



This summary is designed to give you an outline of the health benefit programs offered through SASED. Contained in the summary are tips for you on using the plans.

Your 2026 Benefit Summary provides information on your district's benefit plans, including:

- BCBS Member Resources
- Medical Options—BCO/PPO, HDHP, and HMO
- Dental
- Medical Plans Comparison
- Health Savings Account (HSA)
- Flexible Spending Accounts (FSA)
- Accident & Critical Illness
- Dependent Eligibility Audit

BCBS Member Resources

Blue Access for Members

To access the many resources available to Blue Cross and Blue Shield members, register to participate in Blue Access for Members at bcbsil.com. To register, click on "Log In" tab located on the right side of the homepage and click on "Register Now" for new users. Be sure to have your BCBS ID card handy.

Blue Access is available 24 hours a day, 7 days a week, 365 days a year.

Blue Access Features

- Cost Estimator
- Claim status
- View your personal information
- Locate a provider
- Access to health and wellness information
- Compare hospitals and physicians
- Receive email alerts
- Print a temporary ID card or order a replacement card
- View and print Explanation of Benefits (EOB)

Teladoc Diabetes and Hypertension Management (BCO/PPO and HDHP plans only)

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

Benefits Value Advisor (BCO/PPO and HDHP plans only)

Call a Benefits Value Advisor to help you compare costs for your next procedure!

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

A Benefits Value Advisor can:

- Help you compare costs at different providers near you
- Help you schedule appointments
- Share online educational tools

Call **800.458.6024** before your next procedure!

BCBS Member Rewards (BCO/PPO and HDHP plans only)

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

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

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

Hinge Health (BCO/PPO and HDHP plans only)

Hinge Health's Virtual Physical Therapy Program

Hinge Health offers a comprehensive Digital MSK Clinic with dedicated programs across the MSK continuum of care. If you suffer from back, knee, neck, shoulder, or hip pain, Hinge Health may be able to help. You'll complete an online screening questionnaire to determine which program best fits your needs, whether preventive, acute, chronic or post-surgery. Through education, exercise therapy, and digital coaching, you can discover health alternatives to help manage your pain. You can participate in Hinge Health at no cost. It includes:

- Physical therapy through digital delivery with motion sensors, online education, and cognitive behavioral therapy to address the causes of chronic pain over time.
- 12-week, coach-led, digital platform for chronic back and knee pain.
- Exercise therapy—Wearable sensors and tablet for real-time movement feedback.

Sign up by visiting hinge.health/ebc.

Wondr

Digital Weight Loss Program

If you are enrolled in one of the district's medical plans, you and your covered dependents over the age of 18 will have access to Wondr, an online behavioral weight loss program (no dieting) to promote long-term weight loss with no out-of-pocket cost to you as services are covered as preventive. You can earn points along your wellness journey to be redeemed for items in the Wondr Store. Sign up by visiting wondrhealth.com/EBC.

Teladoc

Your district offers virtual care, through Teladoc, to you and your dependents enrolled in medical coverage through the district. With Teladoc, members can connect with a doctor in minutes. Plus, you can get care from anywhere in the US: at home, the office, or on the road!

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

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

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

Copay for BCO/PPO/HMO is \$0

Copay for HDHP members is \$55



Your Medical Options

Blue Cross and Blue Shield of Illinois

Blue Cross and Blue Shield of Illinois (BCBSIL) is the claims administrator for your district's medical plan(s).

Contact Blue Cross for questions regarding:

- Eligibility
- Plan benefits
- Status of claim payments

Please remember to present your insurance ID card to your healthcare provider at your appointment. This informs providers where they need to send your claims and identifies you as a BCBS member.

PPO Medical Plan

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

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

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

PPO RX Information

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

Prescription Drug Inquiry Unit

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

Home Delivery Customer Service

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

Specialty Customer Service

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

HMO Medical Plan

When you join a BCBS HMO plan, you choose a contracting medical group within your network and then a family practitioner, internist or pediatrician from your chosen medical group to serve as your primary care physician (PCP).

To find a medical group and PCP in either network, go to bcbsil.com and use Provider Finder.

