

Benefits Summary & Rates



Open Enrollment: 5/9/2022 - 5/20/2022

Benefits Effective: 9/1/2022 - 8/31/2023

Crete-Monee School District #201-U will be making plan changes for this open enrollment period. Please be sure to review all brochures, videos, rates provided pertaining to this new coverage.

Medical will remain with Blue Cross Blue Shield of IL (BCBSIL), Dental Insurance & Vision will now also be with Blue Cross Blue Shield of IL. **There will be a rate increases & plan changes for several lines of coverages, please see the changes in red – benefit enhancements are in green.** A comprehensive list of services is available upon request. REMINDER: Deductible amounts will accumulate until December 31 & will reset on January 1.

Major Medical Insurance: Blue Cross Blue Shield of IL (BCBSIL)

Health Maintenance Organization (HMO) – When selecting an HMO, you will need to choose and register with your current carrier a Primary Care Physician (PCP) that participate in the BlueAdvantage network. If you require a specialist, outpatient procedure, or hospitalization, your registered PCP must refer you. This ensures you remain within your HMO network. There are no out-of-network benefits with an HMO. **REMINDER: Select your PCP & submit the Medical Group/IPA to Dana Holman Ph: (708) 367-8334 or holmand@cm201u.org.**

Preferred Provider Organization (PPO) – Although you have the flexibility to see any doctor or visit any hospital of your choice, you will pay significantly less money out of your pocket if you use a doctor or hospital that is in the network. For most doctor visits and preventative care visits, you simply pay a copayment at the time of service. You have a great deal of flexibility and choice with a PPO, and can manage your out-of-pocket costs by remaining in network, specifically going to providers in the Tier 1 Blue Choice Options [BCO] network. **You pay the least amount of money in the Tier 1 Blue Choice Options [BCO] network.**

In-Network Benefits	HMO Plan (BlueAdvantage network)	Tier 1: Blue Choice Options [BCO] Network <i>(you pay the least)</i>	Tier 2: PPO Network <i>(larger network, but you pay more than Tier 1)</i>
Deductible (January 1 – December 31) <i>Individual / Family</i>	\$250 / \$500	\$1,250 / \$2,500	\$2,500 / \$5,000
Coinsurance	100%	90%	70%
Out-of-Pocket Max. (January 1 – December 31) (Includes Deductible) <i>Individual / Family</i>	\$3,000 / \$6,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Physician Services <i>Preventive Care</i> <i>Primary Care Physician (PCP) / Specialist</i>	100% \$25 / \$50 Copay	100% \$20 / \$40 Copay	100% \$30 / \$50 Copay
Inpatient Hospital	100%	Plan pays 90% after deductible	Plan pays 70% after deductible
Outpatient Hospital	100%	Plan pays 90% after deductible	Plan pays 70% after deductible
Emergency Room	\$300 Copay	\$300 Copay	\$300 Copay
Prescription Drugs <i>Generic / Preferred Brand / Non-Preferred Brand / Specialty</i>	Retail: \$15/\$30/\$50/\$50 Mail Order: \$30/\$60/\$100/N/A	Retail: \$15/\$40/\$60/\$120 Mail Order: \$30/\$80/\$120/N/A	Retail: \$15/\$40/\$60/\$120 Mail Order: \$30/\$80/\$120/N/A
Prescription Drug Out-of-Pocket Max.	\$1,000 Individual \$2,000 Family	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family
Per Paycheck Deductions (26 pays)			
Employee Only	\$0.00		\$70.44
Employee + 1	\$242.84		\$356.60
Family	\$364.45		\$499.91

Telemedicine: 1.800MD – CONVENIENT CARE ANYWHERE 24/7/365

- You & your family have access to board certified physicians via telephone or secure video that can advise, diagnose or treat illness, and even prescribe medication right over the phone. **No co-pay or deductible.**
- Common treated conditions include: allergies, cold & flu, laryngitis, skin infections, ear infections, pink eye, insect bites, minor burns, sinusitis, sprains & strains, urinary tract infections as well as other non-emergent issues.
- Activate your account online at www.1800md.com or by calling member services at (800) 530-8666.

Dental Insurance: Blue Cross Blue Shield of IL (BCBSIL)

- Posterior Composites now covered under Basic Services
- Out-of-Network covered at the 90th percentile of Usual & Customary, previously the Maximum Allowable Charge

BlueCare Dental PPO	In-Network / Out-of-Network
Deductible	
<i>Individual</i>	\$25 / \$50
<i>Family</i> (Waived for Preventive)	\$50 / \$100
Annual Plan Maximum	\$2,000 per person
Preventive Coinsurance	100% / 100% of UCR
Basic Coinsurance (includes Posterior Composites)	90% / 80% of UCR
Major Coinsurance	60% / 50% of UCR
Orthodontia Coinsurance	50% / 50% of UCR
Orthodontia Lifetime Max (child to age 19)	\$1,500 / \$1,000
Per Paycheck Deductions	26 pays
Employee Only	\$0.00
Employee + 1	\$14.18
Family	\$34.14

CLAIMS CONCIERGE SERVICE

This service is no longer offered.

