



This summary is designed to give you an outline of the health benefit programs offered through Lemont-Bromberek Combined School District 113A. Contained in the summary are tips for you on using the plans.

Your 2024 Benefit Summary provides information on your district's benefit plans, including:

- BCBS Member Resources
- Medical Options—PPO, HDHP, and HMO
- Dental Plan
- Vision Plan
- Medical Plans Comparison
- Health Reimbursement Account
- Blue365 Discount Programs
- Voluntary Life

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. Members can also search for providers, file a claim, translate medical terms, and much more.

To take advantage of the BCBS Global Core program, visit www.bcbsglobalcore.com or download the BCBS Global Core mobile app. The BCBS Global Core Service Center is available **24 hours a day, 7 days a week**, toll-free at **800.810.BLUE (2583)** or by calling collect at **804.673.1177**.

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. Members have access to a variety of resources through Blue Cross and Blue Shield's secure website and Blue Access for Members.

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.

Teladoc Diabetes and Hypertension Management (only available to PPO members)

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

Benefits Value Advisor (PPO and HDHP w/HSA plans only)

Call a Benefits Value Advisor to help you compare cost on your next procedure!

The BVA is a personal concierge service that will help you choose doctors, providers, and facilities while helping you to maximize your benefits.

A Benefits Value Advisor can:

- Help you compare costs at different providers near you
- Help you schedule your appointment
- Tell you about online educational tools

Call **800.458.6024** before your next procedure!

BCBS Member Rewards (PPO and HDHP w/HSA plans only)

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

- Compare costs and quality for numerous procedures
- Estimate out-of-pocket costs
- Assist in making treatment decisions with their doctors

Using this resource to shop for services based on price and location, as well as quality metrics, allows you to earn cash for selecting lower-cost care. The result puts extra cash in your pocket. **Please note, all rewards are taxable to the member.**

Seasons of Life

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

Teladoc

Your district offers virtual care, through Teladoc, to you and your dependents enrolled in medical coverage through the district. With Teladoc, members can connect with a doctor in minutes, not hours or days like the ER, urgent care or doctor's office. Plus, you can get care from anywhere in the US: home, office, or on the road!

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

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On a vacation, on a business trip, or away from home
- For short-term prescription refills when medically necessary

Set up your account by going to Teladoc.com, calling **1.800.Teladoc** or downloading the Teladoc mobile app. Once you register your account and complete your medical history, you will have access to speak with a doctor by phone or video on your mobile device, computer, or phone.

Copay for PPO/HMO is \$0

Copay for HDHP members is \$53



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.

PPO Medical Plan

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

PPO Customer Service: **800.458.6024** (8:00 a.m. to 6:00 p.m., Monday through Friday).

IL Network Provider Search: **800.458.6024** (8:00 a.m. to 6:00 p.m., Monday through Friday) or www.bcbsil.com.

PPO RX Information

Prime Therapeutics is the administrator of the PPO prescription drug program. They oversee the retail and mail order prescriptions under this plan. Your medical ID card also serves as your prescription ID card. PPO members utilize the Balanced Drug List. To find a participating retail pharmacy or for more information on the Balanced Drug List, log into Blue Access for Members and click on the Prescription Drug link or visit myprime.com.

Prescription Drug Inquiry Unit

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

Home Delivery Customer Service

through Express Scripts
Phone: **833.715.0942** | Website: express-scripts.com/rx

Specialty Customer Service

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

HMO Medical Plan

When you join 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 ID number is located on your ID Card (Blue Cross and Blue Shield of IL).

HMO RX Information

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

Prescription Drug Inquiry Unit

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

Hearing Aid Benefit Coverage

Benefits will be provided for Hearing Aids for covered persons when a Hearing Care Professional prescribes a Hearing Aid to augment communications. Some related services are included, such as audiological examinations and selection, fitting and adjustment of ear molds to maintain optimal fit when Medically Necessary; Hearing Aid repairs will be covered when deemed Medically Necessary.

Dental Plan

Ameritas Dental Coverage

Your district offers a voluntary dental PPO plan through **Ameritas Group**. Please visit Ameritas Group at dentalnetwork.ameritas.com to conduct a provider search. Additionally, you can call Customer Service at **800.487.5553**.