HMO Customer Service: **800.892.2803**
(8:00 a.m. to 6:00 p.m., Monday through Friday).

Your HMO ID number is located on your ID Card
(Blue Cross and Blue Shield of IL).

HMO RX Information

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

Prescription Drug Inquiry Unit

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

Hearing Aid Benefit Coverage

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

SASED Medical Plans Comparison

	Blue Choice Options (BCO) - 324543			Blue Choice Options (BCO) Certified Union - 324547		
	Tier 1: Blue Choice Options (BCO)	Tier 2: PPO	Out-of-Network	Tier 1: Blue Choice Options (BCO)	Tier 2: PPO	Out-of-Network
Annual Deductible*						
Individual	\$300	\$500	\$1,000	\$500	\$750	\$1,500
Family	\$900	\$1,500	\$3,000	\$1,500	\$2,250	\$4,500
Out-of-Pocket Max*						
Individual	\$1,500	\$3,000	\$6,000	\$1,500	\$3,000	\$6,000
Family	\$4,500	\$9,000	\$18,000	\$4,500	\$9,000	\$18,000
Hospital Services						
Inpatient**	90%	80%	70%	90%	70%	60%
Outpatient***	90%	80%	70%	90%	70%	60%
Emergency Room	90% after \$100 copay (waive if admitted)			90% after \$100 copay (waive if admitted)		
Physician & Services						
Inpatient Services	90%	80%	70%	90%	70%	60%
Outpatient Surgery	90%	80%	70%	90%	70%	60%
Office Visits	90%	80%	70%	90%	70%	60%
Specialist Office Visit	90%	80%	70%	90%	70%	60%
Other						
X-ray and Lab	90%	80%	70%	90%	70%	60%
Therapy-Speech, occupational or physical therapy	90%	80%	70%	90%	70%	60%
Mental/Nervous-Inpatient	90%	80%	70%	90%	70%	60%
Mental/Nervous-Outpatient	90%	80%	70%	90%	70%	60%
Substance Abuse-Inpatient	90%	80%	70%	90%	70%	60%
Substance Abuse-Outpatient	90%	80%	70%	90%	70%	60%
Wellcare	100%	100%	70%	100%	100%	60%
Prescription Drugs						
Prime Therapeutics						
Prescription Out-of-Pocket Limit	Individual: \$1,000 Family: \$2,000			Individual: \$1,000 Family: \$2,000		
Retail Pharmacy 34-day supply	Generic: \$20 Preferred Brand: \$30 Non-Preferred Brand: \$40			Generic: \$20 Preferred Brand: \$30 Non-Preferred Brand: \$40		
Mail Order 90-day supply	Generic: \$40 Preferred Brand: \$60 Non-Preferred Brand: \$80			Generic: \$40 Preferred Brand: \$60 Non-Preferred Brand: \$80		

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

**Preauthorization Required

***Preauthorization May Be Required

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

Note: This is an outline of the benefit schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

See Certificate of Coverage for full policy details including limits and exclusions. To identify an in-network provider go to www.bcsil.com.

Most services done outside of IL would be reimbursed at the Tier 2 level because they are not BCO territories


SASED complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **708.867.5822**.

UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **708.867.5822**.



