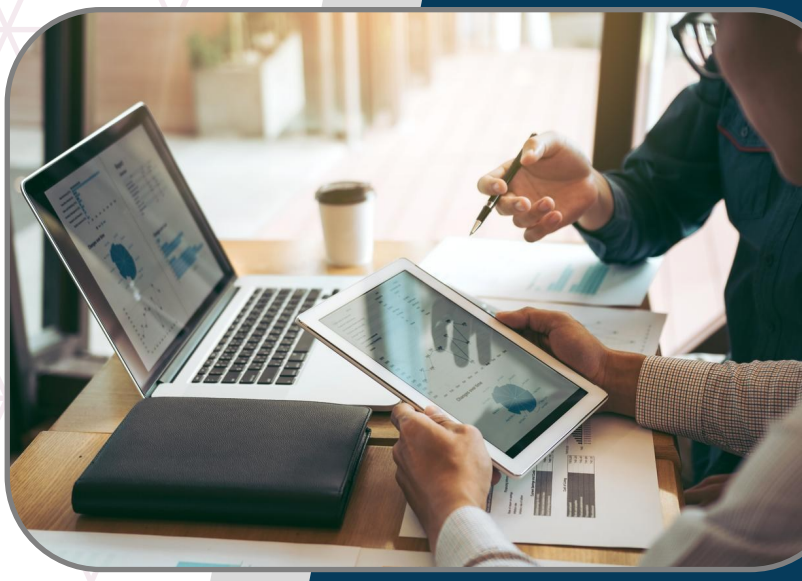
2026 Benefit Guide

HESS, Exempt, Non-Exempt

Tier 3 (Hired After 12/15/2022)

January 1, 2026 – December 31, 2026



MarshMcLennan Agency

Table of Contents

Eligibility

- Eligibility Requirements
- New Hire Waiting Period
- How to Enroll
- Qualifying Life Events
- Termination of Coverage
- Benefits Microsite

Wellness

- Biometric Screenings

Insurance Benefits

- Medical Insurance
- Health Savings Account (HSA)
- Value Added Benefits
- Tips to Save Money
- Dental Insurance
- Vision Insurance
- Basic Life/AD&D
- Voluntary Life/AD&D
- Whole Life with Long-Term Care
- Voluntary Accident
- Voluntary Critical Illness
- Voluntary Hospital Indemnity

Other Benefits

- Employee Assistance Program
- Global Emergency Services
- ID Theft Protection
- Pet Insurance
- Flexible Spending Account (FSA)
- Commuter Benefits

Rate Information

- Premium Rates Per Paycheck

Contact

- HR and Carrier Contact Information



Eligibility

HR Contact: Lupita Tellez
Email: ltellez@d181.org
Phone: 630-861-4934

Eligibility Requirements

You are eligible to enroll in the benefits described in this summary. Qualified dependents eligible for select benefit coverage include:

- Your legal spouse
- Your child(ren) up to age 26
- Your incapacitated child(ren) whom are unmarried, incapable of self-support due to a mental or physical disability, and is a federal tax dependent.
- Your domestic partner

Waiting Period

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

How Do I Enroll in Benefits?

First, review the benefits available to you and/or your current elections. To complete your elections for 2026, log in to the enrollment system and follow the required steps. Please reach out to Lupita Tellez (ltellez@d181.org) with any questions.

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 in the family

Termination of Coverage

If you or your covered dependent(s) no longer meet eligibility requirements or if your employment terminates, your benefit coverage will end on the date as defined in your employment contract. You may be eligible to elect COBRA continuation for yourself and any eligible dependents for medical, dental, vision and Healthcare FSA coverage. You may request to port and/or convert your Voluntary Life and AD&D benefit if you wish to continue this coverage after termination. You may request to convert your Basic Life and AD&D coverage.

Insurance Definitions

Deductible
The deductible is the amount you pay out of your pocket before the plan will begin to pay. Annual deductibles reset each year on January 1st.

Coinsurance
Coinsurance is a percentage of costs for health care services that you will be expected to pay once the annual deductible has been met.

Embedded Deductible
In a health plan with an embedded deductible, no single individual enrolled in family coverage will pay more than the individual deductible amount.

