



Employee Health Benefits

January 1, 2026 - August 31, 2026



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October 29, 2025

Dear Staff,

Each year, all insurance-eligible employees are asked to elect their health benefits for the upcoming plan year. This provides staff the opportunity to add, change, or waive coverages including medical, dental, and vision. Additionally, active benefits-eligible employees have the option to enroll in voluntary coverages such as supplemental life, accident, hospital indemnity, critical illness, and pet insurance, as well as make Health Savings Account (HSA) and Flexible Spending Account (FSA) elections for the upcoming calendar year. Open enrollment will be held from **November 5, 2025 through November 19, 2025**.

Date Changes for 2026

This year, the district became a member of an insurance pool called the Northern Illinois Health Insurance Program (NIHIP). As a condition of joining the pool, the district must align with the NIHIP plan year, which runs from September through August.

This means the elections you are making for this open enrollment period will be for the 8 months of coverage beginning January 1, 2026 through August 31, 2026. In May 2026, we will have another open enrollment period for coverage beginning September 1, 2026 through August 31, 2027. (Note: A separate open enrollment for HSA and FSA elections will continue to take place each November.)

Plan Changes for 2026

The district's Cost Containment Committee and union leadership met several times throughout the fall to review plan performance and discuss potential plan changes. Our two HMO plans are performing well and will not see changes to plan design. The PPO and the High Deductible Health Plan, however, require plan modifications in order to keep insurance premiums reasonable for all. Lastly, the "Single+Spouse" tier will be removed from all medical plans.

Page 10 of this brochure outlines the medical plan tiers and rates, while Pages 11-12 offer a side-by-side summary of the medical plan offerings. We have also linked videos on Page 13 that further explain the HMO and PPO plan options to assist you in deciding which plan is the best choice for you and your family..

Our dental coverage, as well as our standalone vision coverage, will remain with Aetna. And, your medical coverage continues to automatically include certain vision benefits as outlined on Page 24.

Virtual Open Enrollment Meeting

We will be holding a [virtual open enrollment meeting](#) on **Wednesday, November 5 at 3:30pm** with Gallagher, our insurance consultants. We will go through the benefit offerings and then offer a Q&A session at the end. The presentation as well as the Q&A session will be recorded and made available for staff to watch on-demand.

In closing, please note that the following page includes important contact information to help guide you on whom to call when you have questions throughout the next plan period. We look forward to supporting staff throughout the open enrollment process.

Most Sincerely,

Vicki Tarver-Anderson
Director of Business Services / CSBO



Who do I call with questions?

Questions about coverage options or the open enrollment process? Please contact:

Lea Brianas
Benefits Manager
847-486-4570
LBrianas@glenbrook225.org

Vicki Tarver
Director of Business Services / CSBO
847-486-4591
VTarver@glenbrook225.org

Questions about finding a doctor or determining whether a procedure is covered by our health plans? Please contact:

PPO/HDHP: Blue Cross Blue Shield of Illinois
855-705-7279

HMO: Blue Cross Blue Shield of Illinois
800-892-2803

Questions about prescription drug coverage? Please contact:

Prime Therapeutics: 800-423-1973

Questions about the vision coverage included with your medical plan? Please contact:

PPO/HDHP: VSP
800-877-7195

HMO: EyeMed
844-684-2254

Questions about your dental or standalone vision coverage? Please contact:

Aetna Dental: 877-238-6200
Aetna Vision: 877-973-3238

Questions about MetLife voluntary benefits? Please contact:

MetLife: 800-638-5433

Questions about Voya life insurance? Please contact:

Voya: 800-955-7736



Who needs to complete open enrollment?

The open enrollment process must be completed by all active and former employees who are eligible for employee health benefits. This includes:

- Administrators;
- All licensed employees covered under the GEA Collective Bargaining Agreement.
- All non-licensed employees working in a permanent position scheduled a minimum of 30 hours per week; and
- Former non-licensed employees eligible to access the school district's health benefit program through age 65.

We ask **all eligible active and former employees to complete the open enrollment process, even if they waive coverage.**



What is open enrollment?

Open enrollment is a yearly process when eligible active and former employees can enroll in health, dental, and vision insurance plans. Active employees may also enroll in optional voluntary insurance coverages for the next plan year.

All eligible active and former employees must complete the open enrollment process to add new or maintain existing insurance coverage for the upcoming plan year.

While a plan year is usually a 12-month period, this upcoming plan year will be an 8-month period: **January 1st through August 31st.**

The current plan year (2025) runs from January 1, 2025 through December 31, 2025.

The next plan year (2026) runs from January 1, 2026 through August 31, 2026.

When signing up, you are committing for the entire 8-month period to the benefits you elect. Only individuals with [qualifying life events](#) may make changes outside of the open enrollment period.



When is open enrollment?

Open enrollment for the January 1, 2026 through August 31, 2026 plan period is as follows:

Begins Wednesday, November 5, 2025

Ends Wednesday, November 19, 2025

NEW THIS YEAR!

The open enrollment process will be completed using NIHIP's benefits administration platform called "BenefitSolver". A link to the BenefitSolver platform can be found in your [Skyward Employee Access](#).

All eligible active and former employees must complete the open enrollment process to add new or maintain existing insurance coverage for the upcoming plan year.

Failure to complete the open enrollment process by 5:00 p.m. on Wednesday, November 19, 2025, may cause a loss of coverage.



What if I need to change my coverage after open enrollment?

With the school district's health benefits plan, members must make their elections during the open enrollment period carefully because you can only make changes during the year if you have a [qualifying life event](#) according to IRS regulations.

Changes to your benefits can be made if preceded by a documented qualifying life event, and they are completed within 30 days of the event. Your change must be consistent with your life event/status change. Listed below are some circumstances that qualify for a change in coverage:

- Marriage;
- Civil Union;
- Divorce or legal separation;
- Birth or placement for adoption of a child;
- Ineligibility of a dependent;
- Loss of other coverage;
- Change in your employment status or that of your spouse;
- A court order;
- Entitlement to Medicare or Medicaid.

If you experience these events and want to change your benefits, you must make the change within 30 days after the event occurs. If you miss the window for making a change, you will need to wait until the next open enrollment period to make a change.

Employees experiencing a qualifying life event should contact the Benefits Manager. **If you are enrolling dependents in the healthcare plan, dependent eligibility documentation is required.**



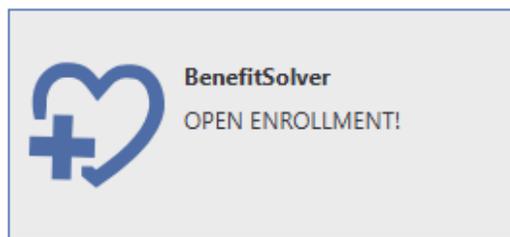
How do I complete the open enrollment process?

The open enrollment process will be available from Wednesday, November 5, 2025 through Wednesday, November 19, 2025.

To complete the open enrollment process, simply navigate to [Skyward Employee Access](#). Once logged into Employee Access, click the **BenefitSolver** tile and log into their system.

If you need assistance accessing Skyward Employee Access, please contact the Glenbrook Help Desk at 847-486-4555 or helpdesk@glenbrook225.org.

If you need assistance logging into BenefitSolver, please contact Lea Brianas at 847-486-4570 or LBrianas@glenbrook225.org.





Before Open Enrollment

I have . . .

- My Skyward login. (Choose the “Sign In With Google” option.)
- My BenefitSolver login.
- Marked my calendar for the open enrollment period (Wednesday, November 5, 2025 through Wednesday, November 19, 2025).
- Have the correct listings of my covered dependents’ social security numbers, names, and birth dates.
- If adding a spouse or child to the district’s coverage for the first time, I have a copy of my marriage certificate and/or my child’s birth certificate, adoption, or guardianship paperwork.
- Reviewed the care I need for the upcoming plan year and compared it to my current elections.
- Carefully considered the health benefit options that the school district has made available to me.
- Understood the benefits of contributing to a Flexible Spending Account (FSA) and/or a Health Savings Account (HSA).
- Understood that my benefit elections are legally binding between the school district and me for the entire plan year unless a qualifying life event occurs.



After Open Enrollment

I have . . .

- Double-checked my open enrollment elections because I cannot change them for the plan year unless I experience a qualifying life event.
- Double-checked my Flexible Spending Account (FSA) and/or Health Savings Account (HSA) elections to take advantage of pre-tax savings.
- Created a reminder to look for my FSA and/or HSA welcome packet if I’m a new participant.
- Noted to watch my mailbox for my new medical ID card from Blue Cross Blue Shield of Illinois (if applicable).
- Downloaded a copy of my benefit summary in BenefitSolver for my records.

Health Plans

BCBS BCO PPO 750 | BCBS High Deductible Health Plan (HDHP)
BCBS HMO Illinois | BCBS HMO Blue Advantage



Health Plan Options

Through Blue Cross and Blue Shield of Illinois, the school district offers (4) different types of health insurance plans:

- BCO PPO 750;
- High Deductible PPO (HDHP) with Health Savings Account (HSA);
- HMO Illinois; and
- HMO Blue Advantage.

Additionally, there are (3) coverage levels for all health insurance plans:

- Employee (Single);
- Employee and Child(ren) (Single+CH); and
- Family.

The cost of medical coverage is shared by the Board of Education and the employee. Employee health premiums are paid via payroll deductions.