SASED Medical Plans Comparison

	BlueEdge HSA (HDHP) - PM1960		HMO IL - H00363		Blue Advantage HMO - B04435	
	BlueEdge HSA	Out-of-Network	HMO IL	Out-of-Network	BA HMO	Out-of-Network
Annual Deductible*						
Individual	\$3,300	\$5,000	N/A	N/A	N/A	N/A
Family	\$6,600	\$10,000	N/A	N/A	N/A	N/A
Out-of-Pocket Max*						
Individual	\$3,300	\$10,000	\$1,500	N/A	\$1,500	N/A
Family	\$6,600	\$20,000	\$3,000	N/A	\$3,000	N/A
Hospital Services						
Inpatient**	100%	80%	100% after \$250 copay	No coverage	100% after \$250 copay	No coverage
Outpatient***	100%	80%	100%	No coverage	100%	No coverage
Emergency Room	100%		100% after \$50 copay		100% after \$150 copay	
Physician & Services						
Inpatient Services	100%	80%	100%	No coverage	100%	No coverage
Outpatient Surgery	100%	80%	100%	No coverage	100%	No coverage
Office Visits	100%	80%	100% after \$20 copay	No coverage	100% after \$20 copay	No coverage
Specialist Office Visit	100%	80%	100% after \$20 copay	No coverage	100% after \$40 copay	No coverage
Other						
X-ray and Lab Therapy-Speech, occupational or physical therapy	100%	80%	100%	No coverage	100%	No coverage
Mental/Nervous-Inpatient	100%	80%	100% after \$250 copay	No coverage	100% after \$250 copay	No coverage
Mental/Nervous-Outpatient	100%	80%	100% after \$20 copay	No coverage	100% after \$20 copay	No coverage
Substance Abuse-Inpatient	100%	80%	100% after \$250 copay	No coverage	100% after \$250 copay	No coverage
Substance Abuse-Outpatient	100%	80%	100% after \$20 copay	No coverage	100% after \$20 copay	No coverage
Wellcare	100%	80%	100%	No coverage	100%	No coverage
Prescription Drugs						
	Prime Therapeutics		Prime Therapeutics		Prime Therapeutics	
Prescription Out-of-Pocket Limit	N/A		Individual: \$1,000 Family: \$2,000		Individual: \$1,000 Family: \$2,000	
Retail Pharmacy 34-day supply	100%		Generic: \$10 Formulary Brand: \$20 Non-Formulary Brand: \$40		Generic: \$10 Formulary Brand: \$40 Non-Formulary Brand: \$60	
Mail Order 90-day supply	100%		Generic: \$20 Formulary Brand: \$40 Non-Formulary Brand: \$80		Generic: \$20 Formulary Brand: \$80 Non-Formulary Brand: \$120	

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

**Preauthorization Required

***Preauthorization May Be Required

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

Note: This is an outline of the benefit schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

See Certificate of Coverage for full policy details including limits and exclusions. To identify an in-network provider go to www.bcsil.com.

Additional BCBS Resources

BCBS Global Core

BCBS Global Core provides members with access to doctors and hospitals in nearly 200 countries and territories around the world. Members can also search for providers, file a claim, translate medical terms, and much more.

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

Seasons of Life

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

Fitness Program

The Fitness Program is an eight-tier membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 13,000 participating gyms, you can work out at any location of your choosing at any time. To search for a gym, log in to Blue Access for Members or call **888.762.2583**.

Other program perks:

- No long-term contract required. Membership is month to month.
- Enroll in a tier that fits your budget and preferences with a one time **\$19 enrollment fee**.
(No enrollment fee for Digital Only option.)

Digital Only: \$10/month	Core: \$29/month	Elite: \$129/month	Signature: \$199/month
Base: \$19/month	Power: \$39/month	Pro: \$159/month	Premiere: \$239/month

- Automatic withdrawal of monthly fee.
- Online tools for locating gyms and tracking visits.
- Earn bonus Blue Points for joining the Fitness Program. Rack up more points with weekly visits.

Vision Program

PPO and HMO members can receive discounts on glasses, contact lenses, laser vision correction services, examinations and accessories through EyeMed providers. For a list of providers near you, go to eyemed.com, click *Find a Provider*, then choose the "Select Network" for HMO members and "Advantage Network" for PPO Members.

PPO EyeMed (Advantage Network): **866.273.0813** | HMO EyeMed (Select Network): **866.273.0813**

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

Well onTarget®

A Dynamic Wellness Program

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

Well onTarget features:

Well onTarget Member Wellness Portal

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

Blue Points

With the Blue Points program, you will be able to earn points by regularly participating in a range of healthy activities. You can then redeem your points for various gift cards to your favorite retailers or restaurants.

Navigate

Wellbeing Solutions

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

Visit ebcwellbeing.com to use these comprehensive online resources and step toward your healthiest, happiest self.

Dental Plan

MetLife Dental Coverage

MetLife is the administrator of the dental benefits for you and your family. As a member of this plan, you are free to use any dentist; however, additional discounts will be realized if you use one that participates in the MetLife PDP Plus Network.

