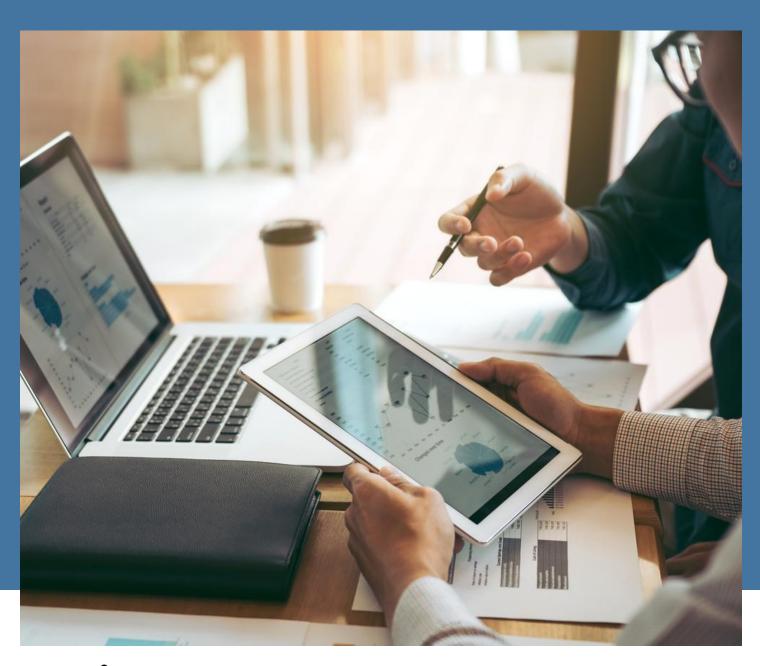
Wellness Insurance Network Benefit Summary



Win
wellness insurance network

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Eligibility

Eligibility Requirements

If you are a full-time employee (working 30 or more hours per week), you are eligible to enroll in the benefits described in this summary. Qualified dependents eligible for select benefit coverage include:

- Your legally married husband/wife
- Your child(ren) up to age 26
- Your disabled child(ren) of any age who are either incapable of self-support, disabled before the age limit of 26 and claimed as a dependent on your income tax return
- Civil Union Partners
- Domestic Partners
- Retirees

» IMRF employee subject to IMRF age and vested service requirements

Waiting Period

All benefit eligible employees electing coverage will be effective on the first of the month following date of hire.

Qualifying Events

Outside of open enrollment you would need to have a qualifying event to add, drop, or make changes to your benefits. Employees are responsible for notifying Human Resources within 30 days of the qualifying life event to make a change to benefit elections. Qualifying event changes are effective on the date in which the event occurred.

Some examples of qualifying events are:

- Losing existing health coverage
- Losing eligibility for Medicare, Medicaid, or Children's Health Insurance Program (CHIP)
- Turning 26 and losing coverage through a parent's plan
- Getting married or divorced
- Having a baby or adopting a child
- Death



Medical Insurance

Carrier: BlueCross BlueShield Website: <u>www.bcbsil.com</u> Phone: 800-828-3116

PPO Plan - Plan A and Plan B

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. Once the deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. Outside of office visits or pharmacy, deductible and coinsurance apply. If receiving services out-of-network, costs may be higher.

HDHP with HSA Plan - Plan C

The plan is comprised of two components:

- 1. High Deductible Health Plan
- 2. Health Savings Account (HSA)

The HDHP is a high deductible health plan that provides health care benefits after the deductible has been met. All medical services, with the exception of preventive care, are paid for by you at 100%, less carrier discounts, prior to meeting your entire annual deductible.

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account and it is yours to keep – even when changing plans or retire. The funds roll over from year to year to be used when needed.

2026 HSA Contributions

Tier	Total Contribution Limit
Employee	\$4,400
Employee + Dependent(s)	\$8,750

How to Find a Provider

BlueCross BlueShield Medical

Visit www.bcbsil.com and click "Find a Doctor or Hospital."

Call Customer Service toll-free:

PPO: 800-828-3116

Health Savings Account (HSA)

You're eligible for a health savings account if you are:

- •Covered by a qualified high deductible health plan (HDHP)
- •Not covered by any other medical coverage that is not considered a qualified HDHP
- •Not enrolled in Medicare (Part A included)
- •Not claimed as a dependent on someone's tax return
- •Not enrolled in a Medical Flexible Spending Account (your own or your spouse's)

Advantages to having an HSA

- •Interests, dividends, or withdrawals for qualified expenses are not taxable
- •Unused funds rollover each year with no maximum on how much you can save
- •The account is portable so you never have to worry about losing the money in the account should you change between plans, retire or even seek employment elsewhere
- •The HSA can be viewed as a second means of savings for your retirement
- •You control healthcare spending and choose when to use HSA dollars
- •You become a more informed participant in your healthcare and healthcare spending