Per Check Deduction Amount

	Rate Tier	20-Pay	21-Pay	24-Pay
BCBS BCO 750	Single	\$119.78	114.08	\$99.82
	Single+CH	\$227.72	\$216.88	\$189.77
	Family	\$337.56	\$321.49	\$281.30
BCBS HDHP <i>*Includes \$1,400 or \$2,400 Board HSA Contribution</i>	Single	\$67.51	\$64.30	\$56.26
	Single+CH	\$136.97	\$130.45	\$114.14
	Family	\$292.25	\$278.33	\$243.54
BCBS HMO Illinois	Single	\$57.61	\$54.87	\$48.01
	Single+CH	\$175.00	\$166.66	\$145.83
	Family	\$286.42	\$272.78	\$238.68
BCBS HMO Blue Advantage	Single	\$42.52	\$40.49	\$35.43
	Single+CH	\$136.57	\$130.07	\$113.81
	Family	\$233.68	\$222.55	\$194.73

GEA Employees who are Part-Time or on a Special Leave of Absence

If you are a GEA employee working less than 1.0 FTE, please [click here](#) to view 1/1/2026 - 8/31/2026 prorated premium rates.

PPO and HDHP Medical and Prescription Drug Benefit Summary Comparison

	BCO PPO 750			High Deductible PPO	
	Tier 1* In-Network	Tier 2 In-Network	Out-of-Network**	In-Network	Out-of-Network**
Deductible***					
Individual	\$750		\$1,500		\$6,350
Family	\$1,500		\$3,000		\$12,700
Annual Out-of-Pocket Maximum					
Individual	\$3,800	\$4,200	\$6,800	\$6,350	\$12,000
Family	\$7,600	\$8,000	\$13,600	\$12,700	\$24,000
Physician & Hospital Services - What You Will Pay					
Preventive Care	No charge		40% after ded.	No charge	30% after ded.
Physician & Behavioral Health Office Visits	PCP / Behavioral Health: \$30 copay		40% after ded.	0% after ded.	
	Specialist: \$50 copay				
MDLive Virtual Visits	\$10 copay		N/A	0% after ded.	N/A
X-Rays & Blood Work	20% after ded.	30% after ded.	40% after ded.	0% after ded.	30% after ded.
CT/PET Scans & MRIs	20% after ded.	30% after ded.	40% after ded.	0% after ded.	30% after ded.
Inpatient Surgery	20% after ded.	30% after ded.	40% after ded.	0% after ded.	30% after ded.
Outpatient Surgery	20% after ded.	30% after ded.	40% after ded.	0% after ded.	30% after ded.
Hospital Stay	\$150 copay then 20% after ded.	\$150 copay then 30% after ded.	\$150 copay plus 40% after ded.	0% after ded.	30% after ded.
Emergency Medical Transportation	20% after ded.			0% after ded.	30% after ded.
Emergency Room	\$150 copay plus 10% after ded. (copay waived if admitted)			0% after ded.	
Urgent Care	20% after ded.	30% after ded.	40% after ded.	0% after ded.	30% after ded.
Additional Services - What You Will Pay					
Therapy – Speech, Physical, Occupational	20% after ded. (60 visit combined max)	30% after ded. (60 visit combined max)	40% after ded. (60 visit combined max)	0% after ded. (60 visit combined max)	30% after ded. (60 visit combined max)
Chiropractic Services (medically necessary)	20% after ded. (35 visit max)	30% after ded. (35 visit max)	40% after ded. (35 visit max)	0% after ded. (35 visit max)	30% after ded. (35 visit max)
Acupuncture	20% after ded. (\$3,000 max benefit)	30% after ded. (\$3,000 max benefit)	40% after ded. (\$3,000 max benefit)	0% after ded. (\$3,000 max benefit)	30% after ded. (\$3,000 max benefit)
Prescription Drugs - What You Will Pay					
Retail Pharmacy (30-Day Supply)	Generic Copays: \$20 (30-day) / \$40 (90-day)				
Retail / Mail-Order Pharmacy (90-Day Supply)	Formulary Copays: \$50 (30-day) / \$100 (90-day)		Pharmacy Copay then 40%	0% after ded.	30% after ded.
	Non-Formulary Copays: \$70 (30-day) / \$140 (90-day)				
Annual Out-of-Pocket Maximum	Individual - \$4,250 Family - \$5,600			Included in medical out-of-pocket	

* [Click here](#) for instructions on how to find out if your provider is in Tier 1.

** Out-of-Network providers may balance bill members for amounts over what BCBSIL allows.

*** [4th Quarter Carryover](#) applies (BCO PPO 750 only).

HMO Medical and Prescription Drug Benefit Summary Comparison

	HMO Illinois	HMO Blue Advantage
	In-Network	In-Network
Deductible		
Individual	N/A	N/A
Family	N/A	N/A
Annual Out-of-Pocket Maximum		
Individual	\$1,500	\$1,500
Family	\$3,000	\$3,000
Physician & Hospital Services - What You Will Pay		
Preventive Care	No charge (with PCP) PCP: \$30 copay	No charge (with PCP) PCP: \$40 copay
Physician & Behavioral Health Office Visits	Behavioral Health: \$30 copay (with referral) Specialist: \$50 copay (with referral)	Behavioral Health: \$40 copay (with referral) Specialist: \$60 copay (with referral)
MDLive Virtual Visits	N/A	N/A
X-Rays & Blood Work	No cost with referral	No cost with referral
CT/PET Scans & MRIs	No cost with referral	No cost with referral
Inpatient Surgery	No cost with referral	No cost with referral
Outpatient Surgery	No cost with referral	No cost with referral
Hospital Stay	No cost with referral	No cost with referral
Emergency Medical Transportation	No cost with referral	No cost with referral
Emergency Room	\$150 copay (copay waived if admitted)	\$150 copay (copay waived if admitted)
Urgent Care	\$30 copay (must be affiliated with your medical group)	\$40 copay (must be affiliated with your medical group)
Additional Services - What You Will Pay		
Therapy – Speech, Physical, Occupational	\$30 copay (with referral - 60 visit combined max)	\$40 copay (with referral - 60 visit combined max)
Chiropractic Services (medically necessary)	\$30 copay (with referral - no max)	\$40 copay (with referral - no max)
Acupuncture	\$30 copay (with referral - no max)	\$40 copay (with referral - no max)
Prescription Drugs - What You Will Pay		
Retail Pharmacy (30-Day Supply)	Generic Copays: \$20 retail / \$40 mail order Preferred Brand Copays: \$40 retail / \$80 mail order	
Retail / Mail-Order Pharmacy (90-Day Supply)	Non-Preferred Brand Copays: \$70 retail / \$140 mail order Specialty Drug Copays: \$20 / \$40 / \$70	
Annual Out-of-Pocket Maximum	Individual - \$1,000 Family - \$2,000	



Deciding on the Right Health Plan

DIFFERENCES BETWEEN PLAN OPTIONS		
HMO	PPO	HDHP
<ul style="list-style-type: none"> • Lowest out-of-pocket cost with fixed, predictable copays. • Referrals required for specialists, testing, and services. • In-network preventive care covered at 100%. • No deductible or coinsurance; fixed copays for all services. • You must stay in the HMO network; no out-of-network coverage except for emergencies. • Care is PCP driven - you must select a medical group and PCP. • Typically, lowest employee contribution from paycheck. 	<ul style="list-style-type: none"> • Out-of-pocket costs vary based on deductible and coinsurance. • No referrals required. • Copays apply for in-network office visits and pharmacy. • In-network preventive care covered at 100%. • Other services subject to deductible and coinsurance. • Coverage both in and out-of-network, at different levels. • Full PPO network with coverage across the U.S. • Typically, the highest employee contribution from paycheck. 	<ul style="list-style-type: none"> • Highest out-of-pocket cost until the plan deductible is met. • No referrals required. • In-network preventive care covered at 100%. • ALL other services are subject to deductible and coinsurance including prescriptions. • Coverage both in and out-of-network, at different levels. • Full PPO network with coverage across the U.S. • Typically, median employee contribution from paycheck.

WHAT PLAN MIGHT BE RIGHT FOR ME?		
When an HMO might be right for you	When a PPO might be right for you	When an HDHP might be right for you
<ul style="list-style-type: none"> • You have a primary care physician and other providers who are in the HMO network. • You want to build a relationship with a primary care doctor. • You prefer the simplicity of seeing only providers within a specific medical group. • Cost is more important to you than flexibility. • Watch this video to learn more about HMO plans. 	<ul style="list-style-type: none"> • You want the flexibility to go out of network. • You want to see specialists in other medical groups or standalone providers. • You want to see specialists without referrals. • Flexibility is more important to you than lower premium and out-of-pocket costs. • Click here to learn more about what a BCO PPO is. • Watch this video to learn more about the PPO plan. • Learn how you can save money by participating in the Member Rewards program. 	<ul style="list-style-type: none"> • You prefer the flexibility of the PPO network and lower premiums. • You want to build/grow a Health Savings Account (HSA) for future medical expenses. • You understand that you will pay out-of-pocket for non-wellness related care until you meet the higher deductible. • Watch this video to learn more about the HDHP. • Learn how you can save money by participating in the Member Rewards program.

When selecting a plan, it is also essential to reflect on how you and your family currently utilize healthcare and how you may use it in the next year. Remember that depending on the plan you choose, you will be responsible for a portion of the expenses, up to an out-of-pocket maximum amount.

- For the HDHP and PPO plans, a member’s contribution begins with the payment of all health expenses until a deductible has been satisfied. Then, the member will pay a portion of each expense while the plan will pick up the remaining balance.

PPO and HDHP	
Usually covers wellness care at 100%.	Wellness care (usually covered).
For visits that require copays, they must be paid until you have reached your out-of-pocket maximum.	Copays.
For services where a deductible applies, you pay the copay <u>and</u> 100% of the balance after the copay until you meet the deductible.	Deductible.
Coinsurance applies once your deductible has been met.	Coinsurance.
The plan pays 100% after you meet your out-of-pocket maximum.	Plan pays.

- For an HMO plan, a member’s contribution is in the form of copays.

HMO	
Usually covers wellness care at 100%.	Wellness care (usually covered).
For visits that require copays, they must be paid until you have reached your out-of-pocket maximum.	Copays.
The plan pays 100% after you meet your out-of-pocket maximum.	Plan pays.

