



Homewood-Flossmoor

Community High School District 233



2023 EMPLOYEE BENEFITS GUIDE



INSTRUCTIONAL ASSISTANTS



YOUR EMPLOYEE BENEFITS

Homewood Flossmoor Community High School District 233 is pleased to offer to you and your family our comprehensive benefits program. Our benefits program contains a variety of plans intended to enhance your life and those of your family members now and in the future. As part of this benefits program you will be asked to make choices about the benefits described in this booklet. Please study the information about each plan carefully, then, promptly complete the enrollment forms provided so that you can begin to enjoy the features of your benefits program as soon as they become effective.

Highlights of Your Benefits

- Contributory Medical & Prescription Drug Coverage
 - BCBSIL PPO Plan – PPO Network
 - BCBSIL HMO Plan – BlueAdvantage HMO Network
- Contributory Dental Coverage
- Employer-paid Basic Life and Accidental Death & Dismemberment (AD&D) Coverage
- Employee-paid Voluntary Life and Accidental Death & Dismemberment (AD&D) Coverage
- Voluntary Vision Coverage
 - Vision Plan 1
 - Vision Plan 2
- Flexible Spending Accounts

Eligibility

All full-time employees working 30 hours or more are eligible to participate in our benefits plan. Your benefits will become effective the date of hire. In addition to covering yourself, you may also choose to cover eligible dependents under the Medical, Dental and Vision plans. This includes your spouse, civil union partner, and eligible dependent children until they reach age 26, regardless of student and marital status, and military personnel to age 30.

MEDICAL

Choosing a Medical and Prescription Drug Plan

BCBSIL PPO Preferred Provider Organization (PPO) offers an extensive national network of physicians and hospitals that have agreed to provide services at discounted rates. You may visit any doctor in any practice or specialty without a referral, but you are covered at a higher level if you receive care from a provider in the BCBS network rather than outside of the network. The PPO plan requires you to share in the payment of your health insurance claims. Plan members are subject to calendar year deductibles, coinsurance and prescription drug copayments.

BlueAdvantage HMO Our HMO plan requires you to select a medical group and primary care physician (PCP) from the BlueAdvantage HMO network. Females may select a Woman's Principal Health Care Provider (WPHCP) in addition to a PCP. All care must be provided or coordinated by your PCP, WPHCP or medical group. Referrals are required from your PCP for any specialty, surgical or inpatient hospital care. The HMO plan pays 100% of your eligible in-network health insurance claims and you are responsible for office visit, emerge and prescription drug copays. www.bcbsil.com



DENTAL

Our dental PPO plan is provided through BCBSIL. The dental PPO works in the same way as the medical PPO in that you will receive the maximum benefits if you receive care from a PPO in-network dentist. While you may still be covered if you choose an out-of-network dentist, those benefits may be reduced.

www.bcbsil.com



VISION

Our vision plan provides discounts on eye exams and eyewear, including frames, lenses, lens options and permanent contact lenses through VSP. You have access to a network of contracting providers, such as ophthalmologists, optometrists and opticians.

www.vsp.com



LIFE/AD&D

To assist your family financially in the unfortunate event of your loss of life, Homewood Flossmoor Community High School District 233 provides you with basic term life insurance through Voya Financial at no cost to you. An additional benefit may be payable for accidental death or non-work-related dismemberment.

Should you desire more coverage, Voluntary "buy-up" Life/AD&D insurance is also available. This is employee paid.

www.voya.com



FLEXIBLE SPENDING ACCOUNTS

Homewood Flossmoor Community High School District 233 makes available to you healthcare and dependent care flexible spending accounts through Discovery Benefits.

Healthcare Flexible Spending Account (FSA) enables you to put aside pre-tax dollars to pay for eligible out-of-pocket expenses you may incur for medical, dental, vision and pharmacy care. **The maximum contribution you may elect for your healthcare FSA in 2023 is \$3,050.** Contributions are made via pre-tax payroll deductions. Our plan also allows for up to \$610 of unused funds to carryover into the following plan year.