Contact MetLife at **800.942.0854** for questions regarding:

- Network providers
- Eligibility status
- Plan benefits
- Claim status and claim forms

Additionally, you can access MyBenefits at www.metlife.com/mybenefits. This website offers you the ability to manage your personal information on your own personalized homepage, where you can view claims status and eligibility information, as well as view a summary of your dental benefits.

Coverage	MetLife PDP Plus Network	
	In-Network	Out-of-Network
Annual Deductible - Does Not Apply to Preventive Services		
Individual	\$50	\$50
Family	\$150	\$150
Calendar Year Maximum	\$1,500 Per Person	
Preventive Care Services		
Oral Exams	No Charge	No Charge
Cleanings	No Charge	No Charge
Fluoride Treatments (to age 19)	No Charge	No Charge
X-Rays	No Charge	No Charge
Basic Services		
Fillings	80%	80%
Periodontics	80%	80%
Endodontics	80%	80%
Oral Surgery	80%	80%
Major Services		
Inlays, Onlays, and Crowns	50%	50%
Implant Services	50%	50%
Bridges and Dentures	50%	50%

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

MetLife offers a vision discount program through Vision Service Plan (VSP). For more information or to find a participating provider visit www.metlife.com/mybenefits.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.metlife.com.

Personal Finance App

Download MetLife's free Personal Finance App to manage your finances to get the most out of your money. MetLife's Personal Finance App focuses on developing good money habits and is designed to celebrate small wins one step at a time. Available on the App Store and Google Play.



Vision Plan

Vision care plans provide coverage for the non-surgical improvement of eyesight, including coverage for eyeglasses and contact lenses. Coverage typically is limited and is subject to applicable copayments or scheduled cash allowances.

Coverage	Superior Vision Network	
	Frequency	In-Network
Examination	12 Mos	No Charge after \$10 Exam Copay
Standard Lenses		
Single Vision	12 Mos	No Charge after \$25 Materials Copay
Bifocal		
Trifocal		
Lenticular		
Frames	24 Mos	\$25 Materials Copay \$150 Frame Allowance for a Wide Selection of Frames, plus 20% Savings on Account over Allowance
Contact Lenses - In lieu of eyeglasses		
Elective	12 Mos	\$150 Allowance for Contacts
Medically Necessary		100% after Applicable Copay

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.metlife.com/vision.

Extra Savings (In-Network Only)

- **Additional savings on glasses and sunglasses:** Members may receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks or 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate may be available.
- **Additional savings on frames:** 20% off any amount over your frames allowance.
- **Additional savings on contacts:** 15% off any amount over your contact lens allowance. 15% discount on additional contacts beyond your covered amount.
- **Laser vision correction:** Savings of 40%- 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.
- **Hearing discounts:** A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

Health Savings Account

UMB Healthcare Services (a division of UMB Bank)

A Health Savings Account (HSA) is a type of tax-free savings account that lets you save for current and future qualified medical expenses while reducing your pre-tax dollars. Using an HSA to pay for deductibles, copayments, coinsurance and other qualified medical expenses is another way to lower your overall health care costs. Specific requirements must be met to have an HSA. Any unused funds at the end of the calendar year will be rolled into the next calendar year.

Some details to keep in mind:

- In order to establish an HSA, you have to be covered by a High Deductible Health Plan. These types of plans have no copays.
- The IRS sets an annual maximum amount that can be deposited into the account. Any unused funds will earn interest and roll over from year to year. These funds belong to you — if you leave your job, you take the money in the account with you.
- As long as funds are withdrawn for qualified medical expenses, they will be tax-free. If funds are taken for other expenses, you will pay income tax and a 20% penalty on the withdrawal.
- The owner of the HSA account is responsible to keep records on all withdrawals. Keep all receipts for medical expenses paid for with HSA money in case you are audited.

Who is eligible for an HSA?

- Must be enrolled in a high-deductible health insurance plan (HDHP).
- Do not have another first-dollar medical coverage, or enrolled in Medicare, or Tricare.
- Is not covered by another health plan that is not a HDHP.
- Cannot be claimed as a dependent on someone else's tax return.