 [View 2026 Medical Plan Summaries of Benefits and Coverage \(SBCs\).](#)

 [Use Blue Cross Blue Shield’s Provider Finder to look up a provider and determine if they are considered “in-network” or “out-of-network.”](#)



Prescription Drug Coverage

Prime Therapeutics

NEW THIS YEAR! Prime Therapeutics previously administered the pharmacy benefit for the district's HMO medical plans. Beginning 1/1/2026, Prime Therapeutics will manage the pharmacy benefits for all of the district's medical plans.

Members can create an account at www.myprime.com to locate a pharmacy, find covered medications, view prescription claim history, create a personal drug list, and use the Rx cost calculator.

Retail Pharmacy

- 30-day supply of covered prescription drugs available at most national and regional pharmacy chains as well as independent pharmacies.
- 90-day supply of covered maintenance medications are also available through contracted participating retail pharmacies that can fill extended supplies.

Mail Order Pharmacy

Members can save time and money by using an in-network mail order pharmacy for home delivery of their covered maintenance medications. To begin, register with the mail order pharmacy listed below:

Express Scripts Pharmacy

Register online at express-scripts.com/rx or call 833-715-0942.

Once registered, have your doctor send your prescription to the in-network mail order pharmacy.



[View the PPO & HDHP Balanced Drug List](#)



[View the HMO Performance Drug List](#)



[Learn more about the HMO 90-Day Supply Prescription Drug Program.](#)

Vida Health

PPO/HDHP members utilizing GLP-1 medications for weight loss purposes will be required to enroll in a program called Vida Health. Vida Health (instead of your primary doctor) will be the prescriber of all GLP-1s prescribed for weight loss purposes. [Click here](#) to learn more.

FlexAccess Cost Assistance Program

PPO and HDHP members who utilize certain high cost medications may participate in a cost assistance program called FlexAccess. If you or one of your covered dependents takes a medication that is included in the program, you will receive a letter and/or a phone call from FlexAccess to assist you with enrolling in the program.



[Learn more about FlexAccess here.](#)



Health Savings Accounts

If you participate in the High Deductible Health Plan (HDHP), you will be eligible to set up a Health Savings Account (HSA) which will be partially funded by the school district. (Note: The plan member must set up the HSA with HealthEquity *before* funds can be deposited into the account.) An HSA is a bank account that you own and use to pay for current and future healthcare expenses. Key features include:

- An HSA has a **TRIPLE** tax-savings advantage:
 - Employee contributions to their HSA are deducted pre-tax (lowering your taxable wages).
 - Money in an HSA account can grow as it accrues interest. This growth is tax-free.
 - Using HSA funds is tax-free on qualified medical expenses.
- Your balance rolls over from year to year. There is no “use it or lose it” rule like with an FSA.
 - Contributing just \$100 per paycheck for 25 years can grow to \$60,000 (plus interest) if not used. These funds can help supplement medical costs in retirement.
- If you leave the school district or retire, you take the money with you since you own the account.



[Tax Savings with an HSA](#)



[HSA Frequently Asked Questions](#)

In 2026, the school district will contribute the following amount to an HSA for those who enroll in the HDHP:

- Members enrolling in a Single Coverage:
 - \$1,400
- Members enrolling in Single+Child(ren) or Family Coverage:
 - \$2,400

Employer contributions will be prorated for employees who start after January 1, 2026.

In addition to what the employer contributes, employees may elect to make additional tax-sheltered contributions as follows:

- Members enrolling in a Single Coverage:
 - Up to \$3,000
- Members enrolling in Single+Spouse, Single+Child(ren), or Family Coverage:
 - Up to \$6,350
- Members age 55 or older:
 - Up to an additional \$1,000 “catch-up contribution”

Please [click here](#) for HSA fee information.

NOTE: If you are enrolled in Medicare or Tricare, you may not contribute toward an HSA or receive employer HSA contributions.



Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to commit a certain dollar amount to a savings account set aside for medical and/or childcare expenses.



[Review a list of eligible expenses for health flexible spending accounts.](#)

Here are some important highlights of establishing an FSA:

- Pre-tax money (roughly a 30% savings);
- There is a limit to the amount you can contribute annually to the account; and
- The account follows a “use it or lose it” concept.
 - Essentially, there is an expiration date on the funds you save. Therefore, if you have not spent all the amount in your account by the end of the plan year’s grace period, you forfeit the remaining unused balance.

Employees may enroll in a Healthcare FSA and/or a Dependent Care FSA.

- **Standard Healthcare FSA**
 - Required enrollment in an HMO or PPO plan.
 - \$3,400 maximum annual contribution.
- **Limited Purpose Healthcare FSA**
 - Requires enrollment in the HDHP.
 - \$3,400 maximum annual contribution.
 - **Can only be used for dental and vision expenses.**
- **Dependent Care FSA**
 - \$7,500 maximum annual contribution.
 - \$3,750 if married, filing separately.

Deciding how much money to put toward your FSA can seem intimidating. A good rule of thumb is to take a close look at your previous healthcare expenses (including prescription drugs, doctor’s visits, eyeglasses, deductibles, and copayments) to help you decide the amount to set aside in your FSA.

The school district has contracted with Employee Benefits Corporation (EBC) to manage all FSAs. Therefore, when first establishing an FSA account, you will receive information directly from EBC regarding your “BESTflex Plan” including a debit card if enrolled in a Healthcare FSA.



[Learn more about the EBC BESTflex plan and how to submit claims.](#)

Dental Plans

Aetna Dental PPO | Aetna Dental HMO



Dental Plan Options

Through Aetna, the school district offers (2) different types of dental insurance plans:

- Dental PPO; and
- Dental HMO (DMO).

Additionally, there are (4) coverage levels for all dental insurance plans:

- Employee (Single);
- Employee and Spouse (Single+SP);
- Employee and Child(ren) (Single+CH); and
- Family.

Dental premiums are paid by the employee via payroll deductions.

Per Check Deduction Amount

	Rate Tier	20-Pay	21-Pay	24-Pay
Aetna Dental PPO	Single	\$35.00	\$33.34	\$29.17
	Single*	\$3.50	\$3.33	\$2.92
	Single+SP	\$71.84	\$68.42	\$59.87
	Single+CH	\$84.37	\$80.35	\$70.31
	Family	\$132.76	\$126.43	\$110.63
Aetna Dental HMO	Single	\$12.38	\$11.79	\$10.32
	Single+SP	\$24.77	\$23.59	\$20.64
	Single+CH	\$28.51	\$27.15	\$23.76
	Family	\$44.11	\$42.01	\$36.76

*Only for non-licensed employees electing single medical coverage or waiving medical coverage.

Dental Benefit Summary Comparison

	PPO		DMO
	In-Network Care	Out-of-Network Care	In-Network Care
Deductible			
Individual	\$25	\$25	N/A
Family	\$75	\$75	N/A
Annual Benefit Maximum			
Plan Year	\$2,000 per member		Unlimited
Partial List of Services			
Dental Cleanings	Covered at 100% twice per year	Covered at 100% twice per year	Covered at 100% twice per year
Sealants, Images, Space Maintainers	Covered at 100% subject to frequency/age limitations	Covered at 100% subject to frequency/age limitations	Patient pays \$0-\$110 (refer to schedule of benefits)
Root Canal Therapy	Covered at 80%	Covered at 80%	Patient pays \$150-\$435 (refer to schedule of benefits)
Uncomplicated Extractions	Covered at 80%	Covered at 80%	Patient pays \$12-\$30 per extraction
Crowns, Inlays, Onlays, Dentures	Covered at 60%	Covered at 50%	Refer to schedule of benefits
Orthodontic Services	Covered at 50% up to a lifetime maximum of \$1,200	Covered at 50% up to a lifetime maximum of \$1,200	Patient pays \$3,000



[Review a full Dental PPO schedule of benefits.](#)



[Review a full DMO schedule of benefits.](#)



Deciding on the Right Dental Plan

You have two plan options, each with its benefits.

One of the most crucial considerations in choosing a plan is the providers covered by the plan. Some plans, such as the DMO, will only cover expenses from dentists that are part of the DMO network. In contrast, the PPO plan will cover costs from dentists who are part of the network or out of the network, albeit at different percentages of coverage. If you already are established with a dentist's practice, be sure to verify if they are covered by a plan before you select it.



[Use Aetna's DocFind tool to look up a provider and determine if they are considered "in-network" or "out-of-network."](#)

Here are some recommendations that Aetna has offered when evaluating whether a DMO or Dental PPO is suitable for you and your family:

Dental PPO Plan	DMO Plan
<ul style="list-style-type: none"> • With this plan, you can choose any licensed dentist; they don't have to be in our network. • If you visit a network dentist, your rates will be lower. • Generally, you'll have higher premiums. • There are deductibles and yearly dollar limits. • No referral is needed for specialists. <p>Consider a PPO plan if . . .</p> <ul style="list-style-type: none"> • The ability to visit any dentist is most important. You can see any licensed dentist with this plan, so the network is generally larger than the DMO network. • You are looking to see a specialist without having to get a referral. You don't need a referral to see a specialist with this plan. 	<ul style="list-style-type: none"> • With this plan, you'll need to choose a primary care dentist (PCD) who's in our network. • Generally, your premiums are lower. • There are no deductibles or yearly dollar limits. • Referral is needed for specialists. No referral is needed for orthodontists. <p>Consider a DMO plan if . . .</p> <ul style="list-style-type: none"> • Your dentist is in our network. Check out our provider search tool on Aetna.com to see if your dentist participates in our DMO plan. • You expect major dental services, and your dentist is in network. The DMO has no lifetime limit for major services. • The cost is most important - the DMO has lower premiums, and you can end up saving money.

Vision Plans

Coverage through Medical | Aetna Standalone Vision



Vision Coverage Through Your Medical Plan

If you are enrolled in medical coverage, you will automatically receive vision benefits as well.