Dependent Care Flexible Spending Account (FSA) enables you to put aside pre-tax dollars to pay for child and elder care expenses. **For 2023, the maximum contribution you may elect for your dependent care FSA is \$5,000 per household.** Contributions are made via pre-tax payroll deductions.

www.discoverybenefits.com



Medical and Prescription Drug Benefits are insured by:



PPO Plan	
Network Benefits	Non-Network Benefits*
Plan Deductible	
\$750 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family
Coinsurance	
You Pay 10%, Plan Pays 90%	You Pay 30%, Plan Pays 70%
Out-of-Pocket Maximum	
<i>includes deductible, coinsurance, office visit and emergency room copays</i>	
\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
Preventive Health	
<i>In-network routine annual physicals, well-baby exam, immunizations, and other preventive health services as determined by the U.S. Preventive Services Task</i>	
100%	70% after Deductible
Physician Services	
90% after Deductible <i>includes telehealth</i>	70% after Deductible <i>telehealth n/a</i>
Specialist Office Visit	
90% after Deductible	70% after Deductible
Emergency Room Services	
90% after Deductible	
Inpatient Hospital Services	
90% after Deductible	70% after Deductible
Outpatient Hospital Services	
90% after Deductible	70% after Deductible
Prescription Drug Card	
Retail	
34 day supply	
Generic: \$10 Copay	
Brand Formulary: \$40 Copay	
Brand Non-Formulary: \$55 Copay	
Specialty: \$75 Copay	
Mail Order and 90DayMyWay**	
Generic: \$20 Copay	
Brand Formulary: \$70 Copay	N/A
Brand Non-Formulary: \$100 Copay	
Specialty: N/A	
Rx Out-of-Pocket Maximum	
<i>Retail and Mail Order Prescription Drug Copays apply to the RX Out-of-Pocket Maximum</i>	
\$5,500 Individual \$10,100 Family	No Maximum No Maximum
Important Phone Numbers:	
PPO Customer Service: (800) 458-6024	
HMO Customer Service: (800) 892-2803	
Prime Therapeutics: (800) 423-1973	

BlueAdvantage HMO Plan
BlueAdvantage HMO In-Network Benefits Only
Plan Deductible
None
Coinsurance
You Pay 0%, Plan Pays 100%
Out-of-Pocket Maximum
<i>includes office visit and emergency room copays</i>
\$1,500 Individual \$3,000 Family
Preventive Health
<i>In-network routine annual physicals, well-baby exam, immunizations, and other preventive health services as determined by the U.S. Preventive Services Task</i>
100%
Physician Services
\$10 Copay, then 100% <i>telehealth n/a</i>
Specialist Office Visit
\$10 Copay, then 100%
Emergency Room Services
\$50 Copay, then 100% <i>(copay waived if admitted)</i>
Inpatient Hospital Services
100%
Outpatient Hospital Services
100%
Prescription Drug Card
Retail
34 day supply
Generic: \$5 Copay
Brand Formulary: \$10 Copay
Brand Non-Formulary: \$25 Copay
Specialty: \$25 Copay
Mail Order and 90DayMyWay**
Generic: \$10 Copay
Brand Formulary: \$20 Copay
Brand Non-Formulary: \$50 Copay
Specialty: N/A
Rx Out-of-Pocket Maximum
<i>Retail and Mail Order Prescription Drug Copays apply to the RX Out-of-Pocket Maximum</i>
\$1,000 Individual \$2,000 Family
Log on and Discover:
Blue Access for Members: www.bcbsil.com/member
BCBS Provider Finder: www.bcbsil.com/providers
Prime Therapeutics: www.myprime.com

*Payments for out-of-network benefits are based on the insurance carrier's allowed charge, usual & customary fee schedule or Medicare Reimbursement rate as defined in your subscriber certificate. You will be responsible for any difference between the allowed charge and the provider's actual billed charge (this is in addition to your deductible and/or your coinsurance responsibility).

**When maintenance medications are being used, members are allowed to use mail order or the Extended Supply Network Pharmacies

This Benefit Guide only highlights the benefits available. For a more complete description, see the Plan Certificates. If any conflict should arise between this Guide and the Plan Document, the Plan Document will govern in all cases.

