

Benefit Summary

Benefit brochures and enrollment forms are available on the [Employee Website](#).

Your Village of Bloomingdale's Benefit Plans

HMO

- **Blue Cross Blue Shield of Illinois (BCBS)** is the claims administrator for the Village's HMO medical plan(s).
 - » Contact BCBS for questions concerning membership, plan benefits, or status of claim payments. HMO Customer Service Representatives can be reached at **800.892.2803**. Representatives are available between 7:00 a.m. and 8:00 p.m., CST, Monday through Friday and Saturday from 8:00 a.m. until 5:00 p.m. CST.
 - » BCBS's member website is both user-friendly and informative. The site allows you to seek answers about BCBS and the available HMO doctors and hospitals, view claims, learn about available programs, and to link to vendor sites. The web address is www.bcbsil.com.
- **Blue Cross Blue Shield** offers convenient online tools and personalized telephone services that help support, inform and motivate individuals in their wellness efforts. All employees, spouses, and dependents covered under the BCBS HMO medical plan(s) can participate at no charge to you.
- **Well onTarget®** is a program that can give you the support you need to make healthy choices while rewarding you for your hard work. Employees can access Well onTarget® through Blue Access for Members or www.wellontarget.com.
 - » **Blue Points** is a program that rewards you for engaging in healthy activities including filling out a Health Assessment, syncing a fitness device, and more.
 - » Join the low cost **Fitness Program** with access to more than 10,000 fitness locations nationwide.
 - » **NEW! Wondr** can help assist you in losing weight and improving your health - at no cost to you! Wondr is a digital, behavioral change program.

PPO

- **Blue Cross Blue Shield of Illinois (BCBS)** is the claims administrator for the Village's PPO medical plan(s).
 - » Contact BCBS for questions concerning membership, plan benefits, or status of claim payments. PPO Customer Service Health Advocates are available 24/7 at **877.245.5681** - 358 days of the year (closed for major holidays).
 - » **NEW! Health Advocacy Solutions** is your personal Health Advocate who can help you with understanding your benefits, schedule medical appointments, navigate a chronic illness or new diagnosis, prepare for upcoming surgery, get a preauthorization, or save money on your health care - your Health Advocate has the answers! You can engage via multiple 24/7 communication channels including the BCBSIL mobile app and the My Evive Digital Member Hub - both of which feature live chat and secure messaging with a Health Advocate. Please contact your Customer Service Health Advocate **877.245.5681**.
 - » **NEW! Evive Digital Member Hub** will get you access to BCBSIL's website as well as links to other carrier and vendor websites while offering proactive engagement, mobile-first design in connecting you with your other benefit carriers, and BCBS medical plan details! Register for MyEvive at www.myevive.com or download the MyEvive app at Google Play or the Apple Store.
 - » **Member Rewards** is a program that offers cash rewards when an in-network, high-quality, lower cost provider is selected. This program helps you minimize your out-of-pocket costs and offers a cash reward based on the provider you choose.
 - » **MDLIVE** is available at **877.245.5681** or download the EVIVE app to access MDLIVE and connect with a board certified doctor 24/7 (Virtual Visit). You will pay your portion of the Virtual Visit based on your medical plan provisions.
- **Express Scripts** is the prescription benefit manager for the Village of Bloomingdale's prescription drug programs. Retail and mail services on the medical programs are administered through Express Scripts.

» Express Scripts member service representatives can be reached at **800.294.7041**, 24 hours a day, 365 days a year (except Thanksgiving and Christmas). Contact Express Scripts for questions regarding orders, account information, or to refill prescriptions.

» Or you can visit Express Scripts online at www.express-scripts.com to order refills, check order status, compare medication costs, find potential lower-cost options, receive time-sensitive alerts and reminders, print forms, and much more. If you are a first time visitor to our site, take a moment to register. Please have your member ID number and a recent prescription number available.