If you have plan/billing issues, please contact Mrs. Dana Holman, Benefits Specialist for assistance.

Vision Insurance: Blue Cross Blue Shield of IL (BCBSIL)

Benefits	In-Network	Out-of-Network
Eye Exam	\$10 Copay	\$30 Allowance
Standard Lenses		
<i>Single</i>	\$25 Copay	\$25 Allowance
<i>Bifocal</i>	\$25 Copay	\$40 Allowance
<i>Trifocal</i>	\$25 Copay	\$55 Allowance
Standard Progressives	\$90 Copay	\$40 Allowance
Frames	\$130 Allowance; 20% off remaining balance	\$65 Allowance
Contacts		
<i>Conventional</i>	\$130 Allowance; 15% off remaining balance	\$104 Allowance
<i>Disposable</i>	\$130 Allowance	\$104 Allowance
<i>Medically Necessary</i>	Paid in Full	\$210 Allowance
Frequency		
Eye Exam	Once Every 12 Months	
Lenses or Contacts	Once Every 12 Months	
Frames	Once Every 24 Months	
Per Paycheck Deductions	26 pays	
Employee Only	\$3.51	
Employee + Spouse	\$6.66	
Employee + Child(ren)	\$7.02	
Family	\$10.32	

Voluntary Accident & Critical Illness Insurance ****NEW VOLUNTARY PLANS****

Benefit Type	Voluntary Accident Plan
Ambulance	\$200 ground: \$1,500 air
Blood/Plasma	\$200
Bruns	Schedule up to \$12,500
Coma	\$12,500
Concussion	\$150
Dental Work	Specific sum \$130-\$400
Diagnostic Testing (major)	\$200
Dislocation	Schedule up to \$4,000
ER Treatment	\$150
Eye Injury	\$300
Family Lodging	\$125
Follow-Up Treatments	\$50
Fracture	Schedule up to \$5,000
Hospital Admission	\$1,200
Hospital Confinement	\$250
ICU Confinement	\$500
Laceration	Schedule up to \$500
Medical Appliance	\$125
Paralysis	\$12,500 quad, \$6,250 Para
Physical Therapy	\$35
Prosthesis	One: \$750, Two+: \$1,500
Rehabilitation	\$150
Surgery	Schedule up to \$1,250
Transportation	\$600
Urgent Care Center	\$150
X-Ray	\$50
Accident Death	Employee: \$40,000 Spouse: \$40,000 Child: \$12,500
Accident Death Common Carrier	Employee: \$150,000 Spouse: \$150,000 Child: \$25,000
Wellness Benefit	\$50 per year per insured
ADDITIONAL PROVISIONS	
24-HOUR/Off Job	
Benefit Reductions	Terms at retirement or age 70
Portable Coverage	Must be covered 12 months+ and under age 60 to port. Port terminates at age 65.
Pre-Existing Condition Limitation	No
PLAN COST/MONTHLY PREMIUMS	
Employee Only	\$11.22
Employee + Spouse	\$18.56
Employee + Child(ren)	\$21.65
Family	\$33.95

Benefit Type	Voluntary Critical Illness Plan
Benefit Amounts – you choose your coverage amount(s)	
Employee	\$5,000 increments up to \$50,000
Spouse	\$2,500 increments up to \$25,000, not to exceed 50% of EE Election
Child	\$2,500 increments up to \$25,000, not to exceed 50% of EE Election
Guarantee Issue (GI)	EE: \$20,000, SP: \$10,000, CH: \$10,000
Perpetual GI	Yes
Benefit Type	
Benign Brain Tumor	100%
Burn	100%
Cancer (Invasive)	100%
Carcinoma in Situ	25%
Coma	100%
Covid-19 Severe Infection	100%
End Stage Renal Failure	100%
Heart Attack	100%
Loss of Sight	100%
Loss of Hearing	100%
Loss of Speech	100%
Major Heart Surgery	25%
Major Organ Transplant	100%
Paralysis	100%
Stroke	100%
Wellness Benefit	\$50 per year per insured
ADDITIONAL PROVISIONS	
Recurrence	50% of the following covered conditions: Cancer, Heart Attack, Stroke, Benign Brain Tumor, Coma. 180 Days for the separation Period.
Limitations	
Benefit Reduction	35% at age 65 50% at age 70 Terminates at Retirement
Portable Coverage	Yes, at Group Rates
Pre-existing condition limitations	12/12
Plan costs are MONTHLY per \$1,000 of coverage based on age	
Employee	
< 30	\$0.395
30-39	\$0.588
40-49	\$1.100
50-59	\$2.030
60-64	\$3.242
65+	\$4.566
Spouse	
< 30	\$0.608
30-39	\$0.816
40-49	\$1.344
50-59	\$2.286
60-64	\$3.503
65+	\$4.994
Child(ren)	\$0.201

Please follow the instructions to access your enrollment information on the online portal.

All enrollments must be completed online by CLOSE OF BUSINESS ON 5/20/2022