Vision Coverage for PPO and HDHP Members

If you are enrolled in the PPO or HDHP, you'll have vision coverage through **VSP**. You may search for VSP choice providers by going to www.vsp.com or by calling 800-877-7195. Coverage includes an annual WellVision Exam® with \$10 copay along with discounted lenses, frames, contacts, and retinal imaging. Out-of-network care is reimbursed up to \$45.

Vision Coverage for HMO Members

If you are participating in an HMO plan, the vision benefit is administered by **EyeMed Vision Care**. You are eligible for an annual eye exam at no cost to you and either a \$175 allowance toward frames or a \$125 allowance for contact lenses every 24 months at a participating EyeMed provider.

To locate a provider, call EyeMed Vision Care at 844-684-2254 or visit www.eyemedvisioncare.com/bcbsil. In-network providers file claims on your behalf, so you won't have to. There is no out-of-network coverage on this plan.

PPO and HDHP Medical Coverage Includes:	HMO Medical Coverage Includes:
<u>Provider</u> VSP.	<u>Provider</u> EyeMed Vision Care.
<u>Eye Exam</u> WellVision Exam® with \$10 copay.	<u>Eye Exam</u> No charge.
<u>Lenses</u> 20% discount when a complete pair of glasses is purchased.	<u>Standard Plastic Lenses</u> No charge – benefit available once every 24 months.
<u>Frames</u> 20% discount when a complete pair of glasses is purchased.	<u>Frames / Contact Lenses</u> \$175 frame allowance once every 24 months
<u>Retinal Imaging</u> \$20 copay.	OR
<u>Contact Lens Exam</u> 15% discount (fitting and evaluation).	\$125 contact lens allowance every 24 months.



Aetna Standalone Vision Coverage

If you are not enrolled in the medical plan or wish to have additional vision coverage in addition to what's covered under the medical plan, the school district offers a comprehensive, low-cost option through Aetna. All employees pay 100% of the premium and gain access to one of the largest vision networks available in the marketplace.

There are (4) coverage levels for the vision plan:

- Employee (Single);
- Employee and Spouse (Single+SP);
- Employee and Child(ren) (Single+CH); and
- Family.

Vision premiums are paid by the employee via payroll deductions.

Per Check Deduction Amount

	Rate Tier	20-Pay	21-Pay	24-Pay
Aetna Vision	Single	\$4.19	\$3.99	\$3.49
	Single+SP	\$7.96	\$7.58	\$6.63
	Single+CH	\$8.38	\$7.98	\$6.98
	Family	\$12.31	\$11.73	\$10.26

Vision Benefit Summary

		Vision	
		In-Network Care	Out-of-Network Care
Plan Basics			
	Exams	\$10 copay	\$30 reimbursement
Single Vision Lenses		\$0 copay	\$28 reimbursement
	Bifocal Lenses	\$0 copay	\$44 reimbursement
	Trifocal Lenses	\$0 copay	\$72 reimbursement
	Frames	\$150 allowance; 20% off balance over allowance	\$75 reimbursement
	Conventional Contact Lenses	\$150 allowance; 15% off balance over allowance	\$120 reimbursement
	Disposable Contact Lenses	\$150 allowance	\$120 reimbursement
	Medically Necessary Contact Lenses	Covered in full	\$200 reimbursement

- Exams allowed every 12 months.
- Eyeglass lenses OR contact lenses allowed every 12 months.
- Frames allowed every 24 months.



Best-in-class network

Choose from thousands of vision providers across the country. This includes neighborhood eye doctors, as well as your favorite retail chains – many who offer night and weekend hours:



Online options



[Check out Aetna's vision website to locate a participating provider and learn more about the plan.](#)



[Review a full Aetna vision schedule of benefits.](#)

**Basic Group Term Life
AD&D
LTD**



Voya Basic Group Term Life and AD&D Coverage

All benefits-eligible employees receive basic group term life insurance coverage with premiums paid by the Board of Education. The amount of coverage varies by employee type. Please refer to the information below for further details about coverage levels and schedules of benefits.

- [Voya Life Insurance Certificate](#)



MetLife Long-Term Disability Coverage

Additionally, all benefits-eligible employees receive long-term disability coverage with premiums paid by the Board of Education. Please refer to the certificates below for more information.

- [Administrators](#)
- [Teachers](#)
- [Educational Support Personnel](#)

Don't forget, you may also qualify for disability benefits under your pension system.



NEW THIS YEAR! Voya is the administrator of the district’s group term life insurance effective 1/1/2026. If you currently do not have supplemental term life insurance coverage and wish to purchase it, this would be your chance to do so without having to answer medical questions and get approval from the carrier!

- If you currently have voluntary life insurance coverage through the district, it will automatically be transferred from MetLife to Voya.
- If you do not have voluntary life insurance or have less than \$100,000 of coverage, at time of hire or during open enrollment you may purchase up to the \$100,000 threshold without having to answer medical questions! During these periods you can also enroll your spouse for up to \$50,000 without being medically underwritten, and enroll children under age 26 for up to \$10,000 of coverage.
- Employees may elect to purchase additional life insurance coverage in \$10,000 increments up to a maximum of 5x salary or \$500,000 (whichever is less).
- Spouse insurance can be purchased at the same amount as the employee, not to exceed \$250,000 or 100% of the employee’s total coverage amount (whichever is less).
- For both employees and spouses – an election over the guarantee issue amount or when electing coverage when not first eligible will require you to complete medical questions and are subject to approval by Voya.
- Child coverage is also available at the levels of \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000. All child coverage is a guarantee issue.

Employee/Spouse Age	Rate per \$1,000 per month
29 and younger	\$0.04
30-34	\$0.06
35-39	\$0.08
40-44	\$0.10
45-49	\$0.15
50-54	\$0.23
55-59	\$0.41
60-64	\$0.57
65-69	\$1.04
70-74	\$1.68
75+	\$2.06
Personal AD&D	\$0.03

Dependent Child(ren)	Rate per month*
\$1,000 coverage	\$0.25
\$2,000 coverage	\$0.50
\$4,000 coverage	\$1.00
\$5,000 coverage	\$1.25
\$10,000 coverage	\$2.50

*One rate includes all eligible children (not a per child rate).



[Review the Voya life insurance summary.](#)



NCPERS Decreasing Group Term Life

Staff participating in the IMRF pension system (Clericals, Specialists, Security Personnel, Instructional Assistants, Non-Licensed Administrators, etc.) have the opportunity to enroll in group decreasing term life insurance coverage at just \$16.00 per month. The premiums will never increase! Once you retire under IMRF, you may continue the coverage by having the premiums deducted from your IMRF retirement pay. The coverage even includes a student loan protection benefit!



[Read this NCPERS brochure to learn more.](#)



[Watch this 3-minute video about how NCPERS group decreasing term life coverage works.](#)

To enroll, complete this [Enrollment and Beneficiary Form](#) and send it to Lea Brianas, Benefits Manager.

Critical Illness, Accident, Hospital Indemnity, and Pet Insurance



Chances of **RECOVERY** from a critical illness are better now than in the past!¹

88% of **HEART ATTACK** patients under the age of 65 are able to return to their usual work.²

The five-year relative survival rate for **ALL CANCERS** combined is **65%**³

Each year, **77%** of Americans who experience a **STROKE** survive.⁴

¹ American Heart Association, Heart Disease and Stroke Statistics 2004 Update; American Cancer Society, 2006 Cancer Facts & Figures
² American Heart Association, Heart and Stroke Statistics 2004 Update
³ American Cancer Society, 2006 Cancer Facts & Figures
⁴ American Heart Association, Heart and Stroke Statistics 2004 Update

What is Critical Illness insurance?

This is coverage that can help cover the extra expenses associated with a serious illness. When a serious illness happens, this coverage provides you with a lump sum payment in initial benefits upon diagnosis.

Think about these expenses:

- Medical copays and deductibles;
- Out-of-network treatments;
- Prescription drug copays;
- Childcare bills;
- Mortgage and rent payments;
- Car payments; and
- Utility payments and other household bills.

MetLife Critical Illness Insurance pays a lump-sum in the event that you experience a covered condition and meet the certificate requirements. You can use the lump-sum payment for expenses associated with medical treatments or any other living expenses you may have.

Payments will be made directly to you – not to doctors, hospitals or other health care providers.

What types of illness are covered under this plan?

Critical Illness Insurance covers the first occurrence of the following medical conditions:

- Cancer (Full or Partial Benefit)
- Heart Attack
- Stroke
- Kidney Failure
- Coronary Artery Bypass Graft
- Major Organ Transplant
- 7 Childhood Diseases
- 6 Progressive Diseases
- 11 Infectious Diseases

What happens if I have a recurrence?

This plan pays a Recurrence Benefit for some of the conditions identified above including: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full or Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

Critical Illness Coverage Options

Critical Illness premiums are paid by the employee via payroll deductions. Please note that premiums are not tax-sheltered.