Dental Plan Summary	
Coverage	
Type 1	70% / 80% / 90% / 100% coinsurance
Type 2	70% / 80% / 90% / 100% coinsurance
Type 3	50% coinsurance
Deductible	\$0/calendar year – Type 3 \$50 lifetime – Type 1, 2
Maximum per person	\$1,000 per calendar year
Allowance	90th Usual and Customary

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


Dental Rewards

- Benefit Threshold: \$500 (dental benefits received for the year cannot exceed this amount)
- Annual Carryover Amount: \$250 (dental rewards amount is added to the following year's maximum)
- Maximum Carryover: \$1,000 (maximum possible accumulation for Dental Rewards)

Note: If a plan member does not submit a dental claim during a benefit plan year, all accumulated rewards are lost.



Lemont-Bromberek Combined School District 113A Medical Plans Comparison

	Blue Cross and Blue Shield PPO Plan		Blue Cross Blue Shield PPO HDHP with HSA*		Blue Cross and Blue Shield Blue Advantage HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible**						
Individual	\$1,750	\$3,000	\$1,600	\$3,200		N/A
Family	\$5,250	\$9,000	\$3,200	\$6,400		N/A
Coinsurance	80%	60%	80%	60%	100%	No coverage
Out-of-Pocket Limit** (deductible included) ¹						
Individual	\$3,700	\$6,000	\$4,800	\$9,600	\$1,500	N/A
Family	\$11,100	\$18,000	\$9,600	\$19,200	\$3,000	N/A
Covered Expenses						
Hospital						
Inpatient Services	80%	60%	80%	60%	100% after \$100/day for the first five days with \$500 maximum per benefit period	No coverage
Outpatient Surgery	80%	60%	80%	60%	100%	No coverage
Emergency Room	100% after \$250 copay (waived if admitted)		90%		100% after \$100 copay (waived if admitted)	
Physician						
Inpatient Services	80%	60%	80%	60%	100%	No coverage
Outpatient Surgery	80%	60%	80%	60%	100%	No coverage
Office Visits	100% after \$20 copay	60%	80%	60%	100% after \$20 copay	No coverage
Specialist Office Visit	100% after \$30 copay					
Other						
X-ray and Lab	100%	70%	80%	60%	100%	No coverage
Therapy-Speech, occupational or physical therapy	80%	60%	80%	60%	100% (60 visits combined per calendar year)	No coverage
Mental/Nervous-Inpatient	80%	60%	80%	60%	100% after \$100/day for the first five days with \$500 maximum per benefit period	No coverage
Mental/Nervous-Outpatient	100% after \$20 copay for office visits; 80% for other outpatient services	60%	80%	60%	100% after \$20 copay	No coverage
Substance Abuse-Inpatient	80%	60%	80%	60%	100% after \$100/day for the first five days with \$500 maximum per benefit period	No coverage
Substance Abuse-Outpatient	100% after \$20 copay for office visits; 80% for other outpatient services	60%	80%	60%	100% after \$20 copay	No coverage
Wellcare	100%	60%	100%	60%	100%	No coverage
Prescription Drugs	Prime Therapeutics		Prime Therapeutics		Prime Therapeutics	
Retail Pharmacy 34-day supply	\$10 Generic \$45 Preferred Brand \$60 Non-Preferred Brand		80% after deductible		\$20 Generic \$35 Preferred Brand \$50 Non-Preferred Brand	
Mail Order 90-day supply	\$20 Generic \$90 Preferred Brand \$120 Non-Preferred Brand		80% after deductible		\$40 Generic \$70 Preferred Brand \$100 Non-Preferred 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.

*Please note - the PPO HDHP with HSA plan has an aggregate deductible and embedded out-of-pocket. Under this model, those enrolled in family coverage are responsible for the family deductible before coinsurance applies and an individual is only responsible for the single out-of-pocket amount before services are paid at 100%.

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

Lemont-Bromberek SD 113A 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 **630.257.2286 ext. 4612**.

UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **630.257.2286 ext. 4612**.





Health Reimbursement Account

A **Health Reimbursement Arrangement (HRA)** is an account set up by your employer. It covers eligible medical expenses and works in conjunction with your PPO health plan.