Out-of-Pocket Maximum
The out-of-pocket maximum is the annual cap on the dollar amount you are expected to pay out of pocket for services (including deductibles, copays, and/or coinsurance). Once the annual out-of-pocket maximum is met, the plan will cover 100% of any remaining medical expenses for the year.

Copayments
Copayments (or copays) are fixed dollar amounts you are expected to pay to receive certain services such as office visits, procedures, or prescription drugs.

Premium
Premium is the amount to be paid for insurance coverage, whether services are used or not. Employees are responsible for their portion of the insurance premium, deducted directly from your paycheck as a payroll contribution.

Benefits Microsite

All information regarding the full suite of benefits available through your employment is available on the benefits microsite. You can find the microsite at https://ccsd181.ilschoolinsurancenetwork.org/

The microsite contains:

- Benefit definitions and explanations
- Educational videos
- Policy plan documents
- Claims forms
- Provider finder guides
- Information about additional services:
  - Maternity Services
  - Tobacco Cessation
  - Travel Resources
  - And many more!

District 181 Employee Wellness

As part of our commitment to the health and wellness of our employees, the district offers employees enrolled in any of the BlueCross BlueShield of IL medical plans the opportunity to earn a reduced medical premium ("Wellness Rate").

Complete a Biometric Screening to Earn the Wellness Rate

To earn the Wellness Rate, employees must complete the biometric screening at one of the on-site events listed below or visit your primary care physician and have the Health Provider form completed.

Date	Time	Location
Monday, September 22, 2025	6:30am—10:30am	Clarendon Hills Middle School *Stage*
Tuesday, September 23, 2025	6:30am—10:30am	Hinsdale Middle School *Stage*
Wednesday, September 24, 2025	6:30am—10:30am	Administrative Building *PD Room*
Friday, September 26, 2025	6:30am—10:30am	Hinsdale Middle School *Stage*

If you cannot attend one of the on-site events, you can visit your primary care physician for a biometric screening and have the Health Provider Form completed by your doctor. The deadline to submit a Health Provider Form is **October 31, 2025.**

All full-time employees who complete the biometric screening will earn the Wellness Rate.

All employees hired after November 1, 2025 will automatically receive the reduced Wellness Rate through December 31, 2025, but will be required to complete the biometric screening in Fall of 2025 to earn the Wellness Rate effective January 1, 2026.

See Rate Information for per paycheck costs.

Additional Wellness Activities and Initiatives

Throughout the year, District 181 provides additional wellness activities and initiatives:

- **Wellness Challenges -** Participate in the district's wellness challenges throughout the year to promote the formation of healthy habits. Be on the lookout for more information.
- **Wellness Fair -** Participate in our annual onsite, one day Wellness Fair in June for **all** employees. Wellness vendors from around the area will be on hand to speak to wellness services that are available in the community.
- **Visit our Wellness Page -** For more information about our wellness program, monthly wellness newsletters, or to contact your building's wellness committee member, visit our wellness page at: https://ccsd181.lincolnwayareaaffiliation.org/index.php/wellness

Medical Insurance | BlueCross BlueShield

District 181 continues to offer four medical plans through BlueCross BlueShield of Illinois. The medical plans include prescription drug coverage. Once covered under a medical plan, you pay nothing for preventive care services such as an annual check-up, immunizations, and certain health screenings when provided by an in-network provider.

HMO

The HMO plans require each covered individual to select a medical group and primary care physician (PCP) from the HMO network. All care is managed and coordinated by your medical group or PCP, and any specialty services provided outside the PCP's office will require a referral. There are no out-of-network benefits.

Medical Plan Details:	HMO 3 In-Network Benefits Only	HMO 4 In-Network Benefits Only
Policy Number	B14332	B01776
Network	Blue Advantage HMO	Blue Advantage HMO
Deductible Individual Family	 $0 $0	 $500 $1,000
Coinsurance *(Member Responsibility)*	0%	20%
Medical Out-of-Pocket Max Individual Family	 $1,500 $3,000	 $2,500 $5,000
Physician Services Preventive Physician Office Visit Specialist Office Visit	 No Charge $30 Copay $50 Copay	 No Charge $35 copay $55 copay
Emergency Room	$150 Copay	$150 copay + 20% after deductible
Urgent Care	$30 Copay	$35 copay
Rx Out-of-Pocket Max Individual / Family	$5,100 / $10,200	Included in Medical Out-of-Pocket Max
Prescription Drugs Generic / Preferred / Non-Preferred / Specialty	**Copays:** $10 / $25 / $40 / $40	**Copays:** $10 / $50 / $100 / $100
Mail Order Prescription Drugs Generic / Preferred / Non-Preferred	**Copays:** $20 / $50 / $80	**Copays:** $30 / $150 / $300