» Express Scripts Smart90 Program

If you take maintenance medications (long-term medications), be sure to obtain a 90-day/3-month supply from Walgreens, CVS or through Express Scripts home delivery to avoid paying the full cost of the prescription. Call **800.294.7041** or visit express-scripts.com/90day for more information.

- **Delta Dental** is the claims administrator of dental benefits for you and your family. Delta Dental offers both telephonic and web access to your personal information to assist you in managing your dental benefits.
 - » **Telephonic:** A Delta Dental Customer Service Representative can be reached at **800.323.1743** between 7 a.m. to 7 p.m. CST Monday through Thursday and 7 a.m. to 6 p.m. CST Friday or the automated system is available 24 hours a day, seven days a week. Here you can verify eligibility status, review plan benefits, check on the status of a claim, and get claim forms.
 - » **Web:** Employees can access their benefits at www.deltadentalil.com. This website offers you the ability to view claim status and eligibility information, view a summary of your dental benefits, as well as locate a dentist in our area.
- **VSP** is the Village's Vision benefit administrator. Click Here to view the vision benefit, and find network eyecare providers by visiting www.vsp.com. A Customer Service Representative can also assist in helping you find a VSP doctor or answer any benefit questions. To reach a Customer Service Representative, please call **800.877.7195**. Monday - Friday 7 am - 10 pm CST; Sat 9 am - 10 pm CST. Member can use their in network benefits online at www.eyeconic.com.
- **Discovery Benefits** is the administrator for the Village of Bloomingdale's Flexible Spending Account (FSA). Discovery Benefits processes all your medical and dependent care expenses that you submit electronically or via fax.
 - » A customer service representative can be reached at **866.451.3399** from 7:30 a.m. through 7:30 p.m., CST, Monday to Friday, excluding holidays.
 - » You can check your account status and retrieve forms 24/7 by going to www.discoverybenefits.com.
- **The Standard** is the life insurance carrier for your Basic employer-paid group and employee-paid supplemental life insurance benefits. The Standard Customer Service Representatives can be reached at **800.535.8465** between 8:00 a.m. and 5:00 p.m. CST Monday through Friday.
- **AFLAC:** Aflac policies provide an extra layer of paycheck protection for various life events, including: Accidental Injuries, Hospital Stays, Critical Illness Events, Short-Term Disability, and Cancer. Eligible employees who are interested in enrolling or changing coverage.
- **NCPERS:** Voluntary Group Life Insurance from the National Conference on Public Employees Retirement Systems (NCPERS), employees who contribute to the IMRF or Police Pension plans may enroll during this time. This Group Decreasing Term Life Insurance plan has a set rate of \$16 per month. The benefit decreases with age to provide the greatest amount of insurance when your growing family needs it most. Coverage for eligible dependents is included in the premium amount. You do not need to answer any health questions or take a medical exam if you enroll during an open enrollment period.

Medical Plans – All Employees

Benefits	Blue Cross Blue Shield of Illinois PPO - P14614
Major Medical Coverage	
Coinsurance	
Network	80% after deductible
Non-Network	60% after deductible
Deductible	
Network	\$650 individual / \$1,950 family
Non-Network	\$1,300 individual / \$3,900 family
Out-of-Pocket (includes deductible and Rx)	
Network	\$1,400 individual / \$4,200 family
Non-Network	\$2,800 individual / \$8,400 family
Office Visit	Deductible applies, then 80%
Hospital Care	
Network	Deductible applies, then 80% with authorization
Non-Network	\$300 Non-Network penalty, then deductible applies, then 60% with authorization
Hospital Emergency Care	
Network	100% after \$75 copay; waived if admitted
Non-Network	
Other Covered Services	
Network	Deductible applies, then 80%
Non-Network	
Preventive Services	
Network	100%; deductible waived
Non-Network	Subject to out-of-network deductible and coinsurance
Prescription Drug (administered by Express Scripts)	
Retail (30-day supply)	Deductible applies, then 80% coinsurance (included in Out-of-Pocket maximum)
Mail Order (90-day supply)	