PPO HRA Details

- Funded by employer contributions
- Reimbursements are based on substantiated medical expenses incurred by employees and their spouses and tax dependents as defined in Code § 152
- Coverage must be in effect at the time the expense is incurred
- The HRA cannot reimburse expenses for qualified long-term care services
- Unused amounts cannot be cashed out

Employer Plan Design

Plan 1: HRA PPO Deductible/Coinsurance/Copayments

As the participant, once you have met the initial deductible threshold amount:

- Single: \$750
- Single Plus Dependent or Spouse: \$750 max per member (\$1,500 max total threshold)
- Family: \$750 max per member (\$2,250 max total threshold)

Your employer will reimburse the following towards eligible HRA deductible expenses:

- Single: \$1,000
- Single Plus Dependent or Spouse: \$2,000 (\$1,000 max reimbursement per member)
- Family: \$3,000 (\$1,000 max reimbursement per member)

Eligible expenses include: items subject to your medical deductible and copayments

Plan 2: HRA PPO Deductible/Coinsurance/Copayments

As the participant, once you have met the initial coinsurance threshold amount:

- Single: \$1,250
- Single Plus Dependent or Spouse: \$1,250 max per member (\$2,500 max total threshold)
- Family: \$1,250 max per member (\$3,750 max total threshold)

Your employer will reimburse the following towards eligible HRA coinsurance expenses:

- Single: \$700
- Single Plus Dependent or Spouse: \$1,400 (\$700 max reimbursement per member)
- Family: \$2,100 (\$700 max reimbursement per member)

Eligible expenses include: items subject to your coinsurance costs

Request Reimbursement

Upon meeting the designated deductible and/or coinsurance threshold, simply submit a copy of the Explanation of Benefits (EOBs) from BlueCross BlueShield with a **Reimbursement Request Form** to Wex via US mail, email, or fax to access your HRA reimbursement. You may also submit a claim on-line through the Consumer Portal or Mobile Application. (If submitting a claim on-line, the Reimbursement Request Form does not apply).

Options for Payment

FREE Direct Deposit – To enroll in direct deposit, simply log into your Consumer Portal and enter your bank account information.

Please allow 2-3 business days for the reimbursement to be posted to your bank account once the claim has been approved

Check – If Wex does not have your direct deposit information on file, a check is sent to your mailing address. *Please allow 5-6 business days for the check to arrive once the claim has been approved and note a \$25 reimbursement minimum applies per month.

Voluntary Vision Plan

Coverage from Vision Service Plan Doctors and Affiliate Providers*		
Find a network doctor: www.vsp.com or call 800.877.7195		
Wellvision Exam Focuses on your eyes and overall wellness	\$10 copay for exam and glasses	Every plan year**
Prescription Glasses		
Frame • \$130 allowance for a wide selection of frames • 20% off amount over your allowance	Copay combined with exam	Every other plan year
Lenses • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Copay combined with exam	Every plan year
Lens Options	\$55 copay: standard progressive \$95-\$105 copay: premium progressive \$150-\$175 copay: custom progressive Average 20%-25% off other lens options	Every plan year
Contact Lens Care (instead of glasses) • \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to \$60 copay	Every plan year

*Coverage with a retain chain affiliate may be different. Once your benefit is effective, visit www.vsp.com for details.

**Plan year begins in November.





Lemont-Bromberek Combined School District 113A



A Look at Your VSP Vision Coverage

With VSP and Lemont-Bromberek Combined School District 113A, your health comes first.

Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

	<p>Preferred private practice and retail in-network choices</p> <p>private practice doctors</p> <p>Visionworks</p>
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Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.



More Ways to Save

Extra \$20

to spend on Featured Frame Brands*

bebe	Calvin Klein
COLE HAAN	DRAGON
FLEXON	LONG CHAMP
and more	

See all brands and offers at vsp.com/offers.

