



A GUIDE TO YOUR Benefits

September 1, 2024 ~ August 31, 2025

Welcome! Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

- Full-time employees working 30 hours or more per week
- Benefits are effective after your first day of employment

Qualified Life Events

Elections you make at this time will remain in effect until our next Open Enrollment period. In addition, if you decline coverage for yourself and/or your dependent(s) when first becoming eligible, you must wait until the next Open Enrollment period to enroll. However, if you experience a qualified life event during the year, you may make changes to your elections at that time.

Qualified life events include:

- Change in status: Marriage, divorce, legal separation, annulment or death
- Change in number of dependents: Birth, death, adoption/ placement for adoption or dependent reaching limiting age
- Change in employment status of employee, dependent or spouse that affects that individual's eligibility

- Change in employee, spouse or dependent coverage on spouse's plan during spouse's Open Enrollment period
- Changes in entitlement to Medicare, Medicaid or State Children's Health Insurance Program (CHIP)* for employee, dependent or spouse
- Change in eligibility for group health plan premium assistance under Medicaid or CHIP* for employee, dependent or spouse

It is your responsibility to notify Human Resources (HR) within 31 days of the event. If you fail to do so, you will not be able to enroll or make changes until the next Open Enrollment period. When you, your dependent(s) or your spouse become enrolled as a result of a qualified life event, coverage will be made effective retroactive to the date of the event. For more information, please contact HR.

*In such cases you have 60 days to notify HR of the event instead of 31.

Your 2024-25 Benefits

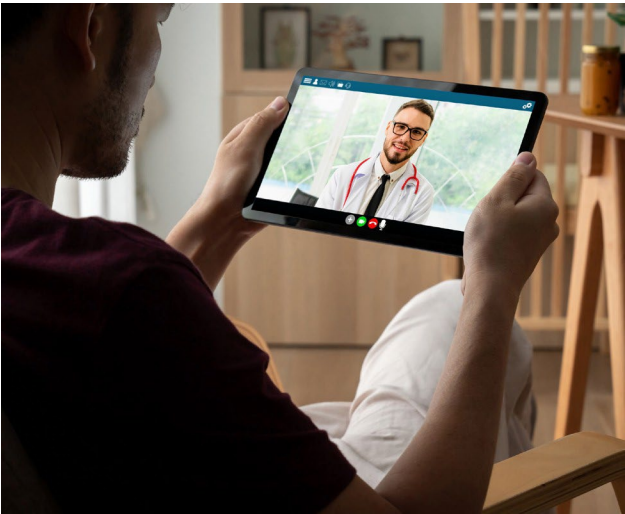
Medical Coverage: Blue Cross® Blue Shield® Illinois (BCBSIL)

Plan Feature	PPO 90/70		PPO 80/60	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
▶ Employee only	\$250	\$500	\$500	\$1,000
▶ Family	\$750	\$1,500	\$1,500	\$3,000
Annual Medical Out-of-Pocket Maximum				
▶ Employee only	\$1,250	\$2,500	\$2,000	\$4,000
▶ Family	\$3,750	\$7,500	\$6,000	\$12,000
Office Visit				
▶ Primary Care Physician	\$20 copay	Plan pays 70% after deductible	\$40 copay	Plan pays 60% after deductible
▶ Specialist	\$40 copay	Plan pays 70% after deductible	\$60 copay	Plan pays 60% after deductible
Preventive Care	Plan pays 100%, no deductible	Plan pays 70% after deductible	Plan pays 100%, no deductible	Plan pays 60% after deductible
Emergency Room Visit (copay waived if admitted)	\$150 copay		\$150 copay	
Inpatient Hospital Stay	Plan pays 90% after deductible	\$300 deductible per admission, then plan pays 70%	Plan pays 80% after deductible	\$300 deductible per admission, then plan pays 60%
Prescription Drugs (Tier 1/Tier 2/Tier 3)				
▶ Retail (up to a 30-day supply)	\$10/\$40/\$60		\$15/\$50/\$80	
▶ Mail Order (up to a 90-day supply)	\$20/\$80/\$120	N/A	\$30/\$100/\$160	N/A
▶ Annual Prescription Drug Out-of-Pocket Maximum (individual/family)	\$1,000/\$3,000	N/A	\$1,000/\$3,000	N/A