		<u>Per Check Deduction Amount</u>			
	Rate Tier	Attained Age	20-Pay	21-Pay	24-Pay
\$10,000 Benefit Amount	Employee	<30	\$2.28	\$2.18	\$1.90
	or	30 - 39	\$3.54	\$3.38	\$2.95
	Spouse	40 - 49	\$6.54	\$6.23	\$5.45
	Dependent Child(ren) are covered at no additional cost	50 - 59	\$12.18	\$11.60	\$10.15
		60 - 69	\$20.22	\$19.26	\$16.85
	Premium is <u>double</u> for Employee <u>and</u> Spouse	70+	\$34.80	\$33.15	\$29.00

		<u>Per Check Deduction Amount</u>			
	Rate Tier	Attained Age	20-Pay	21-Pay	24-Pay
\$20,000 Benefit Amount	Employee	<30	\$4.56	\$4.35	\$3.80
	or	30 - 39	\$7.08	\$6.75	\$5.90
	Spouse	40 - 49	\$13.08	\$12.46	\$10.90
	Dependent Child(ren) are covered at no additional cost	50 - 59	\$24.36	\$23.20	\$20.30
		60 - 69	\$40.44	\$38.52	\$33.70
	Premium is <u>double</u> for Employee <u>and</u> Spouse	70+	\$69.60	\$66.29	\$58.00

		<u>Per Check Deduction Amount</u>			
	Rate Tier	Attained Age	20-Pay	21-Pay	24-Pay
\$30,000 Benefit Amount	Employee	<30	\$6.84	\$6.52	\$5.70
	or	30 - 39	\$10.62	\$10.12	\$8.85
	Spouse	40 - 49	\$19.62	\$18.69	\$16.35
	Dependent Child(ren) are covered at no additional cost	50 - 59	\$36.54	\$34.80	\$30.45
		60 - 69	\$60.66	\$57.78	\$50.55
	Premium is <u>double</u> for Employee <u>and</u> Spouse	70+	\$104.40	\$99.43	\$87.00

Plan Provisions:

- An employee must be enrolled in coverage for their spouse/domestic partner and/or dependent child(ren) to be eligible for coverage.
- Spouse's benefit level cannot exceed the employee's benefit level.
- Dependent Child(ren) are eligible for coverage from birth to age 26.
- Attained Age reflects the individual's age as of 12/31/2026.
- Rates shown are for non-tobacco use.



[Review additional information regarding Critical Illness Insurance here.](#)



When it comes to dealing with accidents, even the best medical plans can leave you with out-of-pocket expenses.

Expect the unexpected



52.5 million medically consulted injuries occurred in homes and communities in 2021.¹



There were 2.6 million nonfatal workplace injuries in 2021.²



About 2 million drivers in car accidents are permanently injured every year.³

Accident Insurance can help you and your finances recover from some of life's **everyday mishaps**. It provides you with a lump-sum benefit, regardless of any medical or disability insurance income, to put towards whatever you need. **Accident Insurance can be helpful for everyone.**

That's a lot of accidents. If you or a family member experiences a covered injury, Accident Insurance may help you get going again.⁴



No.1 reason for bankruptcy is due to medical bills.⁵

Helping you out

You receive a lump-sum payment if you or your eligible family members⁶ experience any of the following:

- Fractures⁷
- Dislocations⁷
- Eye Injuries
- Broken teeth
- Cuts/Lacerations
- Concussions
- 2nd or 3rd Degree Burns

Accidents can be expensive

Accidents can be an unexpected and can be a disruptive cost to your household budget. MetLife Accident Insurance offers group rates, so it might be less expensive than you think.

In fact, the average MetLife Accident Insurance policy costs less than your daily coffee habit.⁸ You should consider having Accident Insurance coverage for you and your family.

The average trip to the emergency room costs per visit.⁹ **\$1,389**



Enrollment is guaranteed¹⁰

Coverage is guaranteed and paid through payroll deduction. You can even take your coverage with you if your employment status changes.¹¹



58% of Americans are worried about being able to afford unexpected medical bills.¹²



Payments can be used however you see fit — for groceries, mortgage payments, childcare expenses, co-pays, deductibles, or anything else you need.

Organized Sports Activity Injury Additional Benefit

If a covered individual has an accident that is due to organized sports activity, MetLife Accident Insurance will pay an extra 25% of eligible benefits.¹

Accident Insurance premiums are paid by the employee via payroll deductions. Please note that premiums are not tax-sheltered.

		<u>Per Check Deduction Amount</u>		
		20-Pay	21-Pay	24-Pay
Accident	Rate Tier			
	Single	\$5.01	\$4.77	\$4.17
	Single+SP	\$9.89	\$9.42	\$8.24
	Single+CH	\$11.91	\$11.34	\$9.92
Family	\$14.06	\$13.39	\$11.71	

Plan Provisions:

- An employee must be enrolled in coverage for their spouse/domestic partner and/or dependent child(ren) to be eligible for coverage.
- Rates shown are for non-tobacco use.



[Review additional information regarding Accident Insurance here.](#)

¹ Subject to limitations described in the certificate under the following benefit categories: Accidental Injury, Accident - Medical Treatment and Services, Hospital Benefits.



What is Hospital Indemnity Insurance?

Hospital Indemnity insurance supplements your existing health insurance coverage by helping pay out-of-pocket expenses for hospital stays.

I have a great health plan. Why would I need additional coverage for hospital stays?

Staying in the hospital after an accident or illness can be costly. Even quality medical plans can leave you with extra expenses to pay. Having the financial support you may need when the time comes means less worry for you and your family.

Think about these expenses:

- Medical copays and deductibles;
- Out-of-network treatments;
- Prescription drug copays;
- Childcare bills;
- Mortgage and rent payments;
- Car payments; and
- Utility payments and other household bills.

What does Hospital Indemnity Insurance cover?

Subcategory	Benefit Limits	Benefit	Low Plan	High Plan
Admission Benefit	4 time(s) per calendar year ²	Admission	\$1,000	\$2,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a covered person is admitted to ICU)	\$500	\$1,000
Confinement Benefit	15 days per calendar year	Confinement	\$100/day	\$100/day
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a covered person is admitted to ICU)	\$100/day	\$100/day
Confinement Benefit for Newborn Nursery Care	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care ³	\$25/day	\$50/day

² If a covered person is readmitted within 90 days for the same or related sickness/injury for which an Admission Benefit was paid, an additional Admission Benefit is not payable.

³ Payable for the period of newborn confinement for a newborn child who is not sick or injured.

Hospital Indemnity Insurance premiums are paid by the employee via payroll deductions. Please note that premiums are not tax-sheltered.

Per Check Deduction Amount

	Rate Tier	20-Pay	21-Pay	24-Pay
Low Plan	Single	\$9.12	\$8.69	\$7.60
	Single+SP	\$17.97	\$17.12	\$14.98
	Single+CH	\$14.39	\$13.70	\$11.99
	Family	\$23.24	\$22.13	\$19.36

Per Check Deduction Amount

	Rate Tier	20-Pay	21-Pay	24-Pay
High Plan	Single	\$15.74	\$14.99	\$13.12
	Single+SP	\$31.00	\$29.52	\$25.83
	Single+CH	\$24.77	\$23.59	\$20.64
	Family	\$40.03	\$38.12	\$33.36

Plan Provisions:

- An employee must be enrolled in coverage for their spouse/domestic partner and/or dependent child(ren) to be eligible for coverage; and
- Rates shown are for non-tobacco use.



[Review additional information regarding Hospital Indemnity Insurance here.](#)



The school district has partnered with MetLife to offer our employees the opportunity to provide financial protection for themselves and their families through our group Pet Insurance as part of our new robust portfolio of voluntary products.

What's covered?

- ✓ Accidents
- ✓ Medications
- ✓ Illnesses (including hereditary, congenital & chronic conditions)
- ✓ Holistic Care & Alternative Therapies
- ✓ Hospitalizations
- ✓ Emergency Care
- ✓ Surgeries
- ✓ Optional Preventive Care coverage (available at an additional cost)⁵
- ✓ Diagnostic Tests
- ✓ Pet food, special diet⁷
- ✓ Exam Fees
- ✓ Parasite prevention and parasite treatment (available with optional Preventive Care coverage)⁵
- ✓ Cruciate Ligaments⁶
- ✓ Intervertebral Disc Disease (IVDD)⁶
- ✓ Anterior Cruciate Ligament (ACL)⁶
- ✓ Posterior Cruciate Ligament (PCL)⁶
- ✓ Medial Cruciate Ligament (MCL)⁶
- ✓ Cranial Cruciate Ligament (CCL)⁶
- ✓ X-rays
- ✓ And Much More!
- ✓ Ultrasounds

*Pre-existing conditions may not be covered.

Pricing	
Pricing Structure	Customized to every pet (varies by species, age, breed, zip code)
Employer Benefit Discount	Up to 10%
Family Plan	Cover multiple pets on a single policy
Discounts	<ul style="list-style-type: none"> • Multi-policy discount • Internet purchase discount • Military & Veteran discount
Deductible	Flexible (\$0-\$2,500)
Annual Limit	Flexible (\$500-Unlimited)
Reimbursement	Flexible (50% to 100%)

Due to the variety of factors that are used to determine the premium costs for MetLife Pet Insurance, interested staff will be directed to MetLife’s website to:

- Enter basic information about their pet(s) and themselves.
 - Be sure to identify Glenbrook HSD 225 as your employer to receive a premium discount!
- Receive three quotes based on:
 - Annual Benefit;
 - Deductible;
 - Reimbursement; and
 - Preventative Care.
- Customize coverage.
- Enroll.
- Set up payment information.
 - Note: MetLife Pet Insurance will NOT be paid through payroll deductions at this time. Employees will need to select a payment method upon enrollment.

 [Review additional information regarding Pet Insurance here.](#)

 [Is pet insurance worth it?](#)

 [Fetch your no obligation quote here!](#)

Important Notices



Required Legal Notices and Disclosures

Glenbrook High School District 225 is required to provide you with the following notices regarding your group insurance plan:

- Children's Health Insurance Program (CHIP);
- Women's Health and Cancer Rights Act;
- Newborns' and Mothers' Health Protection Act;;
- HIPAA Notice of Privacy Practices;
- HIPAA Special Enrollment Rights;
- Nondiscrimination Notice;
- Marketplace Coverage;
- USERRA Military Veterans (Illinois Only - HB5285);
- Medicare Part D Creditable Coverage Notice;
- Employee Rights Under FMLA;
- IL EHB Listings.

These notices are available electronically using the link below. Please contact the Business Services department if you do not have access to a computer or would like paper copies of these notices.



[Review the 2026 Glenbrook Annual Notices and Disclosures](#)

Additional Programs and Resources



"Shape Your Life" Wellness Program



The district is invested in our employees and wants to help you achieve your wellness goals! Employees have the opportunity to complete a number of challenges – physical, emotional, financial, and more. You can then accumulate points to earn gift card prizes!