+

Up to 40%

Savings on lens enhancements‡

Enroll through your employer today.
Contact us: **800.877.7195** or vsp.com

Your VSP Vision Benefits Summary
 Lemont-Bromberek Combined School District 115A and
 VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

11/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening 	\$10 for exam and glasses Up to \$39	Every plan year*
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME*	<ul style="list-style-type: none"> \$150 Featured Frame Brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$130 Walmart/Sam's Club frame allowance \$70 Costco frame allowance 	Combined with exam	Every other plan year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Combined with exam	Every plan year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every plan year
ADDITIONAL SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. 		
	Laser Vision Correction <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. 		
	Exclusive Member Extras for VSP Members <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		
YOUR COVERAGE GOES FURTHER IN-NETWORK			
<p>With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.</p>			

*Plan year begins in November

†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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Voluntary Life Insurance

Your district offers Voluntary Life Insurance through Reliance Standard Life Insurance.

Eligibility

You must be a full-time employee, working at least 30 hours per week in order to be eligible (temporary or seasonal staff do not qualify). Dependents can be covered, including children; however, you or your spouse must be insured in order for a child(ren) to be covered. Only one insured spouse may cover dependent children.

Benefit Amount

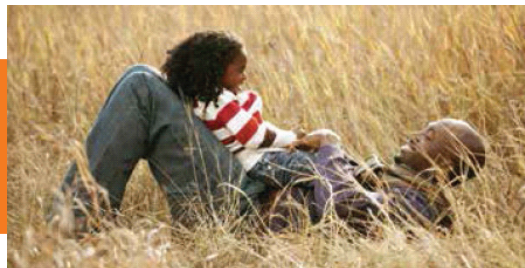
Employee and Spouse: Choose from a minimum of \$10,000 to a maximum of \$500,000 (in \$10,000 increments) for yourself and/or your spouse. The benefit amounts chosen need not be the same.

Eligible Dependent Child(ren):

- Age 14 days to 6 months – \$1,000
- Age 6 months to 20 years of age (26, if full-time student) – a choice of \$2,500; \$5,000; \$7,500; or \$10,000

Plan Highlights

Voluntary Group Term Life Insurance



Lemont-Bromberek Community School District 113A

ELIGIBILITY

Employees: Each Active, Full-time employee working 20 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You or your spouse must be insured in order for Dependent children to be covered.

Dependents are:

- ▶ Your legal spouse or civil union partner under age 70. Spouse coverage terminates at age 75.
- ▶ Your unmarried financially dependent children* age 14 days to 20 years (to 26 years if full-time student).

*natural and adopted children upon finalization of adoption; stepchildren and foster children living with you. Age limit does not apply to handicapped children.

A person may not have coverage as both an Employee and Dependent. Only one insured spouse may cover Dependent children.

BENEFIT AMOUNT

Employee and Spouse: Choose from a minimum of \$10,000 to a maximum of \$500,000 (in \$10,000 increments) for yourself and/or your spouse. The benefit amounts chosen need not be the same.

Eligible Dependent Child(ren): 14 Days to 6 months: \$1,000

Age 6 months to 20 years of age (26, if full-time student): choice of \$2,500, \$5,000; \$7,500 or \$10,000

Choose one benefit amount for all eligible children in family.

GUARANTEED ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

Employee:

Under age 60: \$100,000
Age 60 but under age 70: \$10,000
Age 70 or older: none

Spouse:

Under age 60: \$20,000
Age 60 or older: none

GUARANTEED ISSUE is subject to underwriting rules and is not available in all circumstances.

CONTRIBUTION REQUIREMENTS

Coverage is employee paid.

BENEFIT REDUCTION DUE TO AGE (applicable to employee/spouse coverage)

AT AGE FACE AMOUNT REDUCES TO:

75-79	60% of available or in force amount at age 74
80-84	35% of available or in force amount at age 74
85-89	27.5% of available or in force amount at age 74
90-94	20% of available or in force amount at age 74
95-99	7.5% of available or in force amount at age 74
100 +	5% of available or in force amount at age 74

RATE

See attached Rate Sheet.

FEATURES

- ▶ Accelerated Death Benefit (expressed as Living Benefit Rider in some states and Imminent Death Benefit in PA)
- ▶ Conversion Privilege
- ▶ Portability
- ▶ Waiver of Premium

EXCLUSIONS

Death by suicide is not covered during the first two years an insured's insurance is in force. Insurance coverage is incontestable after it has been in force two years during the insured's lifetime, except for non-payment of premium.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-8349, et al.