MDLive Telehealth Services

PPO members have access to MDLIVE, a leader in telehealth services providing live, confidential access to medical advice via online by secure video or phone from the convenience of your home or office. Care is available by phone 24/7 or video from 7 a.m. to 9 p.m. (local time). With a simple click or touch of a screen, you'll be connected to a Board-certified physician directly, who can diagnose your condition and even prescribe you medicine. MDLIVE saves you time and comes at a much lower cost than a visit to the doctor's office or urgent care center. Turn to MDLIVE to address non-emergency health concerns including:

- Allergies
- Cold and flu
- Diarrhea
- Ear ache
- Fever
- Headache
- Insect bites
- Nausea
- Pink eye



Medical Coverage: Blue Cross® Blue Shield® Illinois (BCBSIL)

Plan Feature	HDHP HSA		HMO
	In-Network	Out-of-Network	In-Network
Annual Deductible			
▶ Employee only	\$2,500		\$0
▶ Family	\$5,000		\$0
Annual Out-of-Pocket Maximum			
▶ Employee only	\$2,500	\$5,000	\$1,500
▶ Family	\$5,000	\$10,000	\$3,000
Office Visit			
▶ Primary Care Physician	Plan pays 100% after deductible	Plan pays 80% after deductible	\$20 copay
▶ Specialist	Plan pays 100% after deductible	Plan pays 80% after deductible	\$50 copay
Preventive Care	Plan pays 100%, no deductible	Plan pays 70% after deductible	Plan pays 100%
Emergency Room Visit (copay waived if admitted)	Plan pays 100% after deductible		\$150 copay
Inpatient Hospital Stay	Plan pays 100% after deductible	Plan pays 80% after deductible	\$250 copay (referral required)
Prescription Drugs (Tier 1/Tier 2/Tier 3)			
▶ Retail (up to a 30-day supply)	Plan pays 100% after deductible		\$10/\$40/\$60
▶ Mail Order (up to a 90-day supply)	Plan pays 100% after deductible		\$20/\$80/\$120

Dental Coverage: Guardian

Plan Feature	PPO	
	In-Network	Out-of-Network
Annual Deductible (single/family)	\$100/\$300	
Annual Maximum Benefit	\$2,000	
Preventive	Plan pays 100%, no deductible	
Basic	Plan pays 80% after deductible	
Major	Plan pays 50% after deductible	
Orthodontia	Plan pays 50% after deductible	
Orthodontia Lifetime Maximum	\$1,500	

Dental Maximum Rollover

Guardian's Maximum Rollover benefit is an innovative feature that enables you to roll over a portion of unused annual maximums into a personal Maximum Rollover Account. This account can be used to provide extra dental coverage should you incur dental expenses that exceed your annual maximums in future years.

Vision Coverage: EyeMed

Plan Feature	Frequency	In-Network	Out-of-Network
Examination	Once every 12 months	\$10	Up to \$35
Basic Lenses (single/bifocal/trifocal)	Once every 24 months	\$10/\$10/\$10	Up to \$25/\$40/\$55
Frames	Once every 24 months	\$0 copay, \$100 allowance; 80% off balance over \$100	Up to \$45
Contact Lenses (in lieu of glasses)	Once every 24 months	Conventional: \$0 copay, 15% off balance over \$80 Disposables: \$0 copay, 100% of balance over \$80 Medically Necessary: Plan pays 100%	Conventional: \$64 Disposables: \$64 Medically Necessary: \$200
LASIK Surgery		15% off retail price or 5% off promotional pricing	N/A

Basic Life and AD&D Coverage: Guardian

This coverage is provided by the company at no cost to you.