To find a HMO BCBS Medical Provider, Visit www.bcbsil.com/find-a-doctor-or-hospital or Call Customer Service toll-free: **800-892-2803.** Please be ready to provide your Medical Group / Individual Physician Association 3-digit number.

Medical Insurance | BlueCross BlueShield

BCO PPO

The BCO PPO plan is a "traditional" PPO plan with a deductible, coinsurance, and copays. You have the flexibility of seeing any doctor, hospital, or specialist you choose, without a referral. The plan accesses 3 networks —

Tier 1: Blue Choice Options (BCO). You pay the least out-of-pocket.
Tier 2: PPO. You pay more out-of-pocket than BCO, but still considered in-network.
Tier 3: Out-of-Network. You pay the highest out-of-pocket cost and may be subject to balance-billing.

Medical Plan Details:	**AVAILABLE AFTER 4 YEARS OF EMPLOYMENT** **BCO PPO** In-Network / Out-of-Network		
Policy Number	294492		
Network	**Tier 1:** Blue Choice Options	**Tier 2:** PPO	**Out-of-Network**
Deductible Individual Family	 $1,000 $3,000	 $2,500 $7,500	 $5,000 $15,000
	Embedded Deductible		
Coinsurance *(Member Responsibility)*	10%	30%	50%
Medical Out-of-Pocket Max Individual Family	 $2,500 $5,500	 $5,500 $10,200	 $11,000 $26,400
Physician Services Preventive Physician Office Visit Specialist Office Visit	 0% $25 copay $50 copay	 0% $50 copay $100 copay	 50% After Deductible 50% After Deductible 50% After Deductible
Emergency Room	10% After Deductible		
Urgent Care	$50 Copay	$50 Copay	50% After Deductible
Rx Out-of-Pocket Max Individual / Family	Included in Medical Out-of-Pocket Max	Included in Medical Out-of-Pocket Max	Included in Medical Out-of-Pocket Max
Prescription Drugs Generic / Preferred / Non-Preferred / Specialty	**Copays:** $10 / $40 / $60 / $60	**Copays:** $10 / $40 / $60 / $60	**Copays:** $10/$40/$60 + 25%
Mail Order Prescription Drugs Generic / Preferred / Non-Preferred	**Copays:** $20 / $80 / $120	**Copays:** $20 / $80 / $120	N/A

Medical Insurance | BlueCross BlueShield

PPO HDHP paired with HSA
This medical plan is comprised of two components:

(1) PPO High-Deductible Health Plan (HDHP)
This plan is the lowest premium cost per paycheck of the medical plan options. The High Deductible Health Plan is a PPO with a higher deductible to meet before the plan begins to pay. With the exception of preventive care, participants are responsible to pay the full cost of medical services, less any carrier discounts, prior to meeting the deductible. Once the deductible is met, the plan will pay 100% of remaining medical costs for the plan year. Enrollment in this plan allows you to open and contribute to an HSA through Health Equity.

(2) Health Savings Account (HSA)
A Health Savings Account is a tax-advantaged account paired with the HDHP that can be used to pay for qualified medical, dental, and vision expenses throughout the year. Funds in this account may be used to pay eligible expenses for you and your tax dependent(s). The money in your HSA is yours to keep, even if changing plans or retiring. Funds will roll over year-to-year.