Our [wellness platform](#) integrates with most major fitness devices so you can track your activity. And, the platform is fully HIPAA compliant which means all of your personal health data is never shared with your employer. You can even participate in peer-to-peer challenges with your coworkers to motivate each other to become healthier!



[Interested in learning more? Please view our Wellness Program Communication Packet.](#)



[Looking for BCBS fitness center discounts? Click here.](#)



403(b) and 457(b) Retirement Plans

Looking to further save for retirement? Consider enrolling in a 403(b) or 457(b) retirement plan administered by Omni & TSACG Compliance Services.

The district works with a number of authorized investment providers. You may reach out to any of these providers and they will assist you in opening an account. Once the account is open, you would simply complete a one-page form for our payroll department letting them know the amount you wish to have deducted from your paycheck.

A retirement account may be opened at any time and deductions can start during any pay period. Additionally, you may increase, decrease, or suspend deductions at your discretion.



[Click here to access information about the district's retirement plans.](#)

Reminder: Your pension system also offers additional retirement savings opportunities above your mandatory contributions!



We're with you
wherever you go

Download the Blue Cross and Blue Shield of Illinois (BCBSIL) App to manage your health wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View or print your member ID card
- Log in securely with your fingerprint or face recognition*
- View your Explanation of Benefits

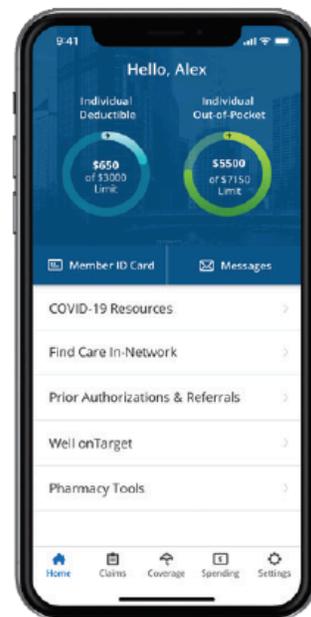
Then, Manage Your Preferences

In the BCBSIL App:

- Update your profile with your mobile number.
- Set your notification preferences to text.

Choose the messages and information you want to get:

- Claims, prior authorization or referral updates
- New documents to review
- Secure message notifications
- Find out about new benefits and services



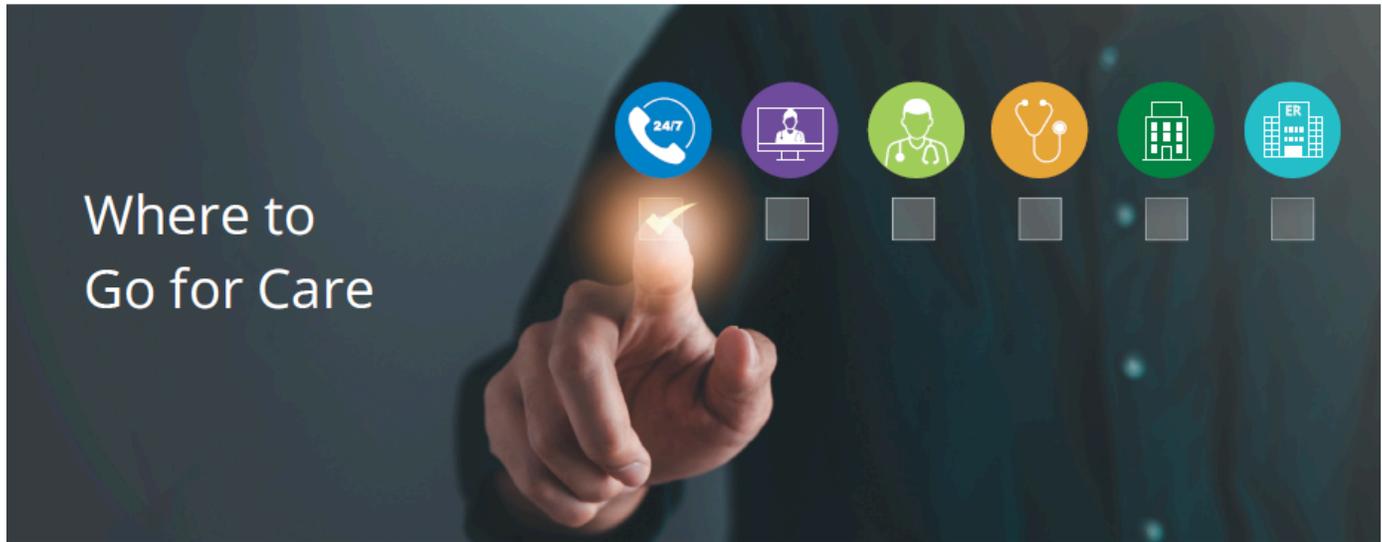
Available in Spanish

Ready to get started? Text BCBSILAPP to 33633 to get the app.**



* Availability varies by device.

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



Where to Go for Care

What do you do if your clutch player breaks an arm in the big game? Or you slice your finger chopping veggies? Or have stomach cramps after last night's sushi date? Often the choice is clear. If you have signs of a heart attack, it's best to go to the emergency room. But what if you have a sore throat? Or lower back pain?

Knowing where to go can make a big difference in the cost of your care – especially when you use in-network providers.

We make it easy to find independently contracted, in-network providers near you:

- Go to **bcbsil.com** and click **Find Care**
- For personalized search results, go to **bcbsil.com**, click **Log In or Sign Up**, choose **Member Log In or Sign Up** and search in Blue Access for MembersSM
- Call BCBSIL Customer Service at the number on your ID card

24/7 Nurseline¹

Wonder if your heartburn needs an antacid or trip to the ER? Is your kiddo's fever 102? Confused about a health test? Talk confidentially with a registered nurse in English or Spanish – anytime. Call **800-299-0274**.

Good for: health questions and health advice

Average Wait: none

Cost: none



Virtual Visits²

Got an itchy rash? Sinuses stopped up? Fighting a fever? Talk with a doctor – 24/7. Online appointments via MDLIVE[®] put care at your fingertips. Call **888-676-4204** or go to **MDLIVE.com/bcbsil**.

Good for: health exams, colds, flu, minor injuries

Average Wait: less than 20 minutes

Cost: in network **\$**



Doctor

Is your blood pressure high? Are allergies making you miserable? Can't sleep? Your go-to provider is a good place to start. Some even offer telemedicine. If you need a specialist, your doctor will tell you.

Good for: health exams, shots, cough, sore throat

Average Wait: less than 20 minutes³

Cost: in network \$ out of network \$\$



Retail Health Clinic

Need a flu shot? Feel queasy? Have an earache or rash? Many grocery stores and pharmacies have on-site medical clinics. Some may even see patients evenings, weekends and holidays.

Good for: headache, stomach ache, sinus pain

Average Wait: variable

Cost: in network \$ out of network \$\$



Urgent Care Center⁴

Sprain your ankle? Have a monster migraine? Can't stop coughing? Need non-emergency care right away, but your doctor's office isn't open? These centers offer care evenings, weekends and holidays.

Good for: back pain, vomiting, animal bite, asthma

Average Wait: 30 minutes or less⁵

Cost: in network \$\$ out of network \$\$\$



Hospital ER

Worried you may be having a heart attack? Did you black out after a nasty fall? ER doctors and staff treat serious and life-threatening health issues 24/7. If you receive ER care from an out-of-network provider, you may have to pay more.

Good for: chest pain, bleeding, broken bones

Average Wait: 1 hour or more⁶

Cost: in network \$\$\$ out of network \$\$\$\$



Know the Difference: Freestanding ER vs. Urgent Care Center

Freestanding ERs look a lot like urgent care centers, but may not be affiliated with an in-network hospital. That means you could end up with a hefty bill (or several bills). You might even be sent to a hospital ER for care! Here are ways to spot a freestanding ER:

1. Look for "Emergency" on the building exterior.
2. Check the hours. If it's open 24/7, it's a freestanding ER. Urgent care centers close at night.
3. Confirm it's not connected to a hospital.
4. Ask if it follows the copay, coinsurance and deductible payment model.

If you need emergency care, call 911 or seek help from any doctor or hospital immediately.

Note: Many sites of care now offer telehealth options for your visit. Check with your preferred provider to see if they offer telehealth visits.

1. 24/7 Nurseline is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.
2. 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.
3. MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.
4. The closest urgent care center may not be in your network. Be sure to check Provider Finder® to make sure the center you go to is in-network.
5. Vitals Annual Wait Time Report, 2017.
6. Wait Time Trends in Urgent Care and Their Impact on Patient Satisfaction, 2017.
6. National Center for Health Statistics, Centers for Disease Control and Prevention, 2019.

Information provided in this flier is not intended as medical advice, nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional. Please check with your doctor for individualized advice on the information provided. Coverage may vary depending on your specific benefit plan and use of network providers. For questions, please call the number on your member ID card.



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

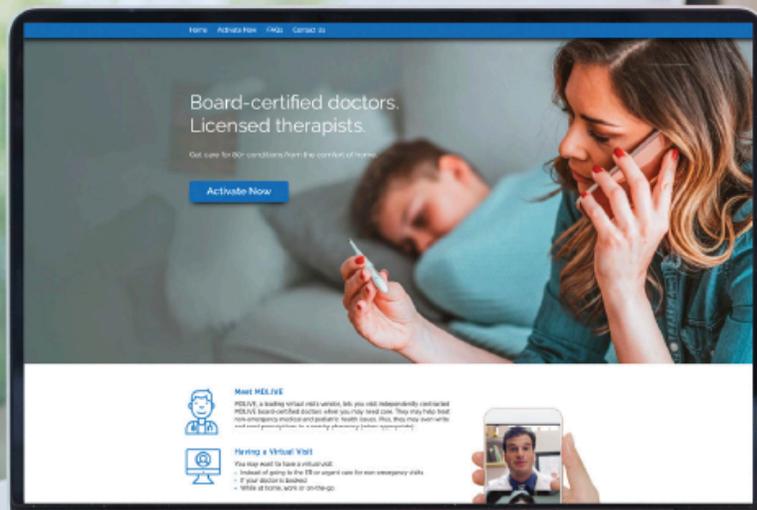
Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- 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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Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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Take a step in the right direction

Let our Benefits Value Advisors¹ (BVAs) help you get the most from your health plan.