Medical Plans – All Employees

Benefits	Blue Cross Blue Shield of Illinois HMOI - H15135 & BAHMO - B15135
Major Medical Coverage	
Coinsurance	
Network	100%
Non-Network	N/A
Deductible	
Network	N/A
Non-Network	N/A
Out-of-Pocket (includes deductible and Rx)	
Network	\$1,500 individual / \$3,000 family
Non-Network	N/A
Office Visit Copay	
Network	\$25 copay, then 100%
Non-Network	No coverage
Hospital Care	
Network	100%
Non-Network	No coverage
Hospital Emergency Care	
Network	100% after \$75 copay; waived if admitted
Non-Network	
Other Covered Services	
Network	100% after \$25 copay for office visits where applicable
Non-Network	No coverage
Preventive Services	
Network	\$25 copay, then 100%
Non-Network	No coverage
Prescription Drug (administered by Express Scripts)	
Retail (30-day supply)	\$10 generic / \$25 brand name formulary / \$40 non-formulary
Mail Order (90-day supply)	\$10 generic / \$25 brand name formulary / \$40 non-formulary

This benefit schedule is for illustrative purposes only; please consult benefits booklet for more information.

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.

The Village complies with applicable Federal civil rights and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Village does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Dental Plan



Access to the two network levels is determined by your dentist's membership.

	Delta Dental of Illinois		
	PPO Network	Premier Network	Out-of-Network
Annual Deductible			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Annual Benefit Maximum	\$1,500 / person	\$1,500 / person	\$1,500 / person
Preventive/Diagnostic (oral exams, x-rays, cleaning, fluoride treatments, space maintainers, sealants)	100%*	100%**	100% of MPA***
Basic (fillings, oral surgery, periodontics, endodontics, general anesthesia in conjunction with oral surgery)	80%*	80%**	70% of MPA***
Major (crowns, bridges, dentures)	80%*	80%**	80% of MPA***
Orthodontia (for dependent children under age 19)	50%*	50%**	50% of MPA***
Lifetime Orthodontia Maximum	\$1,500 / person	\$1,500 / person	\$1,500 / person

**You will not be balance billed for charges exceeding Delta Dental's allowed PPO fees.*

***You will not be balanced billed for charges exceeding Delta Dental's maximum plan allowances (MPAs).*

****You are responsible for charges exceeding Delta Dental's MPAs.*

To Locate Participating Dental Providers

- Visit www.deltadentalil.com/smartmouth, select "Find a Provider," and complete your location or name.
- Select the Delta Dental PPO network for the highest level of benefits, and follow the on-screen instructions.

Delta Dental Premier® is a safety net for our Delta Dental PPO network. You will pay more out-of-pocket with a Delta Dental Premier dentist compared to a Delta Dental PPO dentist. However, you may save more money with a Delta Dental Premier dentist compared to a non-network dentist. Delta Dental Premier Dentists agree to our maximum plan allowances as payment in full, which may be lower than what a dentist would typically charge.

VSP Vision



Benefits	VSP - Choice Network	
	In-Network	Out-of-Network
Annual Eye Exam	\$0 copay	\$45
Contact Lens Exam/Fit	Up to \$60 copay	N/A
Lenses		
Single Vision Lenses	\$0 copay	\$30
Bifocal Lenses	\$0 copay	\$50
Trifocal Lenses	\$0 copay	\$65
Lenticular Lenses	\$0 copay	\$100
Standard Progressive	Covered	\$50
Premium Progressive	\$95-\$105	\$50
Photochromics/Tints/Dyes	Covered	N/A
Std Polycarbonate (<19)	Covered	N/A
Std Polycarbonate (>=19)	\$35	N/A
Frames	\$150 + 20% off balance	\$70
Contact Lenses		
Necessary	\$0 copay	\$210
Elective	\$0 copay; \$150 Allowance (in lieu of lenses & frames)	\$105

Note: The comparisons are outlines 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.