Medical Plan Details:	**PPO HDHP** In-Network / Out-of-Network		
Policy Number	294504		
Network	**Tier 1:** Blue Choice Options	**Tier 2:** PPO	**Out-of-Network**
Deductible Individual Family	 $3,400 $6,800	 $4,500 $9,000	 $6,000 $12,000
	Embedded Deductible		
Coinsurance *(Member Responsibility)*	0%	20%	50%
Medical Out-of-Pocket Max Individual Family	 $3,400 $6,800	 $6,000 $12,000	 $12,000 $24,000
Physician Services Preventive Physician Office Visit Specialist Office Visit	 No Charge 0% After Deductible 0% After Deductible	 No Charge 20% After Deductible 20% After Deductible	 50% After Deductible 50% After Deductible 50% After Deductible
Emergency Room	0% After Deductible		
Urgent Care	0% After Deductible	20% After Deductible	50% After Deductible
Rx Out-of-Pocket Max Individual / Family	Included in Medical Out-of-Pocket Max		
Prescription Drugs Generic / Preferred / Non-Preferred / Specialty	0% After Deductible	0% After Deductible	0% After Deductible*
Mail Order Prescription Drugs Generic / Preferred / Non-Preferred	0% After Deductible	0% After Deductible	N/A

**Benefits are provided at 75% when using an out-of-network pharmacy. Members are responsible for 25% of the eligible amount.*

Health Savings Account (HSA)

2026 HSA Contributions

IRS Max Contribution:	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Max HSA Contribution	$4,400	$8,750	$8,750	$8,750
Catch-up Contribution (Age 55 and Older)	$1,000			

**The district may contribute to your HSA. Please note that your max HSA contribution would be reduced by the amount of the district contribution.*

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. Examples include, but are not limited to:

Medical Expenses
- Acupuncture
- Chiropractic care
- Fertility treatments
- Diagnostic services
- And more

Dental Expenses
- Cavities
- Crowns
- Dentures
- Orthodontia
- And more

Vision Expenses
- Vision exams
- Contacts
- Eye glasses
- Laser eye surgery
- And more

For a full list of qualified medical expenses go to www.irs.gov and search Section 213d.

Advantages to having a Health Savings Account (HSA)

- Triple tax savings benefit as contributions are not taxed going into the account, while they sit there earning interest or when they're taken out for a qualified medical expense
- You pay less in premium for this plan
- Unused funds rollover each year with no maximum on how much you can save and accumulate over time
- 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
- Your HSA can be viewed as a second means of savings for your retirement
- You control your healthcare spending and choose when to use your HSA dollars and when to save them
- You become a more informed participant in your healthcare and healthcare spending

Value Added Benefits | BlueCross BlueShield

BlueAccess for Members (BAM): www.bcbsil.com
BAM is a secure member website that gives you immediate access to your health care and benefit information. Check claim status, find in-network providers, use the hospital comparison tool, print medical or dental ID cards, and more.

To access BlueAccess Mobile download the app.

Virtual Visits—MDLIVE
MDLIVE's telehealth program provides enrolled members with access to non-emergency medical care without ever leaving the couch. Visit a doctor virtually, 24 hours a day, 7 days a week, for a variety of ailments and symptoms. Log on to MDLIVE.com/bcbsil or call **888.676.4204** today for additional info on this benefit.

Maternity Care Program: 888.421.7781
Personalized support provided by Obstetrical nurses.

24/7 Nurseline: 800.299.0274
(BCO PPO / PPO HDHP Members Only)
General health info and guidance for specific conditions from fevers to bee stings from a registered nurse.

Blue365 Discounts
Log into your BCBS member portal and click on Wellness. Look for the Blue365 Member Discount Program and click Visit Blue365.

Well on Target Member Wellness Program
Access health and wellness resources that can help you manage your health. Resources include health assessments, self-directed courses and health coaching.

Mail Order Prescriptions: 833.715.0942
Through Express Scripts express-scripts.com/rx, mail order prescriptions may save time and money.

Specialty Pharmacy Program: 833.721.1619
Through Accredo accredo.com, you can order and manage your specialty drug prescriptions.

Tips to Save Money

Preventive/Wellness Exams Covered at 100%
- Preventive care is one physical exam per year per enrolled member.
- Females get an annual well-woman exam covered at 100% in addition to their annual physical exam.
- No out-of-pocket costs apply - these exams are fully covered *as long as your physician codes them as preventive.*

Prescription Drugs
- Ask your doctor if there's a generic version of any medication you're currently taking or being prescribed.
- Take advantage of the Prescription Savings Programs at major retailers.
- Ask about free samples from your doctor and/or manufacturer rebates.

High Cost Scans, X-Rays & Tests
- MRI, PET scans, CT scans, etc. are less costly at in-network free-standing imaging centers than at hospitals.
- When possible, compare cost options prior to scheduling your necessary services.