Steps to using your HSA

- 1.Go to the doctor and present your carrier ID
- 2. The provider submits claims to the carrier for processing
- 3. The carrier adjusts the pricing to reflect the network discounted amount for services
- 4. The carrier generates an Explanation of Benefits (EOB) and sends it to you
- 5.Review your EOB for accuracy
- 6.Pay your provider directly with pre-tax dollars from your HSA

Using your HSA on qualified expenses

You can use the money in your HSA to pay for qualified medical, dental and vision expenses permitted under federal tax law. To view a list of eligibility and qualified expenses, visit https://www.irs.gov/pub/irs-pdf/p502.pdf

Medical Plan Details

	Plan A (Gro	up #P35983)	Plan B (Gro	up #P35999)	Plan C (Grou	p #PL1646)
Network	In-Network PPO	Out-of- Network	In-Network PPO	Out-of- Network	In-Network PPO	Out-of- Network
Deductible						
Individual	\$1,500	\$3,000	\$1,500	\$3,000	\$5,000	\$10,000
Family	\$4,500	\$9,000	\$3,000	\$6,000	\$10,000	\$20,000
Coinsurance*						
	10%	40%	30%	50%	0%	20%
Out-of-Pocket Max						
Individual	\$3,000	\$6,000	\$5,750	\$11,500	\$5,000	\$20,000
Family	\$9,000	\$18,000	\$11,500	\$23,000	\$10,000	\$40,000
Physician Services						
Preventive Care	\$0 Copay	40% After Ded	\$0 Copay	50% After Ded	Plan Pays 100%	20% After Ded
Physician Visit	\$30 Copay	40% After Ded	\$30 Copay	50% After Ded	0% After Ded	20% After Ded
Specialist Visit	\$50 Copay	40% After Ded	\$50 Copay	50% After Ded	0% After Ded	20% After Ded
Diagnostic Testing	10% After Ded	40% After Ded	30% After Ded	50% After Ded	0% After Ded	20% After Ded
Lab Testing	10% After Ded	40% After Ded	30% After Ded	50% After Ded	0% After Ded	20% After Ded
Inpatient Hospital	10% After Ded	40% After Ded	30% After Ded	50% After Ded	0% After Ded	20% After Ded
Emergency Room	\$200	Copay	\$200 Copay		0% After Ded	
Telehealth via MDLive	\$0 Copay	N/A	\$0 Copay	N/A	\$48 copay	N/A
Pharmacy (In-Network) Generic/Formulary/Non-Formulary/Specialty						
Prescription Out-of-Pocket Max Individual Family	\$1,000 \$2,000		\$1,000 \$2,000		Applies to Medical OPX	
Retail* (30 days)	Copays: \$10 / \$40 / \$75 / \$100**		·	ays: \$75 / \$100**	Deductible	e Applies
Mail Order** (90 days)		ays: 0 / \$150	Copays: \$20 / \$80 / \$150		Deductible	e Applies

^{*}For Out-Of-Network drug providers, you are responsible for the retail copay plus 25% of the eligible amount.

^{**}Out-Of-Network Specialty drug coverage is not provided

Making the Most of Your Medical Benefits

Employees enrolled in the BlueCross BlueShield medical plan have access to the following services:

BlueAccess for Members: www.bcbsil.com

A secure member website that gives you immediate access to health care benefit information and easy-touse tools.

BlueAccess Mobile™

You are able to access your BlueAccess for Members account straight from your mobile device. Choose to receive text messaging for Rx refill reminders, diet and fitness tips, claim updates and more. Download the application straight to your smartphone for immediate access.

24/7 Nurseline: 800.299.0274

General health information and guidance for specific conditions from fevers to bee stings as well as coaching on appropriate treatment paths.

Maternity Care Program: 888.421.7781

Personalized support provided by Obstetrical nurses.

Mail Order Prescriptions: express-scripts.com/rx or 833-715-0942

Members can save time and money by calling 24/7 to refill or transfer a current prescription or get started with home delivery.

Accredo: www.accredo.com or 833-721-1619

Accredo is the prescription specialty drug vendor

Blue365 Discounts

As a member you have access to additional special program discounts. Details can be accessed at www.bcbsil.com under the "My Coverage" tab and then Discounts.

Well onTargetSM Member Wellness Program

Access health and wellness resources that can help you manage your health with resources such as health assessments, health coaching, tracking tools and many more!

