2026

EDUCATIONAL BENEFIT COOPERATIVE EBC EST. 1984

Skokie School District 73.5

This summary is designed to give you an outline of the health benefit programs offered through Skokie School District 73.5. 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—PPO, HDHP and HMO
- HSA & FSA
- Dental Plan
- Vision Plan
- Basic Life Insurance & LTD
- Voluntary Life Insurance
- FSA
- Medical Plans Comparison
- 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 (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 PPO and 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 (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 (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 (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 PPO/HMO is $0
Copay for HDHP members is $55

2026

EDUCATIONAL BENEFIT COOPERATIVE EBC EST. 1984

Skokie School District 73.5

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 and HDHP Medical Plan

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

PPO/HDHP 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 and HDHP RX Information

Prime Therapeutics is the administrator of the PPO and HDHP 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 and HDHP 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.

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**.

24/7 Nurseline — Around-the-Clock, Toll-Free Support (PPO and HDHP plans only)

The 24/7 Nurseline can help you figure out if you should call your doctor, go to the ER or treat the problem yourself.

Health concerns don't always follow a 9-to-5 schedule. Fortunately, registered nurses are on call at **800.299.0274** to answer your health questions, wherever you may be, 24 hours a day, 7 days a week.

Skokie School District 73.5 Medical Plans Comparison

New!

	Blue Cross and Blue Shield PPO Plan		Blue Cross and Blue Shield High Deductible Health Plan (HDHP)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible*				
Individual	$400	$1,200	$2,000	$4,000
Family	$1,200	$3,600	$4,000	$8,000
Coinsurance	90%	70%		
Out-of-Pocket Limit* (deductible included)[1]				
Individual	$1,200	$3,600	$4,000	$8,000
Family	$3,600	$10,800	$8,000	$16,000
Covered Expenses				
Hospital				
Inpatient Services	90%	70%	80%	60%
Outpatient Surgery	90%	70%	80%	60%
Emergency Room	100% after $200 copay (waived if admitted)		80%	
Physician				
Inpatient Services	90%	70%	80%	60%
Outpatient Surgery	90%	70%	80%	60%
Office Visits - PCP	100% after $20 copay	70%	80%	60%
Office Visits – Specialist	100% after $40 copay	70%	80%	60%
Other				
X-ray and Lab	90%	70%	80%	60%
Therapy–Speech, occupational or physical therapy	90%	70%	80%	60%
Mental/Nervous–Inpatient	90%	70%	80%	60%
Mental/Nervous–Outpatient Professional Services	100% after $20 copay	70%	80%	60%
Substance Abuse–Inpatient	90%	70%	80%	60%
Substance Abuse–Outpatient Professional Services	100% after $20 copay	70%	80%	60%
Wellcare	100%	70%	100%	60%
Prescription Drugs	**Prime Therapeutics**		**Prime Therapeutics**	
Prescription Drug Limit*	$5,800 Individual / $10,550 Family		Included in Medical OPX	
Retail Pharmacy 34-day supply	$20 Generic $35 Preferred Brand $50 Non-Preferred Brand $50 Specialty		80% after deductible	
Retail/Mail Order 90-day supply	$40 Generic $70 Preferred Brand $100 Non-Preferred Brand		80% after deductible	

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.

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

[1]Effective 7/1/14, all medical copays are included in the out-of-pocket maximum.

Skokie SD 73.5 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 **847.324.0506**.
UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **847.324.0506.**

2026

EDUCATIONAL BENEFIT COOPERATIVE EBC EST. 1984

Skokie School District 73.5

Tell Me More About The HDHP!

Skokie SD 73.5 now offers a High Deductible Health Plan (HDHP) as an option for 2026. A HDHP differs from a traditional PPO plan in that you pay less per paycheck than with the traditional PPO plans, however, you pay all medical and prescription expenses you incur throughout the year until you meet the deductible. After that, you pay coinsurance until you meet the out-of-pocket maximum.

Three advantages to participating in the HDHP are:

1. You pay lower contributions out of your paycheck.
2. You may be eligible contribute to a Health Savings Account (HSA) to help pay for your out-of-pocket expenses. *
3. Contributions to your HSA pack a triple tax savings punch: You do not pay taxes on the money that goes into your HSA, any HSA interest earnings are tax-free, and any money withdrawn for qualified expenses is tax-free.**

How does it work?

Step 1: Contributions

- You contribute to your HSA.
- Contributions to your HSA cannot exceed the annual IRS maximum.

Step 2: Until you meet your deductible

- You pay for 100% of medical expenses with HSA funds or out-of-pocket.
- The plan pays for 100% of in-network preventive care.

Step 3: Meet your In-Network Annual Deductible

- Individual: $2,000
- Family: $4,000—Aggregate

Step 4: Then what?