**Reliance Standard Voluntary Plans
Voluntary Group Term Life Insurance
Premium Table**

**Plan Holder: Lemont-Bromberek Community School District 113A - VG #
184026**

Scheduled Benefit: Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the Table below.

For employees age 75 and older:

Benefit amounts are reduced according to the age-based reduction chart shown in the Voluntary Term Life brochure. When selecting an amount of insurance, you must select a pre-age 75 benefit amount.

Employee/Spouse Premiums:

To find you and your spouse's premium -

- Determine your age band: Your age = your age at your last birthday.
- Select a benefit amount (employees age 75 and older: see above comment - do not select a calculated reduced amount).
- Spouse premium: Repeat the steps above for your spouse at his/her age at his/her last birthday. Your spouse must be under age 70 to be enrolled.
- Employee and spouse rates change as insured moves from one age bracket to the next.

Monthly Premiums

Benefit Amount	Age 00-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$10,000	\$0.40	\$0.40	\$0.70	\$1.30	\$2.00	\$3.10	\$4.80	\$8.00	\$13.40	\$21.40
\$20,000	\$0.80	\$0.80	\$1.40	\$2.60	\$4.00	\$6.20	\$9.60	\$16.00	\$26.80	\$42.80
\$30,000	\$1.20	\$1.20	\$2.10	\$3.90	\$6.00	\$9.30	\$14.40	\$24.00	\$40.20	\$64.20
\$40,000	\$1.60	\$1.60	\$2.80	\$5.20	\$8.00	\$12.40	\$19.20	\$32.00	\$53.60	\$85.60
\$50,000	\$2.00	\$2.00	\$3.50	\$6.50	\$10.00	\$15.50	\$24.00	\$40.00	\$67.00	\$107.00
\$60,000	\$2.40	\$2.40	\$4.20	\$7.80	\$12.00	\$18.60	\$28.80	\$48.00	\$80.40	\$128.40
\$70,000	\$2.80	\$2.80	\$4.90	\$9.10	\$14.00	\$21.70	\$33.60	\$56.00	\$93.80	\$149.80
\$80,000	\$3.20	\$3.20	\$5.60	\$10.40	\$16.00	\$24.80	\$38.40	\$64.00	\$107.20	\$171.20
\$90,000	\$3.60	\$3.60	\$6.30	\$11.70	\$18.00	\$27.90	\$43.20	\$72.00	\$120.60	\$192.60
\$100,000	\$4.00	\$4.00	\$7.00	\$13.00	\$20.00	\$31.00	\$48.00	\$80.00	\$134.00	\$214.00
\$110,000	\$4.40	\$4.40	\$7.70	\$14.30	\$22.00	\$34.10	\$52.80	\$88.00	\$147.40	\$235.40
\$120,000	\$4.80	\$4.80	\$8.40	\$15.60	\$24.00	\$37.20	\$57.60	\$96.00	\$160.80	\$256.80
\$130,000	\$5.20	\$5.20	\$9.10	\$16.90	\$26.00	\$40.30	\$62.40	\$104.00	\$174.20	\$278.20
\$140,000	\$5.60	\$5.60	\$9.80	\$18.20	\$28.00	\$43.40	\$67.20	\$112.00	\$187.60	\$299.60
\$150,000	\$6.00	\$6.00	\$10.50	\$19.50	\$30.00	\$46.50	\$72.00	\$120.00	\$201.00	\$321.00
\$160,000	\$6.40	\$6.40	\$11.20	\$20.80	\$32.00	\$49.60	\$76.80	\$128.00	\$214.40	\$342.40
\$170,000	\$6.80	\$6.80	\$11.90	\$22.10	\$34.00	\$52.70	\$81.60	\$136.00	\$227.80	\$363.80
\$180,000	\$7.20	\$7.20	\$12.60	\$23.40	\$36.00	\$55.80	\$86.40	\$144.00	\$241.20	\$385.20
\$190,000	\$7.60	\$7.60	\$13.30	\$24.70	\$38.00	\$58.90	\$91.20	\$152.00	\$254.60	\$406.60
\$200,000	\$8.00	\$8.00	\$14.00	\$26.00	\$40.00	\$62.00	\$96.00	\$160.00	\$268.00	\$428.00
\$210,000	\$8.40	\$8.40	\$14.70	\$27.30	\$42.00	\$65.10	\$100.80	\$168.00	\$281.40	\$449.40
\$220,000	\$8.80	\$8.80	\$15.40	\$28.60	\$44.00	\$68.20	\$105.60	\$176.00	\$294.80	\$470.80
\$230,000	\$9.20	\$9.20	\$16.10	\$29.90	\$46.00	\$71.30	\$110.40	\$184.00	\$308.20	\$492.20
\$240,000	\$9.60	\$9.60	\$16.80	\$31.20	\$48.00	\$74.40	\$115.20	\$192.00	\$321.60	\$513.60
\$250,000	\$10.00	\$10.00	\$17.50	\$32.50	\$50.00	\$77.50	\$120.00	\$200.00	\$335.00	\$535.00



