic (Preferred) Brand (Preferred) Brand (Non-Preferred)	Deductible then 20%	Deductible then 20%
Mail Order RX Generic (Preferred/Non-Preferred) Brand (Preferred) Brand (Non-Preferred)	Deductible then 20%	N/A

2023 HSA CONTRIBUTION LIMITS

IRS 2023 limits are set with an annual contribution to an HSA bank in the amount of \$3,850 for an individual and \$7,750 for family, which will allow the employee to have pretax payroll deductions taken to cap out the annual max if so desired. For employees who are age 55 and over, the IRS allows for an additional \$1,000 “catch-up” contribution (\$4,850 for single and \$8,750 for family). Employees aged 65 and older are not eligible to participate in an HSA.

BLUE ADVANTAGE ENTREPRENEUR - MHVBV03C

HMO Plan Feature (Group #B01015)	In-Network
Deductible - Individual - Family	\$0
Coinsurance	100%
Out-of-pocket Maximum - Individual - Family	\$3,000 \$6,000
Physician Visits - Primary Care Physician - Specialist	\$50 \$70
Urgent Care	No charge
Emergency Services	\$300 Copay per visit
Hospital Services - In-Patient - Out-Patient	\$750 Copay per day \$300 Copay per visit
Mental Health and Substance Abuse Services - In-Patient - Out-Patient	\$750 Copay per visit \$50 Copay per visit
Prescription Drug Coverage Generic (Preferred/Non-Preferred) Brand (Preferred/Non-Preferred) Specialty (Preferred/Non-Preferred)	\$8 \$35 \$75 \$150
Mail Order RX Generic (Preferred/Non-Preferred) Brand (Preferred/Non-Preferred)	No charge after deductible

FLEXIBLE SPENDING ACCOUNT

BENEFITS YOU RECEIVE:

Flexible spending accounts (FSAs) provide you with an important tax advantage that can help you pay for health care and dependent care expenses on a pre-tax basis. By estimating your family's health care and dependent care costs for the next year, you can lower your taxable income and save money.

HEALTHCARE REIMBURSEMENT FSA

This program lets Cass School District employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The IRS 2023 limit on salary reduction contributions to a health FSA offered under a cafeteria plan is \$3,050. This limit is indexed for cost-of-living adjustments in subsequent years. If you are enrolled in the HSA plan, your FSA dollars will be limited to expenses for dental and vision only.

The IRS has raised the carry over limit to **\$610.00** for 2023.

Some examples of eligible expenses include: (refer to www.irs.gov to reference Publication 502 for a complete listing)

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

DEPENDENT CARE FSA

The Dependent Care FSA lets Cass School District employees use pre-tax dollars toward qualified dependent care. The 2023 annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. IRS regulations permit the forfeiture of any unused funds remaining in the account at the end of the Plan year except that a portion of your remaining health care FSA funds may automatically roll over into your account for the next plan year.

Some examples of eligible expenses include:

- 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)

DENTAL INSURANCE

Cass School District's Dental coverage is provided by MetLife. Visit www.metlife.com or download the *MetLife* app on your phone to register, review benefits, access a copy of your ID card, find a provider, and view promotions.

This below charts gives a basic side-by-side look at the amounts you pay with the dental programs. A comprehensive coverage listing can be found in the SBC and/or certificate booklet.

PPO	In-Network	Out-of-Network
Network	PDP Plus	N/A
Deductible <i>(Waived for Preventive Services)</i> - Individual - Family	\$50 \$150	\$50 \$150
Annual Maximum	\$2,000	\$2,000
Diagnostic and Preventive Services - Oral Exams - Cleanings - X-rays	100%	100%
Basic Services - Fillings - Simple & Surgical Extractions - Root Canals	100%	80%
Major Services - Bridges & Dentures - Inlays & Onlays - Crowns	60%	50%
Orthodontics	50%	50%
Orthodontia Lifetime Maximum	\$2,000	\$2,000

LIFE/AD&D INSURANCE

BASIC LIFE AND AD&D BENEFITS

Cass School District 63 provides all full-time eligible employees with Group Life and Accidental Death and Dismemberment (AD&D) insurance and pays the full cost for this benefit.

Please contact HR to update your beneficiary information.

VOLUNTARY LIFE INSURANCE

Eligible employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions.

Please refer to Human Resources for information regarding these benefits.

DISABILITY INSURANCE

BENEFITS YOU RECEIVE

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. When you enroll in the voluntary long-term disability plan, you pay the full cost through payroll deductions.

The below charts give a side-by-side look at the benefits you can get with both the long-term disability program through MetLife. A comprehensive coverage listing can be found in the certificate booklet.

Please refer to HR for information regarding these benefits.

LTD Benefit	
Elimination Period (Benefit Begin On)	91st Day
Monthly Benefit Percentage	60% of Monthly Pay
Maximum Monthly Benefit	\$5,000

VISION INSURANCE

Cass School District's Vision coverage is provided by EyeMed. Visit www.eyemed.com or download the *EyeMed* app on your phone to register, access a copy of your ID card, review benefits, find a provider and promotions.

This chart gives a basic side-by-side look at the amounts you pay with the EyeMed Vision program. A comprehensive coverage listing can be found in the Benefit Booklet.

Plan Feature	In-Network	Out-of-Network
Network	Insight Network	N/A
Frequency		
Exam	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months
Exam (with dilation as necessary)	\$10 Copay	Reimbursed up to \$50
Lenses		
Single	\$25 Copay	Reimbursed up to \$50
Bifocal	\$25 Copay	Reimbursed up to \$70
Trifocal	\$25 Copay	Reimbursed up to \$90
Lenticular	\$25 Copay	Reimbursed up to \$90
Elective Contact Lens Allowance	\$130 Allowance	Reimbursed up to \$130
Frame Allowance	\$130 Allowance	Reimbursed up to \$98

COBRA BENEFITS POLICY

Cass School District 63 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.

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the Human Resources or your broker, VistaNational Insurance Group, Inc. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.