- You pay coinsurance for medical expenses with HSA funds or out-of-pocket.
- The plan pays the remaining costs.

Step 5: If you meet your Out-of-Pocket Maximum*

- Individual: $4,000
- Family: $8,000—Aggregate

*Deductible included

Step 6: Then What?

- The plan pays for 100% of medical expenses.
- Any unused funds in your HSA roll over to next year.

*To be eligible to contribute to an HSA, you must be enrolled in a HDHP, you cannot be enrolled in Medicare, you cannot be enrolled in other coverage, and no one can claim you as a dependent on their tax returns.

**Tax benefits only apply when HSA funds are used for eligible medical expenses.

This information being provided is for general educational purposes only. If you have specific questions about your benefits, please contact the Human Resources Department.

Health Savings Account (HSA)

WEX

Four Reasons To Fund Your HSA

Wondering why you may want to contribute to a Health Savings Account, or HSA? An HSA is a tax advantaged account that lets you save for medical expenses and reduce your taxable income. You are eligible to participate in the HSA if you enroll in the High Deductible Health Plan, have no other medical coverage, are not enrolled in Medicare, and not a dependent on someone else's tax returns. Read on to understand how an HSA works and why you may want to consider contributing to one!

1. An HSA Offers Triple Tax Savings

- Contributions to your HSA are tax-free and lower your taxable income.
- If you are able to invest your HSA, the interest earnings are not taxed.
- You can use your HSA to pay for eligible medical expenses, and you won't be taxed on that withdrawal

2. Use Your HSA Now… or Save it for Retirement

Your HSA is designed to help you pay for medical expenses now, or you can choose to save it to pay for future qualified health care expenses. Annual Contribution maximums are set by the IRS. The maximum contributions for 2024 are $4,150 (single) or $8,300 (family). If you are over 55, you can make an additional "catch up contribution" up to $1,000. Your account balance rolls over year after year. The funds do not expire as they do with an FSA.

3. Your Money, Your Decisions

With an HSA-qualified plan, you're the one in control. You have the power to make smarter health care choices. Did you know an MRI of the spine can range from under $500 to over $1,000, depending on the provider. If you have any out-of-pocket costs, you can save significantly by taking a few minutes to find quality, affordable providers.

4. Pay for the Care You Need

Use the money in your HSA to pay for eligible medical expenses such as:

- doctor's visits
- prescriptions
- diagnostic tests
- dental work
- acupuncture

This is just a small list of the medical expenses you can pay for with your HSA. You can find a full list at **https://www.irs.gov/publications/p502**.

For more information, contact the district office; or you can contact WEX at **833.225.5939** or visit **www.WEXInc.com**.

*This information being provided is for general educational purposes only. If you have specific questions about your benefits, please contact the Human Resources Department.

Your HSA Benefit

Should you enroll in the HDHP with HSA, the district will contribute money into a WEX HSA account in your name. This money can be used to help offset your deductible and other qualified medical expenses. Please note your HSA payroll deduction must be elected each year.

You can change your HSA contribution throughout the year through your BenefitSolver account.

2026 HSA Annual Contribution Limits			
	Annual Limitation	District Contribution	Maximum Employee Contribution
Employee Only	$4,400	$500	$3,900
Employee + Spouse, Domestic Partner or Child(ren)	$8,750	$750	$8,000
Family	$8,750	$1,000	$7,750

Skokie School District 73.5 Medical Plans Comparison

	Blue Cross and Blue Shield HMO Illinois/Blue Advantage HMO	
	In-Network	Out-of-Network
Deductible*		
Individual	N/A	
Family	N/A	
Coinsurance	100%	No coverage
Out-of-Pocket Limit* (deductible included)[1]		
Individual	$1,500 copay	N/A
Family	$3,000 copay	N/A
Covered Expenses		
Hospital		
Inpatient Services	100%	No coverage
Outpatient Surgery	100%	No coverage
Emergency Room	100% after $200 copay (waived if admitted)	
Physician		
Inpatient Services	100%	No coverage
Outpatient Surgery	100%	No coverage
Office Visits - PCP	100% after $20 copay	No coverage
Office Visits - Specialist	100% after $40 copay	No coverage
Other		
X-ray and Lab	100%	No coverage
Therapy–Speech, occupational or physical therapy	100%	No coverage
Mental/Nervous–Inpatient	100%	No coverage
Mental/Nervous–Outpatient Professional Services	100% after $20 copay	No coverage
Substance Abuse–Inpatient	100%	No coverage
Substance Abuse–Outpatient Professional Services	100% after $20 copay	No coverage
Wellcare	100%	No coverage
Prescription Drugs	**Prime Therapeutics**	
Prescription Drug Limit*	$5,350 Individual / $10,700 Family	
Retail Pharmacy 34-day supply	$20 Generic $35 Preferred Brand $50 Non-Preferred Brand	
Retail/Mail Order 90-day supply	$40 Generic $70 Preferred Brand $100 Non-Preferred Brand	

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

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

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

[1]Effective 7/1/14, all medical copays are included in the out-of-pocket maximum.