Monthly Premiums

Benefit Amount	Age 00-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$260,000	\$10.40	\$10.40	\$18.20	\$33.80	\$52.00	\$80.60	\$124.80	\$208.00	\$348.40	\$556.40
\$270,000	\$10.80	\$10.80	\$18.90	\$35.10	\$54.00	\$83.70	\$129.60	\$216.00	\$361.80	\$577.80
\$280,000	\$11.20	\$11.20	\$19.60	\$36.40	\$56.00	\$86.80	\$134.40	\$224.00	\$375.20	\$599.20
\$290,000	\$11.60	\$11.60	\$20.30	\$37.70	\$58.00	\$89.90	\$139.20	\$232.00	\$388.60	\$620.60
\$300,000	\$12.00	\$12.00	\$21.00	\$39.00	\$60.00	\$93.00	\$144.00	\$240.00	\$402.00	\$642.00
\$310,000	\$12.40	\$12.40	\$21.70	\$40.30	\$62.00	\$96.10	\$148.80	\$248.00	\$415.40	\$663.40
\$320,000	\$12.80	\$12.80	\$22.40	\$41.60	\$64.00	\$99.20	\$153.60	\$256.00	\$428.80	\$684.80
\$330,000	\$13.20	\$13.20	\$23.10	\$42.90	\$66.00	\$102.30	\$158.40	\$264.00	\$442.20	\$706.20
\$340,000	\$13.60	\$13.60	\$23.80	\$44.20	\$68.00	\$105.40	\$163.20	\$272.00	\$455.60	\$727.60
\$350,000	\$14.00	\$14.00	\$24.50	\$45.50	\$70.00	\$108.50	\$168.00	\$280.00	\$469.00	\$749.00
\$360,000	\$14.40	\$14.40	\$25.20	\$46.80	\$72.00	\$111.60	\$172.80	\$288.00	\$482.40	\$770.40
\$370,000	\$14.80	\$14.80	\$25.90	\$48.10	\$74.00	\$114.70	\$177.60	\$296.00	\$495.80	\$791.80
\$380,000	\$15.20	\$15.20	\$26.60	\$49.40	\$76.00	\$117.80	\$182.40	\$304.00	\$509.20	\$813.20
\$390,000	\$15.60	\$15.60	\$27.30	\$50.70	\$78.00	\$120.90	\$187.20	\$312.00	\$522.60	\$834.60
\$400,000	\$16.00	\$16.00	\$28.00	\$52.00	\$80.00	\$124.00	\$192.00	\$320.00	\$536.00	\$856.00
\$410,000	\$16.40	\$16.40	\$28.70	\$53.30	\$82.00	\$127.10	\$196.80	\$328.00	\$549.40	\$877.40
\$420,000	\$16.80	\$16.80	\$29.40	\$54.60	\$84.00	\$130.20	\$201.60	\$336.00	\$562.80	\$898.80
\$430,000	\$17.20	\$17.20	\$30.10	\$55.90	\$86.00	\$133.30	\$206.40	\$344.00	\$576.20	\$920.20
\$440,000	\$17.60	\$17.60	\$30.80	\$57.20	\$88.00	\$136.40	\$211.20	\$352.00	\$589.60	\$941.60
\$450,000	\$18.00	\$18.00	\$31.50	\$58.50	\$90.00	\$139.50	\$216.00	\$360.00	\$603.00	\$963.00
\$460,000	\$18.40	\$18.40	\$32.20	\$59.80	\$92.00	\$142.60	\$220.80	\$368.00	\$616.40	\$984.40
\$470,000	\$18.80	\$18.80	\$32.90	\$61.10	\$94.00	\$145.70	\$225.60	\$376.00	\$629.80	\$1,005.80
\$480,000	\$19.20	\$19.20	\$33.60	\$62.40	\$96.00	\$148.80	\$230.40	\$384.00	\$643.20	\$1,027.20
\$490,000	\$19.60	\$19.60	\$34.30	\$63.70	\$98.00	\$151.90	\$235.20	\$392.00	\$656.60	\$1,048.60
\$500,000	\$20.00	\$20.00	\$35.00	\$65.00	\$100.00	\$155.00	\$240.00	\$400.00	\$670.00	\$1,070.00