Emergency Room Alternatives
The ER is a costly experience for issues that aren't true emergencies. Below are alternatives that can offer quick care at a more affordable cost.

- Doctor's office: for non-life threatening symptoms, call and let them know your symptoms require immediate attention.
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit cvs.com or walgreens.com to find a clinic near you.
- Urgent Care: less costly than the ER and can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.

Dental Insurance | BlueCross BlueShield

Dental Preferred Provider Organization (DPPO)
The DPPO allows the flexibility to use any dentist, in or out-of-network. Staying in-network will allow your annual maximum to last longer. If you visit a dentist out-of-network, you may be responsible for paying the bill at the time of service and receiving reimbursement later.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost. We recommend you request a predetermination of benefits for major services.

Preventive
- Annual cleanings
- Bitewing X-Rays
- Space maintainers
- And more

Basic Restorative
- Fillings
- Root Canal
- Oral Surgery
- And more

Major
- Dentures
- Bridges
- Inlays, Onlays, Crown
- And more

Dental Plan Details:	DPPO 1500 - 308195 In-Network / Out-of-Network	
Network	BlueCare Dental	
Individual Deductible	$25 per calendar year	
Family Deductible	$25 per person per calendar year (maximum $75)	
Preventive Coinsurance	100%	100%
Basic Coinsurance	80%	80%
Major Coinsurance	50%	50%
Annual Plan Maximum	$1,500	$1,500
Orthodontia	50% coinsurance	50% coinsurance
Orthodontia Age Limit	Age 19	Age 19
Orthodontia Maximum	$1,500	$1,500

To print a dental ID card, visit www.bcbsil.com and login to your BlueAccess for Members portal. Then navigate to “Member ID Card.”

To Find a BCBSIL Dental Provider, Visit www.bcbsil.com/find-care/providers-in-your-network/find-a-dentist or Call Customer Service toll-free at **800-367-6401**

Vision Insurance | VSP

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the true benefit of vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. If you visit a vision provider out-of-network, you will be responsible for paying the bill at the time of service and receiving reimbursement later.

Please note that when enrolling in one of the medical plans offered by the district, you are auto-enrolled in this vision plan.

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Network	**VSP Choice Network**		
Eye Exam	Every 12 months	$10 WellVision Exam Copay Up to $60 Contacts Exam Copay	Up to $45 Reimbursement
Lenses » **Single vision** » **Bifocal** » **Trifocal** » **Lenticular** » **Polycarbonate for children**	Every 12 months	$25 copayment	Reimbursement Varies
Frames*	Every 24 months	$130 allowance ($150 Allowance for featured brands) + 20% off balance over allowance	Up to $70 Reimbursement
Elective Contacts*	Every 12 months	$130 allowance	Up to $105 Reimbursement

**Vision benefit frequencies are based on the date of service within the policy year.*
***Contacts and glasses are not covered by the plan in the same calendar year. Discounts may apply if additional materials are purchased.*

For additional discounts on materials and services, visit ***https://www.vsp.com/offers/special offers***

Primary Eye Care

VSP's most robust medical eye care plan, providing treatment and services for all vision-related medical conditions such as dry eye, cataracts, pink eye, eye injury, and foreign body removal and diseases.

Included in the Primary EyeCare benefit:

- Covered-in-full retinal screening for members with diabetes, even if you don't show signs of diabetic eye disease.
- Additional medical eye exams to monitor and track diabetic eye disease, glaucoma and/or AMD.
- Additional medical eye exams and other services for non-chronic conditions.

VSP does not issue or require Vision ID cards for service as providers are able to locate you in their system using your name and date of birth. If you would like an ID card, you can login to your account to print your Member ID card.

To Find a VSP Vision Provider, visit www.vsp.com/eye-doctor or Call Customer Service toll-free at **800-877-7195**

Basic Life/AD&D | SunLife

District 181 provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance through SunLife at no cost to you. Basic Life Insurance helps ease your loved ones' financial burden by providing a benefit to your designated beneficiary in the case you pass away. AD&D coverage provides an additional benefit to your beneficiary if you pass away from a covered accident. AD&D will also pay a benefit if you suffer loss of limb or sight from a covered accident. Always keep your beneficiary information updated.