Contribution Limits for Health Savings Accounts	
Plan Tier	2026 H.S.A. Limits
HSA Contribution Limit	Self-only: \$4,400 Family: \$8,750
HSA Catch-up Contributions (Age 55 or older)	\$1,000

Plan Features	Annual Amount Deposited
HSA Employer Contribution to the Account – Employee Only	\$1,000
HSA Employer Contribution to the Account – Employee & Spouse	\$2,000
HSA Employer Contribution to the Account – Employee & Child(ren)	\$2,000
HSA Employer Contribution to the Account – Family	\$2,000



Flexible Spending Account (FSA)

NueSynergy

A Flexible Spending Account (FSA) allows you to pay for qualified Health Care and Dependent Care expenses using tax-free dollars. The amount you elect is deducted from your paycheck pre-tax. This means you don't pay Federal Income Tax or Social Security Taxes on that portion of your paycheck. The money that is deducted is then used to reimburse your eligible qualified expenses.

Health Care FSA

A Health Care FSA allows you to pay for unreimbursed health care expenses for you, your spouse and dependent children. You do not need to be on your employer sponsored health plan to sign up for a FSA.

One of the biggest advantages of the Health Care FSA is that you can access your entire elected amount on the first day of the plan year. So, there's no need to wait until funds have been payroll deducted to use your FSA.

As you plan your FSA expenses for the year, it is important that you make accurate and conservative estimates.

Annual maximum you may contribute is \$3,400 per-calendar year.

Elections can only be changed during open enrollment or a qualified event.

Dependent Care FSA

Dependent Care FSA allows you to pay for child or elder care expenses using tax-free dollars. These expenses must be incurred while you are employed and must be for the care of a qualified dependent.

Unlike the Health Care FSA, Dependent Care FSA funds are not available to you on day one. These funds must accumulate before you can reimburse yourself, and you can only be reimbursed up to the amount you have in the account at any given time.

Annual maximum you may contribute is \$7,500 (or \$3,750 if married or filing separately) per-calendar year.

Dependent Care election amounts can be changed during the year as cost changes.

How you can use a Health Care FSA:

- Medical Plan Deductibles
- Co-Pays
- Dental Expenses (Including Orthodontics)
- Eye Exams, Glasses and Contacts
- Vision expenses
- Prescription drug expenses
- Over-the-counter supplies like band aids and vitamins

For a complete list, please visit irs.gov/publications/p502.

How you can use a Dependent Care FSA:

- Pre-School Charges
- Before-and After-School Care
- Day Care Centers
- Summer Day Camps
- And More

For a complete list, please visit irs.gov/publications/p502.



Voluntary Coverages

SASED offers additional voluntary coverage through Allstate. Eligible employees and dependents are able to elect additional coverage for: accident and critical illness. All of these benefits supplement your health plan and provide you and your family with additional financial protection you may need.

To learn more about these benefits, visit allstatebenefits.com/mybenefits or call Allstate's Employee Benefits Customer Service at **877.225.5077**.

Accident Coverage

Accidents can happen in an instant. Our accident insurance pays you a tax-free benefit after a coverage accident so you can focus on what's truly important-getting better. More than 150 events resulting from non-work related injuries or accidents are covered by this plan.

Sample of Payment Amounts

Accident-related treatment	Basic	Enhanced
Emergency Room Treatment	\$200	\$300
X-ray	\$200	\$300
Dislocation/Fracture (Principal Amount)	\$4,000	\$6,000
Intensive Care (Daily Benefit)	\$400	\$600
Ambulance Services		
a) Ground Ambulance	\$200	\$300
b) Air Ambulance	\$600	\$900

Critical Illness

There are more than just medical bills to pay after a heart attack, stroke or other unexpected covered medical condition. Critical Illness Insurance provides a benefit payment that can help. This critical illness policy offers a wellness benefit of \$100 per year per covered person.

How much coverage is available?

You have the option to enroll in coverage in the amount(s) below

	Basic	Enhanced
You	\$10,000	\$20,000
Your Spouse	\$5,000	\$10,000
Your Children**	\$5,000	\$10,000

**Child(ren) up to age 26

Sample of Benefit Amount

Covered Condition	% of Benefit
Heart Attack*	100%
Stroke	100%
Major Organ Transplant**	100%
Coronary Artery Bypass	25%

*A sudden cardiac arrest is not in itself considered a heart attack.