BVAs make it easier to use your health plan, while helping you save time and money. They are available 24 hours a day, seven days a week² to explain your benefits and provide guidance on how to use them. BVAs will also help you:

- Find a doctor or facility
- Get cost estimates for procedures and services
- Schedule appointments
- Set up prior authorizations (if needed)

In addition, you can access Provider Finder[®] to search for in-network doctors, hospitals and more. You can estimate the cost and your out-of-pocket expenses for hundreds of procedures, treatments and tests. You can also see side-by-side provider quality ratings and patient reviews.³

Visit [bcsil.com](https://www.bcsil.com), register or log in to Blue Access for MembersSM and select "Find Care."

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Get Informed on Cost Estimates

The same procedure performed in the same area by different providers can vary greatly in cost.

Here are examples⁴.

Estimated cost comparison for brain MRI



PROVIDER A:
\$682



PROVIDER B:
\$2,723



PROVIDER C:
\$3,849

Estimated cost comparison for a knee replacement



PROVIDER A:
\$17,003



PROVIDER B:
\$47,617



PROVIDER C:
\$61,980

Remember, BVAs are ready to help you 24/7. Call the number on the back of your member ID card and ask for a BVA. You can also connect with a BVA via live chat in **Blue Access for Members (bcbsil.com)** or in the BCBSIL App, which you can quickly download by texting* **BCBSILAPP** to **33633**.

Want to know more?

Scan this QR code to watch a short video.



1. Benefits Value Advisors offer cost estimates for procedures and services from various providers and facilities. Lower pricing and cost savings are dependent on the provider or facility you choose. Benefits Value Advisors do not give medical advice. Talk to your doctor or health care professional about any health questions or concerns.



Spring into action with your health!

**Member Rewards helps you
compare costs, save money
and earn cash rewards.**



Costs for the same medical care can vary.

With Member Rewards, you can shop and earn cash rewards when you select quality, reward-eligible providers. It is quick and easy to shop in-network for procedures and services like scans, colonoscopies, surgeries and more. The Member Rewards program is part of your health plan benefits and administered by Zelis.

How it works



Step 1

Search online via Provider Finder[®] to find and select a reward-eligible provider.



Step 2

Visit your chosen reward-eligible provider.



Step 3

Receive a cash reward by check, which will be mailed directly to your home, after your claim is paid and the provider is verified as reward-eligible.

Shop online with Provider Finder by visiting **bcbsil.com**, register or log in to Blue Access for MembersSM and select "Find Care". If you need help, call the Customer Service number on the back of your member ID card.

MDX Medical, LLC, a Zelis company, is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to administer the Member Rewards program for members with coverage through BCBSIL. Reward-eligible options and reward amounts are subject to change. Eligibility for rewards is subject to terms and conditions of the Member Rewards program. Amounts received through Member Rewards may be taxable. BCBSIL does not provide tax advice. Members that have primary coverage with Medicaid or Medicare are not eligible to receive incentive rewards under the Member Rewards program.

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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BlueCross BlueShield of Illinois

24/7 Nurseline

**Nurses available anytime
you need them.**

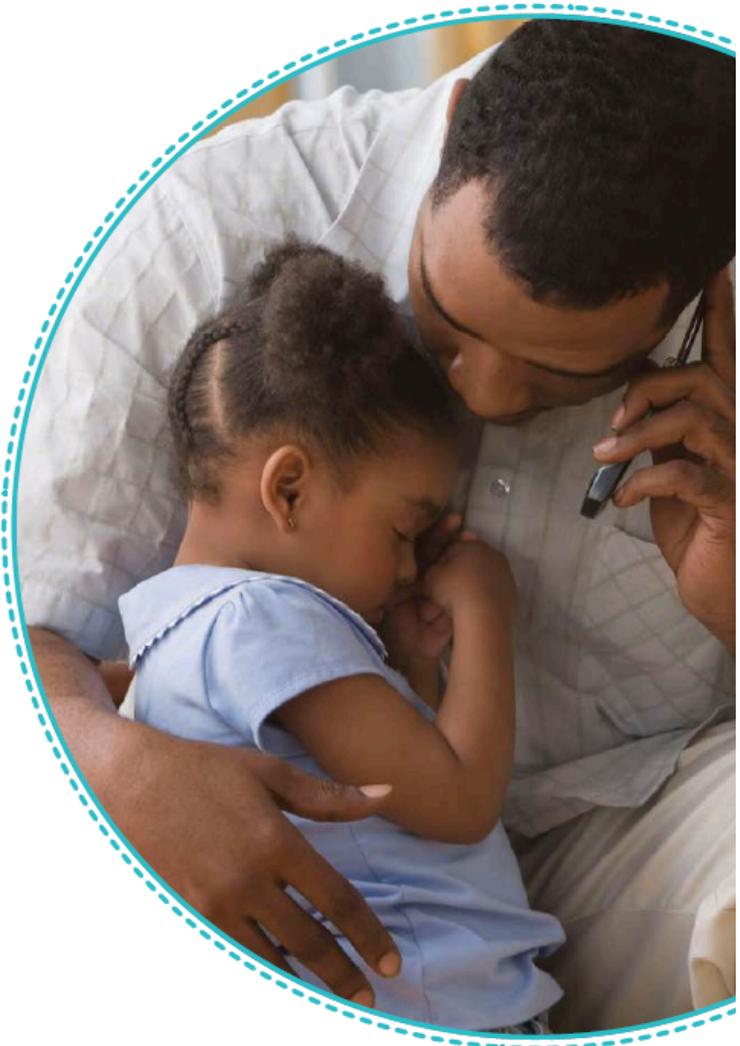
Health happens – good or bad,
24 hours a day, seven days a week.
That is why we have registered nurses
waiting to talk to you whenever you
call our 24/7 Nurseline*.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- Cuts or burns
- Back pain
- High fever
- Sore throat
- Diabetes
- A baby's nonstop crying
- And much more

Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

So, put the 24/7 Nurseline phone number in your contacts today, because health happens 24/7.



Call 800-299-0274 to reach the 24/7 Nurseline and talk to a nurse. Hours of Operation: Anytime

*24/7 Nurseline is not available to HMO members. For medical emergencies, call 911.
This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

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a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



Clinically-proven weight loss without counting calories

Now you can lose weight, gain energy, sleep better, and improve your mind and body—all while eating your favorite foods.

Your employer has partnered with Wondr Health™ to help you improve your health at no cost to you.

Go to wondrhealth.com/BCBSIL



What is Wondr?

No points, plans, or counting calories

Forget eating kale salads 24/7; Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. Our behavioral science-based program was created by a team of doctors and clinicians (which is why we left out the “e” in Wondr) and is clinically-proven for lasting results.

LET'S TALK RESULTS



In as little as 10 weeks:

84%



LOST WEIGHT

62%



FEEL MORE CONFIDENT

61%



HAVE MORE ENERGY

68%



ARE MORE PHYSICALLY ACTIVE

85%



FEEL MORE IN CONTROL OF THEIR WEIGHT

57%



FEEL THEIR MOOD HAS IMPROVED

*Based on Wondr Health Book of Business



© 2021 WONDR



Vida Health for PPO and HDHP Members



Your Blue Cross and Blue Shield of Illinois health benefit offers a personalized health coaching program, through Vida Health, at no added cost to you. When you sign up, you'll get expert one-on-one coaching, virtual tools and the care you need to help you reach your health goals. Your participation is voluntary and you're in control each step of the way.

Maybe you'd like help to manage a chronic condition like diabetes, lose weight or just get healthier. Vida's expert coaches, registered dietitians and certified diabetes educators will work with you to tailor a plan that supports lasting health changes.

Expert clinicians can help you with:

- Losing weight
- Taking care of or preventing diabetes
- Lowering blood pressure or cholesterol
- Reducing stress
- Eating better
- Feeling more organized and focused
- Staying healthy

Members taking a GLP-1 medication for weight loss are required to enroll and engage with Vida Health. Members currently taking or considering a GLP-1 medication for weight loss are required to have a Vida Health provider prescribe the medication.

To register, visit Vida.com/BCBSIL, or download the 'Vida Health' app straight to your phone

With your BCBSIL pharmacy benefits, Vida will make sure that any medications prescribed by Vida providers are covered on your drug list and plan benefits.



Getting started is easy:

1. Scan the QR code to download the Vida Health app and create an account. Be sure to choose BCBSIL as your organization.
2. Answer a few questions about yourself and your health goals to match to a program that is right for you. Then, choose to work with a care team member who fits your needs.
3. Schedule your first coaching session to get started working toward your health goals and start taking an active role in your health journey.

Visit Vida.com/bcbsil to learn more. Vida Health may reach out to you to get signed up. If you have any questions, call the support team at **833-732-2242** or email support@Vida.com.



Join Omada[®] to build healthy habits that last

Omada is a digital lifestyle change program. We combine the latest technology with ongoing support so you can make the changes that matter most—whether that’s around eating, activity, sleep, or stress. It’s an approach shown to help you lose weight and reduce the risks of type 2 diabetes and heart disease.

• **EAT HEALTHIER**

Learn the fundamentals of making smart food choices.

• **INCREASE ACTIVITY**

Discover easy ways to move more and boost your energy.

• **OVERCOME CHALLENGES**

Gain skills that allow you to break barriers to change.

• **STRENGTHEN HABITS**

Zero in on what works for you, and find lasting motivation.

• **STAY HEALTHY FOR LIFE**

Continue to set and reach your goals with strategies and support.