Skokie SD 73.5 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 **847.324.0506**.
UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **847.324.0506.**

2026

EDUCATIONAL BENEFIT COOPERATIVE EBC EST. 1984

Skokie School District 73.5

Flexible Spending Account (FSA)

WEX

An FSA allows you to set aside a portion of your salary, before taxes, to pay for qualified medical or dependent care expenses. Because that portion of your income is not taxed, you end up with more money in your pocket. Follow these three steps and start making plans for that extra money you'll bring home:

1. Plan—how much money you want to set aside
2. Spend— on dependent care and out-of-pocket medical expenses
3. Collect—the money you've set aside

- **Health FSA**—set aside money to pay for eligible medical, dental and vision expenses like coinsurance, prescriptions, dental work and eyeglasses.
- **Dependent Care Account (DCFSA)**- set aside money for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse. To be eligible for this type of account, both you and your spouse (if applicable) must work, be looking for work, or be full-time students.

The current IRS limits for FSA contributions are as follows:

- Health Care FSA-> $3,400
- Dependent Care FSA-> $7,500 per household

Note: In some cases, you will be required to submit your BCBS Explanation of Benefits (EOB) as substantiation for your expense. If you receive a receipt from your provider for a copay amount, make sure the receipt says "copay". If not, ask your provider to write "copay" on your receipt before leaving the office.

Vague or missing information causes your reimbursements to be delayed or become ineligible. You should always keep your receipts for documentation. If audited by the IRS at a later time, you will be required to produce documentation for all medical FSA expenses.

To view a full list of eligible expenses under an FSA visit **https://www.irs.gov/publications/p502**.

Please note that if you or an employer contribute to a Health Savings Account (HSA) you can not have an FSA.

For more information, contact the district office; or you can contact WEX at **833.225.5939** or visit **www.WEXInc.com**.



Additional BCBS Resources

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	**Premier:** $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 Discount 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 an eye doctor,* then choose the "Select Network" for HMO members and "Advantage Network" for PPO Members. At time of service, provide the following discount code 3008997 (Blue365). **Please note:** This discount cannot be combined with other offers or insurance benefits. Please exhaust all covered insurance benefits first.

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.

Wellbeing Solutions

Navigate

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.

Financial Wellness

Your Money Line

Your Money Line offers comprehensive financial assistance to help you take control of your finances. Whether you're managing credit card debt, medical expenses, student loans, or working towards establishing an emergency fund, planning a large purchase, focusing on retirement, or navigating Public Service Loan Forgiveness, Your Money Line is here to support you.

This valuable resource is available to all benefits-eligible employees—even if you waive coverage. Take the first step toward elevating your financial wellness by visiting **yourmoneyline.com/start** and using employer code: **ebc**.

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.

MetLife Dental PPO Plan Comparison		
Benefit	**PPO In-Network**	**PPO Out-of-Network**
Deductibles (calendar year)	$50 Individual $150 Family	
Type A: Preventive Services (cleanings & exams)	Deductible waived, reimbursed at 100%	
Type B: Basic Services (fillings, endodontics, periodontics and oral surgery)	Deductible applies, reimbursed at 90%	Deductible applies, reimbursed at 80%
Type C: Major Restorative (crowns, bridges & dentures)	Deductible applies, reimbursed at 60%	Deductible applies, reimbursed at 50%
Orthodontics (to age 23 or to age 25 if full-time student)	Deductible waived, reimbursed at 50% to a lifetime maximum of $1,000	
Annual Maximum Benefit	$1,500	

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**.

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

To see a list of participating providers near you, go to **www.myuhcvisioncom** or call **800.638.3120**.

Coverage from UnitedHealthcare		
Benefit	**In-Network Cost**	**Out-of-Network Reimbursement**
Routine Examination (every 12 months)	$10 copay	Up to $40
Prescription Glasses		
Frames (every 24 months) Includes $130 allowance	$25 copay	Up to $45
Lenses (every 12 months) Includes single vision, lined bifocal and lined trifocal lenses	$25 copay	Up to $40 - $80
Lens Enhancements	Other optional lens upgrades may be offered at a discount (discount varies by provider). The Lens Options list can be found at myuhcvision.com.	N/A
Contacts (every 12 months) Selection lenses (up to 4 boxes) covered in full after copay. Non-selection lenses covered up to $105 allowance. Necessary lenses covered in full after copay.	$25 copay	Selection- Up to $105 Non-selection- Up to $105 Necessary- Up to $210
Laser Vision Correction On average 15% off the regular price or 5% off the promotional price at contracted facilities only.		