DEPENDENT CHILD(REN) Monthly PREMIUMS:

Benefit Amount	Premium
\$2,500	\$0.38
\$5,000	\$0.75
\$7,500	\$1.13
\$10,000	\$1.50

(One rate for all eligible children in family, regardless of number)

PREMIUM CALCULATION (Add your elections here):

Employee Premium	
Spouse Premium	
Dependent Children Premium	
Total Premium	

(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

Please read this important information:

- You may not have coverage as both an employee and as a dependent.
- Only one insured spouse may cover the eligible dependent children.
- Neither you nor your spouse may hold more than a total of \$500,000 of group term life insurance with Reliance Standard under the master Group Policy. Insurance over that amount will be void and the premium refunded.

Rates are subject to change.



Blue365 Discount Programs

Fitness Program

The Fitness Program is a four-tier membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 11,000 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.
- Enroll in a tier that fits your budget and preferences with a one time **\$19 enrollment fee**.
(No enrollment fee for Digital Only option.)
Digital Only: \$10/month
Base: \$19/month
Core: \$29/month
Power: \$39/month
Elite: \$129/month
- Automatic withdrawal of monthly fee.
- Online tools for locating gyms and tracking visits.
- Earn bonus Blue Points for joining the Fitness Program. Rack up more points with weekly visits.

Vision Program

PPO and HMO members can receive discounts on glasses, contact lenses, laser vision correction services, examinations and accessories through 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: **888.897.9350** | HMO EyeMed (Select Network): **866.273.0813** |
PPO EyeMed (Advantage Network): **866.273.0813**

For more discount programs, sign up on the Blue365 website at www.blue365deals.com/BCBSIL

Well onTarget®

A Dynamic Wellness Program

Wellness is more than diet and fitness. It involves making healthy choices that enrich your mind, body and spirit. Well onTarget is designed to give you the tools and support you need to make these choices, while rewarding you for your hard work.

Well onTarget features:

Well onTarget Member Wellness Portal

The heart of Well onTarget is the member portal. It uses the latest technology to offer you an enhanced online experience. This engaging portal links to a suite of innovative programs and tools including self-directed courses, health and wellness content, tool and trackers, and the Blue Points program.

Blue Points

With the Blue Points program, you will be able to earn points by regularly participating in a range of healthy activities. You can then redeem your points for popular health and wellness merchandise and services.

Wondr

Digital Weight Loss Program

A lot can happen in 10 weeks. Blue Cross and Blue Shield of Illinois is offering Wondr™, a digital weight loss program where you can eat your favorite foods and still lose weight. By learning science-based behavioral skills, you can finally feel like you have control. Employees, spouses and covered dependents age 18 and over enrolled in the BCBSIL medical plan are eligible to apply to the program at no cost. Visit wondrhealth.com/EBC to learn more.

Navigate

Wellbeing Solutions

Your physical, financial, and emotional wellbeing are extremely important. In order to support, and offer you resources all in one place, the EBC has partnered with Navigate Wellbeing Solutions to provide a unified wellbeing engagement platform. Through the secure site, you will have access to group challenges, e-learning opportunities, health resources including workout videos and healthy recipes, and information on free programs the district provides, even if you are not enrolled in benefits. Visit ebcwellbeing.com to use these comprehensive online resources and step toward your healthiest, happiest self.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



Educational Benefit Cooperative

Lemont-Bromberek Combined School District 113A