**Listed in the certificate of coverage as "major organ transplant," which means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.



Dependent Eligibility Audit

The EBC Board of Directors approved conducting an ongoing Dependent Eligibility Audit for all employees who newly cover dependents on their medical plans. The audit is mandatory for all EBC districts.

This audit will capture any new hires or employees experiencing a qualifying life event that add dependents. These employees will be required to upload documents that show proof of dependent eligibility status into a secure online portal managed by Impact Interactive.

Dependents will be dropped from the plan if a dependent is determined to be ineligible during the audit or, if an employee fails to submit documents for the dependent before the deadline. The date the dependent will be dropped is listed in the audit communication sent to individual employees via mailed and district email.

Dropped dependents are NOT eligible for COBRA.

Who are eligible dependents?

- Spouse
- Civil Union
- Domestic Partner
- Biological, adopted, step child
- Child under legal guardianship, foster child

What are examples of documents that will be required?

- The most recent tax return showing married filing jointly/separately
- Birth certificate
- Court documents that show legal guardianship
- Marriage certificate AND two financial statements, such as bank statements, insurance bills, rental/mortgage contracts

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. Any pre-tax benefit elections made during open enrollment must remain in effect until the following open enrollment period, unless you experience a qualifying life event (QLE) that may allow for an election change. Allowed election changes will depend on the QLE that is experienced.

Some examples of qualifying life events include:

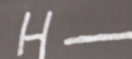
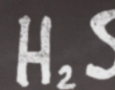
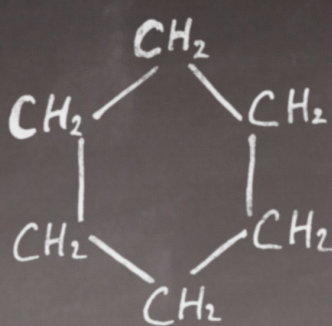
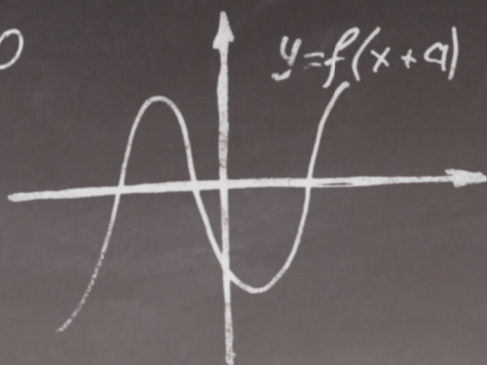
- Marriage
- Change in dependent's eligibility or employment status
- Birth or adoption
- Divorce or legal separation

Please note, these are only a few examples. If you believe you experienced a qualifying event, please notify human resources immediately. You have 30 days* from the date of the qualifying event to make applicable changes. Keep in mind, the changes you make must be directly related to the event and you may be required to provide documentation.

*If you lose eligibility for Medicaid/CHIP or become eligible for a state premium assistance subsidy, you have 60 days from that qualified change in status to make changes.

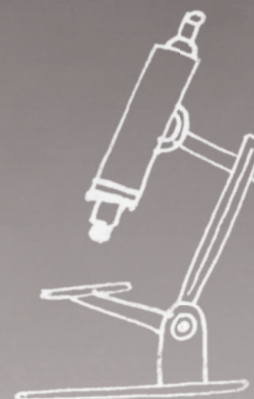
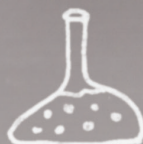
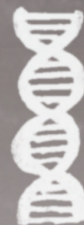
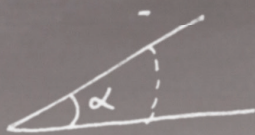


$$\int_a^a f(x) dx = 0$$



$$P(A) = \sum P(\omega)$$

$$\int \frac{dx}{x} = \ln|x| + C$$



$$\begin{cases} S = 2\pi RH \\ V = \pi R^2 H \end{cases}$$



$$E = mc^2$$

SASED



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