Before selecting a provider, verify that the provider is a member of the UHC network.



Basic Life Insurance and Long-Term Disability

As part of your benefit package, the district enrolls you in Basic Life and Accidental Death and Dismemberment (AD&D). In the unfortunate event of your death, your beneficiary will receive your life insurance benefit. Make sure you keep your beneficiary form up-to-date for all lines of coverage which you have a death benefit.

The district also enrolls you in Long-Term Disability (LTD). In the event a covered injury or sickness prevent you from being able to work, this benefit will begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

Both benefits are completely district paid, at no cost to you.

For more information, contact your Benefits Office.

Voluntary Life Insurance

Each active, full-time employee working 17.5 or more hours per week has the opportunity to enroll in Voluntary Life Insurance for themselves and their spouse and eligible dependent children.

For more information, Contact your Benefits Office.

Employee Assistance Program (EAP)

Your district offers you an Employee Assistance Program (EAP) through All OneHealth.

For more information on the benefits, contact your Benefits Office, or contact All OneHealth toll-free at **855.775.4357**, or email **rsli@acieap.com**.

Identity Theft Protection

To protect you and your family from the devastating loss of time, money and security, you have access to an ID Recovery Program should you or your family fall victim to identity theft. In addition to the recovery program, you also have access to real-time card monitoring, as well as password and personal document protection through WalletArmor.

If you suspect your personal information has been compromised, call toll free: **1.855.246.7347**.

To protect the contents of your wallet, enroll in WalletArmor – **www.reliancestandard.com/walletarmor**.

24-Hour Travel Assistance

Traveling more than 100 miles away from home? Should you need assistance with any of the following (and more), Travel Assistance is just a phone call away.

- Passport/visa requirements
- Consulate/embassy referral
- Emergency evacuation
- Recovery of lost or stolen luggage/personal possessions
- Emergency travel arrangements

In the U.S. call toll free: **800.456.3893** or worldwide, call collect to **603.328.1966**.

Glossary of Health Insurance and Medical Terms

Beneficiary:
The person(s) you name to receive certain benefits (such as life insurance) upon your death.

Coinsurance:
The percentage of covered medical or dental expenses that you must pay. For example, if your plan pays 80%, you must pay the remaining 20%.

Copay:
A fixed amount you pay for a covered healthcare service, usually at the time of service.

Deductible:
The amount of medical or dental expenses you must pay each year before your plan begins paying benefits.

Explanation of Benefits (EOB):
The document you receive from the insurance company after your claim is filed and processed. The EOB shows how much of the expense the plan covered and how much you may be expected to pay.

Formulary Drug List:
A list of prescribed medications that are preferred by your plan because they are safe, effective alternative to other generics or brands that may be more expensive. The formulary has a wide selection of generic and brand-name medications.

Generic Drugs:
A drug that must be approved by the FDA just as brand drugs are. According to the FDA, when compared to its brand counterpart, an FDA-approved generic drug must be chemically the same, work just as well in the body, is safe and effective and meets the same standards set by the FDA. Generic drugs have the lowest copay amount.

HIPAA (Health Insurance Portability and Accountability Act of 1996):
A federal law that addresses the privacy of patient health information. The "privacy" regulations give patients greater access to their own medical records and more control over how their personal health information is used. Also, the law defines the obligations of health care providers and health plans to protect patient records.

Hospital Outpatient Care:
Care in a hospital that doesn't require an overnight stay.

In-Network Provider:
The facilities, providers and suppliers your health insurer or plan has contracted with to provide healthcare services.

Maximum Annual Benefit:
The maximum amount the plan pays for specific services (such as dental or chiropractic) for a covered individual, each plan year.

Medically Necessary:
Services and supplies that the insurance company determines to be consistent with generally accepted practices for the diagnosis of an illness of injury, or the medical care of a diagnosed illness or injury. Only medically necessary services and supplies are covered by the plan.

Out-of-Network Provider:
The facilities, providers and suppliers who don't have a contract with your health insurer or plan to provide services to you. You'll pay more to see an out-of-network provider.

Out-of-Pocket Limit:
This is the most you have to pay for covered medical expenses in a year. Once you've reached the out-of-pocket maximum, the plan pays 100% of eligible expenses for the remainder of the plan year. This limit never includes your premium, balance-billed charges or charges the plan doesn't cover.

Primary Care Physician:
A physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis. The final following types of providers are PCPs: family practitioners, general practitioners, pediatricians, internal medicine, and gynecologists.

Specialist:
A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Notes

2026

EDUCATIONAL BENEFIT COOPERATIVE EBC EST. 1984

Skokie School District 73.5

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.



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.