Virtual Visits—MDLIVE

MDLIVE's telehealth program provides enrolled members with access to non-emergency medical care without even leaving the couch. Visit a doctor virtually 24 hours a day, 7 days a week for a variety of different ailments and symptoms ranging from allergies, asthma, aches, infections, cold/flu, and more. Log on to MDLIVE.com/bcbsil or call 888.676.4204 today to find out additional info on this convenient benefit.

Tips to Save Money

Preventive/Wellness Exams

- Each covered member is eligible for an annual preventive exam and other appropriate services
- Females are eligible to receive an annual well-woman exam covered at 100% in addition to their annual preventive exam

Prescription Drugs

- Ask your doctor if there's a generic version of the medication being prescribed
- Take advantage of the Generic Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates
- Use mail order to save on copays

High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are less costly at free-standing, in-network imaging centers than at hospitals
- Finding an in-network provider will save a substantial amount of money

Accessing Medical Care

The emergency room is a costly experience for issues that aren't true emergencies. There are alternatives that can offer you quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- Doctor's office: for non-life threatening symptoms, schedule your appointment.
- Convenient Care Clinics: Utilize for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc.
- **Urgent Care (UC):** less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.
- MDLIVE (\$48 for HDHP members, \$0 for PPO members): Visit a doctor virtually for minor symptoms that may include, but not limited to Cold & Flu, Allergies, Cough, Pink Eye, Rash, Sore Throat, etc. Doctors are available 24/7/365. Log on to MDLIVE.com/bcbsil or call 888.676.4204

Dental Insurance

Carrier: BlueCross BlueShield Website: <u>www.bcbsil.com</u> Phone: 800-367-6401

Dental Preferred Provider Organization (DPPO)

This dental plan allows the flexibility to select a dentist of your choice. Manage out-of-pocket costs more efficiently by using in-network dentists. Services are categorized according to complexity and costs.

	In-Network BlueCare Dental PPO	Out-of-Network
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Preventive Coinsurance	100%	100%
Basic Coinsurance	80%	80%
Major Coinsurance	50%	50%
Annual Maximum	\$1,500	\$1,500
Orthodontia Coinsurance (Child only)	50%	50%
Orthodontia Lifetime Maximum (Child only)	\$1,000	\$1,000

Pre	ventive:	Basic:	Major:
•	Annual cleanings (2 per year)	 Simple extractions 	Dentures
•)	X-rays	•Root Canals	Bridges
•	Fluoride Treatments	Oral Surgery	Partials
•	Sealants/Space Maintainers	Amalgam Fillings	Crowns and Inlays

As a BlueCross BlueShield member, you have access to the **Dental Wellness Center**, which provides information on topics such as pediatric care, cosmetic dentistry, and tips to prevent cavities, gum disease, tooth loss, and other problems. To access the wellness center, log in to the Blue Access for Members at www.bcbsil.com and click on the *Wellness* tab.

How to Find a Provider

Visit www.bcbsil.com and click "Find Care—Find a Dentist"

Call Customer Service toll-free at 800-367-6401

Vision Insurance (Only available to those enrolled in Medical)

Carrier: BlueCross BlueShield

Website: www.bcbsil.com
Phone: 800-348-4512

Vision insurance provides coverage for eye exams, glasses, and contact lenses. Manage your out-of-pocket costs by using in-network vision providers.

You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. If you use an Out-of-network provider, you will have to file a claim form to be reimbursed up to the allowed amount.

	Frequency	In-Network	Out-of-Network
Network Name	EyeMed Insight Network		
Eye Exam	Every 12 Months*	\$10 Copay	Up to \$40 Reimbursement
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 Months*	\$25 Copay	Reimbursement Varies
Frames	Every 24 Months*	\$130 allowance then 20% Off Balance	Up to \$91 Reimbursement
Elective Contacts	Every 12 Months**	\$130 Allowance then 15% Off Balance	Up to \$130 Reimbursement

^{*}Vision benefit frequencies are based on the date of service within the calendar year.

How to Find a Provider

Visit Vision Provider Locator and search by your zipcode.

Call Customer Service toll-free at 800-348-4512.

^{**} You cannot get contacts and glasses in the same calendar year

Basic Life and AD&D Insurance

Carrier: BlueCross BlueShield Website: <u>www.bcbsil.com</u> Phone: 800-348-4512

Life insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away. In addition, the Accidental Death and Dismemberment (AD&D) benefits paired with life insurance provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident.

You have 30 days to Convert your policy if you wish to continue life insurance coverage after leaving employment.

Basic Life / Accidental Death & Dismemberment

\$50,000 per employee

Disability Insurance

Carrier: BlueCross BlueShield Website: <u>www.bcbsil.com</u> Phone: 800-348-4512

Short-Term Disability

If you become disabled due to an illness or accident, short-term disability insurance provides income replacement.