YOU’LL GET YOUR OWN:



Interactive program



Wireless smart scale



Weekly online lessons



Professional health coach



Small group of participants

MORE GREAT NEWS: If you or your adult family members are enrolled in our Blue Cross and Blue Shield of Illinois health plan and are at risk for type 2 diabetes or heart disease, the Omada program is included in your benefits.

TAKE A 1-MINUTE HEALTH TEST TO SEE IF YOU’RE ELIGIBLE:
omadahealth.com/nihip





Feeling stressed, sleepless,
anxious or discouraged?
We're here to help.



You're not alone

One in 2 people will experience a mental health issue during their lifetime—and we want to be a resource for you during those difficult times.

Blue Cross and Blue Shield of Illinois (BCBSIL) members have access to online support from Learn to Live at no cost to you.

How we can help

Based on over 10 years of clinical studies, Learn to Live offers online programs and clinical assessments based on the proven principles of Cognitive Behavioral Therapy.

Our programs for Stress, Anxiety & Worry, Depression, Social Anxiety, Insomnia, and Substance Use offer effective tools to help you understand how your mind works and change your behavior patterns—to help you live your best life.



Learn to Live benefits:

- ❖ Immediate 24/7 access to self-paced programs
- ❖ Ability to start, stop and save your progress
- ❖ No cost for BCBSIL members (ages 13+)*
- ❖ As effective as in-person therapy
- ❖ Coaching available (phone, email, text)
- ❖ Programming available in English and Spanish

Private & Confidential

Learn to Live's member information is confidential and HIPAA compliant.

Get started by taking a confidential assessment.
**Log in to Blue Access for MembersSM at bcbsil.com. Then
choose Wellness and find Digital Mental Health.**

© 2022 Learn to Live, Inc.
Learn to Live, Inc. is an independent company offering online cognitive behavioral therapy programs and services.

*Included with your Blue Cross and Blue Shield of Illinois health plan for ages 13 and older.





BlueCross BlueShield of Illinois



Prepare for Your Life-Changing Journey

Women's and Family Health Pregnancy, Parenting and Menopause Support

Wherever you are in your journey, Blue Cross and Blue Shield of Illinois (BCBSIL) is here to support you at no extra cost.

- **Ovia Health™** apps are for tracking your cycle, pregnancy, parenting and menopause support. The apps are available in English and Spanish*, and provide videos, tips, coaching and more.
 - **Ovia:** Track your cycle, predict when you are more likely to get pregnant or receive menopause support when the time comes.
 - **Ovia Pregnancy:** Monitor your pregnancy and baby's growth week by week leading up to your baby's due date.
 - **Ovia Parenting:** Keep up with your child's growth and milestones.
- **Well onTarget®** has self-guided courses about pregnancy that you can take online, covering topics such as healthy foods, body changes and labor.

Plus, if your pregnancy is high-risk, BCBSIL will provide support from maternity specialists to help you care for yourself and your baby. Having a baby changes everything, so use these tools to help you get ready.



Download any of the Ovia Health apps from the Apple App Store or Google Play.

During sign-up, make sure to choose "I have Ovia Health as a benefit." Then select BCBSIL as your health plan and enter your employer name (optional). Also, visit wellontarget.com to explore our online courses. Please call 888-421-7781 if you have questions or want to learn more.

Ovia Health is an independent company that provides maternity and family benefits solutions for Blue Cross and Blue Shield of Illinois.

Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

*To access the Spanish version of the Ovia, Ovia Pregnancy and Ovia Parenting apps, you must select "Español" as the language preference in your mobile phone or device settings.

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Ovia menopause support

Education, support, and guidance to better understand and effectively manage menopause with confidence

Educational resources and information

Clinically backed guidance and education developed by Ovia Health's in house clinical team provides information that is tailored to your personal menopause journey.

Comprehensive health tracking and a personalized experience

With Ovia, you can track symptoms, moods, sleep, exercise, nutrition, medications, relationships, and more to help you establish a record of your health indicators and recognize patterns. Your experience will be personalized based on what you track and we will provide education about potential triggers of symptoms and help identify those that are less commonly known.

One on one support

Tailored guidance from our Ovia Health Care Team provides discreet support while addressing questions about your mental and physical symptoms and guides you to the appropriate care through in-app chats or by scheduling a phone call.

To start receiving support:

1. Download the Ovia® app
2. Select "I have Ovia Health as a benefit" during signup
3. Enter your health plan
4. Enter your employer name (optional)
5. Explore Ovia Health!

Already have an Ovia Health app on your phone?

1. Open the "more" menu
2. Tap "My healthcare info"
3. Enter your health plan
4. Enter your employer name (optional)



Support for reproductive health, fertility and menopause





Healthy teeth healthy savings

Special discounts for
Aetna Dental® plan members



CVS Health® Oral Care and Listerine products

Save an extra 20%* on select products (including sale items), like teeth whitening products, mouthwash, toothpaste and toothbrushes.



At-home products

Save on blood pressure monitors, pedometers, activity trackers, pain relief devices and more.



Weight management

Save on on weight loss programs and meal plans — and enjoy one-on-one support.



Aetna® oral care products brought to you by ZDental

Save on Sonic toothbrushes and replacement brush heads, oral health care kits and water flossers.



Healthy lifestyle choices

Save on gym memberships, health coaching, fitness gear, wearable fitness devices, group fitness classes on demand and more.



To explore savings, scan the code
or visit go.aetna.com/dentaldiscounts



Start shopping for discounts:

Go to **Aetna.com**

Register for, or
log into, your member
website.

Click “Health and
Wellness” and choose
“Health & Wellness
Discounts.”

[Aetna.com](https://www.aetna.com)

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Just for you

Money-saving special offers from Aetna VisionSM Preferred

As an Aetna Vision Preferred member, you can enjoy exclusive special offers to lower out-of-pocket costs. And, as a bonus, you can combine many of these special offers with your insurance benefits to maximize savings.

- **Up to \$100 off** a complete pair purchase at **LensCrafters®** or **Pearle Vision®**
- **Up to \$50 off** a complete pair purchase at **Target Optical®**
- **25% off** contact lenses at **CVS.com/optical**
- **Up to \$150** instant savings on an annual supply of contact lenses from **Target Optical®**
- **Up to \$25 rebate** on Transitions® lenses
- **\$20–\$50 off** nonprescription sunglasses at **Sunglass Hut**
- **15% off** retail prices or **5% off** promotional prices on LASIK laser eye surgery or photorefractive keratectomy (PRK) from U.S. Laser Network

Restrictions may apply. To find out more about special offers, log in to our member website at [Aetna.com](https://www.aetna.com), click "Vision Coverage" and choose "See Vision Details."

[Aetna.com](https://www.aetna.com)





Anytime support

School Employee Guidance Program

To access services:

1-888-866-4827, TTY: 711 / resourcesforliving.com

Username: D225 / Access Code: EAP



Glenbrook High School District 225

Resources for Living is an employer-sponsored program, available at no cost to you and all members of your household. Children living away from home can access services up to age 26.

Services are confidential and available 24 hours a day, 7 days a week.

Emotional wellbeing support



You can access up to 6 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support.

Counseling sessions are available face-to-face, online with televideo or by phone. Services are free and confidential. We're always here to help with a wide range of issues including:

- Anxiety
- Relationship support
- Depression
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Self-esteem and personal development
- Substance misuse and more

Daily life assistance



Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting and adoption
- Care for older adults
- Caregiver support
- School and financial aid research
- Special needs
- Pet care
- Community resources/basic needs
- Home repair and improvement
- Summer programs for kids
- Household services and more

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Resources for Living®



Legal services



You can get a free 30-minute consultation with a participating attorney for each new legal topic. Some of the areas of law and issues covered include:

- Family or domestic law
- Wills and estate planning
- Civil and criminal law
- Real estate and more

If you opt for services beyond the initial consultation you can get a 25 percent discount. You also have free access to legal documents and forms on your member website.

*Services must be related to the employee or an eligible household member. Exclusions include work-related and lack of merit issues. Discount does not include flat legal fees, contingency fees and plan mediator services.

Online resources



Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Videos and podcasts
- Child and adult care provider search tool
- Articles, blogs and self-assessments
- Live and on-demand webinars and more
- Mobile app

Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition and more.

Educator resources

Explore articles and ideas related to topics such as classroom management, social and emotional learning, attention deficit hyperactivity disorder (ADHD), autism spectrum disorder, stress and more.

Mind Companion Self-care

You have access to evidence-based support tools to help manage depression, anxiety, stress, substance misuse and more.

Financial services



Simply call for a free 30-minute phone consultation for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Credit and debt issues
- College funding
- Tax and IRS questions
- Mortgages and refinancing

You can get a 25 percent discount on standard tax preparation services. You also have access to financial articles, calculators and a financial assessment on your member website.

*Services must be for financial matters related to the employee or an eligible household member.

Additional services



Chat therapy — Send secure text messages to your counselor, who will respond within one working day up to five days a week. A week of texting counts as one session. You can also schedule to meet online for 30-minute televideo sessions. Each televideo session counts as one visit. Work on the same kinds of issues you'd see a counselor face-to-face to talk about.

Identity theft services — One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

MindCheck — Online tools that make it easy to improve your emotional wellbeing. Measure your mindset and get feedback and resources to maintain a positive outlook.

For legal disclaimers, visit rfl.com/Disclaimers.

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Resources for Living®

Notes

Benefit	Provider	Phone Number
Medical PPO/HDHP	BCBS	(855) 705-7279
Medical HMO	BCBS	(800) 892-2803
Prescriptions	Prime Therapeutics	(800) 423-1973
Dental PPO and DMO	Aetna	(877) 238-6200
Vision PPO/HDHP	VSP	(800) 877-7195
Vision HMO	EyeMed	(844) 684-2254
Standalone Vision	Aetna	(877) 973-3238
Critical Illness, Accident, Hospital Indemnity	MetLife	(800) 638-5433