Employee Life and AD&D	
Amount	\$20,000

Supplemental Life Coverage: Guardian

This coverage is provided by the company at no cost to you.

Supplemental Life	Amount	Guaranteed issue
Employee	\$10,000 increments up to a maximum of \$500,000	\$100,000
Spouse	\$5,000 increments up to a maximum of \$100,000	\$30,000
Child	\$1,000 increments up to a maximum of \$10,000	\$10,000

Guardian’s Will Preparation Services

About half of Americans don’t have any of the most basic planning documents, including a will, a living will, and financial and medical powers of attorneys. Guardian offers WillPrepServices, which includes access to legal and estate planning professionals, online planning documents and an informative resource library. You are provided up to three telephonic consultations with an estate planner. You can develop your own wills, at no charge, using WillPrep’s easy to follow interactive web-based program. Or, if you prefer, you can opt to have an attorney prepare your will for a modest charge. Plus, you get unlimited access to online tools and a dedicated legal/financial website.

For more information, visit www.ibhwillprep.com (username: WillPrep; password: GLICO9) or call 877-433-6789.

Benefits Contact Directory

Topic	Contact	Phone Number	Website & Network
General Benefits and/or Enrollment	Laura Hines	815-937-3707 x 6011	lhines@bbchs.org
Medical Coverage	BCBSIL	PPO: 800-541-2763 HMO: 800-892-2803	www.bcbsil.com
Telehealth	BCBSIL MDLive	888-676-4204	www.mdlive.com/bcbsil
Dental Coverage	Guardian	800-627-4200	www.guardiananytime.com
Vision Coverage	EyeMed	866-723-0596	www.eyemed.com
Basic Life and Accidental Death and Dismemberment (AD&D) Coverage	Guardian	800-627-4200	www.guardiananytime.com

Important Notices

Mental Health Parity Act

Per the Mental Health Parity Act, benefits for mental health and substance-use disorder must be treated like benefits for regular medical and surgical care. For example, if there is no limitation on the number of days for inpatient and number of visits for outpatient medical care, then there can be no limitation for mental health and substance-use disorder treatments. As always, treatments must be medically necessary to qualify for coverage. Plan participants should review their plan's certificate of coverage or benefit document for specific information about coverage, limitations and exclusions for mental health care and substance-use disorder treatments.

This coverage will be provided in consultation with the patient and the patient's attending physician and will be subject to the same annual deductible, coinsurance and/or copayment provisions otherwise applicable under the Plan.

If you have any questions about coverage for mastectomies and post-operative reconstructive surgery, please contact your local HR representative.

Women's Health and Cancer Rights Act

On January 1, 1999, a federal law, the Women's Health and Cancer Rights Act of 1998, became effective, which affects our company plan options. This law requires group health plans that provide coverage for mastectomies (ours does) and to also provide coverage for reconstructive surgery and prostheses following mastectomies. As required under the law, we have included this notice to inform you about it.

Summary of Benefits and Coverage (SBC)

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. To help you make an informed choice, the company makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about our health coverage in a standard format, to help you compare across options. The SBC also includes a Glossary of Health Coverage and Medical Terms to help you better understand health care terms used in the SBC. You can obtain a copy of the SBC at no cost to you by contacting your local HR representative.

The law mandates that a participant or eligible beneficiary who is receiving benefits, on or after the law's effective date (January 1, 1999 for our Plan), for a covered mastectomy and who elects breast reconstruction in connection with the mastectomy, will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

Please note: This guide is intended to provide you with highlights of our benefits program. It is not intended to address all details. Actual benefit coverage is specified in the Summary Plan Descriptions (SPDs). In the event of any differences between this guide and the SPDs, the SPDs will govern.