Long-Term Disability

Long-term disability insurance is a type of income protection that is designed to cover serious injuries and illnesses that keep you out of work for an extended amount of time.

	Short-Term	Long-Term
Waiting Period	Begins on the 1st day of injury or 8th day of illness	Begins on the 181st day of continuous injury or illness
Benefit Amount	70% of weekly earnings	60% of monthly earnings
Maximum Benefit	\$800 per week	\$3,000 per month
Length of Payment Period	26 weeks	SSNRA

Employee Assistance Program

Carrier: BlueCross BlueShield

Website: www.GuidanceResources.com

Phone Number: 866-899-1363

Company ID: DISRES

GuidanceResources is a free and confidential counseling service through BlueCross BlueShield, available to employees enrolled in the Basic Life or Long Term Disability insurance and their eligible dependents. Eligible dependents include immediate household family members ages 16 or older. Employee dependent children ages 12-15 are eligible to participate in family group sessions.

EAP services offer caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. There are up to 3 face-to-face visits per person, per issue, per year available. EAP services are available 24 hours a day, 7 days a week.

There is no cost for EAP services, use them when you need them.

To obtain website access, each member must create a username and password by visiting the above website and entering the company ID.

Rate Information

Medical Plan A (Group #P35983)

Monthly Premium Rates:		
Employee Only	\$1,258.00	
Employee & Spouse	\$2,796.00	
Employee & Child(ren)	\$1,971.00	
Family	\$3,766.00	

Medical Plan B (Group #P35999)

Monthly Premium Rates:		
Employee Only	\$867.00	
Employee & Spouse	\$2,218.00	
Employee & Child(ren)	\$1,719.00	
Family	\$2,908.00	

Medical Plan C (Group #PL1646)

Monthly Premium Rates:		
Employee Only	\$956.00	
Employee & Spouse	\$2,156.00	
Employee & Child(ren)	\$1,504.00	
Family	\$2,876.00	

Dental DPPO (Group #049418)

Monthly Premium Rate		
Employee Only	\$53.00	
Employee + 1	\$107.00	
Family	\$149.00	

Short-Term Disability

Monthly Premium Rate		
Short-Term Disability		
(per \$10 of coverage)	\$0.365	

Long-Term Disability

Monthly Premium Rate		
Long-Term Disability		
(per \$100 of coverage) \$0.234		

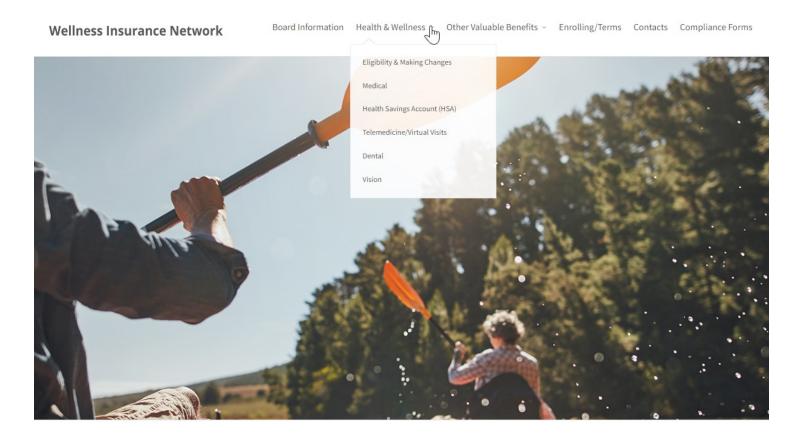
Basic Life/AD&D

Monthly Premium Rate	
Employee Only	\$9.50

Benefits Website

Visit https://wellnessinsurancenetwork.org/ for additional resources.

Below is a screenshot of the website where you can find information regarding your benefits.



WELLNESS INSURANCE NETWORK BENEFITS RESOURCE SITE

A resource guide with tools to help you understand your benefits and make confident decisions

Carrier Information

Medical Plan A	
Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-828-3116
Policy Number	P35983

Medical Plan B	
Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-828-3116
Policy Number	P35999

Medical Plan C HDHP	
Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-828-3116
Policy Number	PL1646

Dental DPPO	
Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-367-6401
Policy Number	049418

Vision	
Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-348-4512

Basic Life and AD&D Insurance	
Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-348-4512

Short & Long-Term Disability Insurance	
Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-348-4512

Employee Assistance Program	
Carrier	BlueCross BlueShield
Website	www.guidanceresources.com
Phone Number	866-899-1363
Company ID	DISRES

Questions?

Contact your HR Representative



NOTE: This Benefits Summary is merely intended to provide a brief overview of your employer's employee benefit programs. Employees should review the employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. Your employer reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.