Dental Benefits are insured by: 

Voluntary Vision Benefits are insured by: 

Dental PPO Plan	
Network Benefit	Non-Network Benefit*
Calendar Year Maximum	
\$2,000 per individual	\$2,000 per individual
Calendar Year Deductible	
\$50 per individual	\$50 per individual
Lifetime Orthodontia Maximum <i>Dependent children to age 19</i>	
\$3,000 per child	\$3,000 per child
Diagnostic & Preventive Services <i>Oral exams, x-rays, professional cleanings, fluoride treatment, emergency palliative treatment, sealants (per tooth), space maintainers, emergency treatment for relief of pain</i>	
100% of Maximum Allowance	100% of Usual & Customary
Basic Services <i>Periodontal maintenance, endodontic services, root canals, planing and scaling, amalgam and composite fillings, simple extractions, surgical extractions, general anesthesia, periodontal surgery</i>	
80% of Maximum Allowance after deductible	80% of Reasonable & Customary after deductible
Major Services <i>Crown inlays / onlays, repairs, bridges, dentures, implants</i>	
50% of Maximum Allowance after deductible	50% of Reasonable & Customary after deductible
Orthodontic Services <i>Coverage for eligible dependent children up to age 19</i>	
80%	80%
<i>subject to \$3,000 orthodontia lifetime maximum</i>	
Important Contact Information	
Customer Service: (800) 367-6401 Online at: www.bcbsil.com	

Voluntary Vision Plans 1 & 2	
Network Benefit	Non-Network Benefit*
Exam with Dilation	
\$10 Copay	\$50 Allowance
Lenses (any one option)	
Single Vision: \$20 Copay	Single Vision: Up to \$50 Allowance
Bifocal: \$20 Copay	Bifocal: Up to \$75 Allowance
Trifocal: \$20 Copay	Trifocal: Up to \$100 Allowance
Lenticular: \$20 Copay	Lenticular: Up to \$125 Allowance
Standard Progressives: \$0 Copay	Standard Progressives: Up to \$75 Allowance
Premium Progressives: \$80-\$90 Allowance	N/A
Frames	
\$0 Copay, \$120 Allowance	Up to \$70 Allowance
20% Discount on Balance	
Contact Lenses - Conventional & Disposable	
Up to \$120 Allowance	Up to \$105 Allowance
Medically Necessary - Paid In Full	Medically Necessary - Up to \$210 Allowance
Laser Correction Surgery	
15% off Retail or 5% off Promotional Price	Not Covered
Frequency In and Out of Network	
Vision Plan 1	Vision Plan 2
Exams: Once Every 12 Months	Exams: Once Every 12 Months
Lenses: Once Every 12 Months	Lenses: Once Every 12 Months
Frames: Once Every 24 Months	Frames: Once Every 12 Months
Important Contact Information	
Customer Service: 800-877-7195 Online at: www.vsp.com	

*Payments for out-of-network benefits are based on the insurance carrier's allowed charge, usual & customary fee schedule or Medicare Reimbursement rate as defined in your subscriber certificate. You will be responsible for any difference between the allowed charge and the provider's actual billed charge (this is in addition to your deductible and/or your coinsurance responsibility).

Life/AD&D Benefits are insured by:



Basic Life and AD&D
100% Employer Paid
Benefit Amount
\$50,000
Maximum Benefit Amount
\$50,000
Guarantee Issue Amount
\$50,000

Voluntary Life/AD&D Benefits are insured 

Voluntary Life/AD&D	
100% Employee Paid Benefit	
Employee Benefit	
Increments of \$10,000	
Up to 5x BAE to a max of \$500,000	
Guarantee Issue Amount: \$100,000	
Spouse Benefit	Child(ren) Benefit
Increments of \$5,000	\$10,000
Up to \$250,000 not to exceed 50% of EE	6 months to 26 years
Guarantee Issue Amount: \$30,000	Guarantee Issue Amount: \$10,000

Flexible Spending Accounts are Administered 

Flexible Spending Accounts	
Medical FSA	Dependent Care FSA
Maximum Annual Election	
\$3,050	\$5,000 per household (\$2,500 each if filing separately)
Maximum Annual Roll Over Amount	
\$610	N/A
Important Contact Information	
Customer Service: 866-451-3399 Online at: www.discoverybenefits.com	

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