	Life Benefit Amount
Coverage Increments	1x Annual Earnings (rounded to nearest $1,000)
Maximum Benefit Amount	$50,000

Voluntary Life/AD&D | SunLife

Voluntary Life is additional coverage you can purchase to further ease your loved ones' financial burden in the case you pass away. You may also choose to purchase additional AD&D coverage (AD&D benefit must match life amount). This coverage is paid for 100% by you at a discounted group rate. Always keep your beneficiary information updated.

	Employee	Spouse	Child (ren)
Coverage Increments	$10,000	$5,000	$5,000
Guaranteed Issue Amount	$200,000	$25,000	$10,000
Maximum Benefit Amount	$500,000, not to exceed 7x annual earnings	$250,000, not to exceed 100% of employee amount	$10,000

If enrolling when newly eligible, you may elect up to the Guaranteed Issue Amount without completing Evidence of Insurability (EOI). If electing an amount in excess of the Guaranteed Issue Amount, EOI is required. EOI is also required if you and/or your spouse previously waived coverage and choose to enroll at a later time, or if applying for an increase of coverage in excess of $40,000 at open enrollment.

Whole Life Insurance with Long-Term Care | Allstate

When a family loses someone, in addition to grief, surviving family members may suddenly be faced with costly expenses and debts. Whole life insurance offers a defined amount of life insurance coverage locking in the cost at your current age. The face value of the policy never decreases and the cost never increases as long as premiums are paid timely. This policy also has a long-term care benefit that provides financial support to cover the cost of long-term care you might need while you're still living as a result of an accident, illness or aging. This benefit will pay a defined percentage monthly up to a defined number of months to help pay for your covered long term care needs. This policy does not coordinate with any other coverage, so you can still receive benefits on top of any other life insurance you may own or be provided.

Here's how it works

You enroll in Group Whole Life Complete through your employer. **Premium payments are conveniently deducted from your paycheck automatically.**



Death

When you pass away, your beneficiaries receive the death benefit amount as a lump-sum cash payment.



Long-Term Care

If you require long-term care at some point, you can begin to draw funds from the death benefit to receive a monthly payment that may be used for the cost of that care.



Financial Emergency

If you have a financial emergency and need cash, you can access funds from the cash balance.

What is the Long-Term Care Benefit?

- **6%** of the **death benefit**
- Payable each month for up to **34 months**

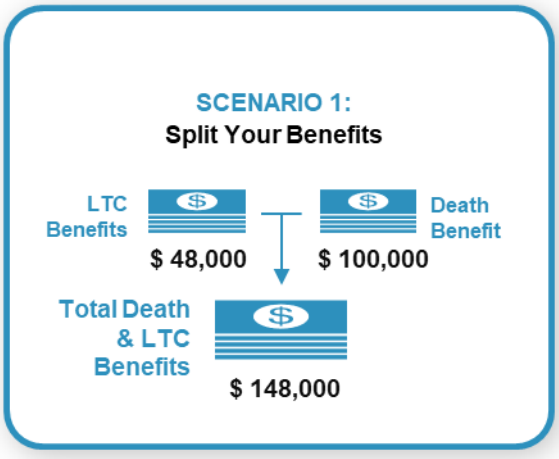
What about the death benefit?

- It's **RESTORED** to the original face amount of the policy regardless of the amount of LTC benefits paid.

100K Policy Scenario

At age 46 John requires eight months of home health care due to an accident.

- **Long-Term Care Benefits** (8 months) = $48,000
  - $6,000 x 8 months
- **Remaining Death Benefit** = $100,000
- **Total Benefits** = $148,000



Important Note

- Please call the benefit counselors for more information on plan details and rates.

Voluntary Accident | BlueCross BlueShield

Since accidents can happen at any time, it's important to prepare for the unexpected. Accident insurance can help pay for out-of-pocket expenses associated with an accident by paying you a benefit for each of the covered injuries you suffer and the treatment you received. This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides. See plan highlight sheet for specific coverage details.

Payments are made directly to you to use as you see fit. They can be used to help pay for medical plan deductibles and copays (if applicable), out-of-network treatments, your family's every day living expenses, or anything else you need while recovering from an accident. Here are some, but not all, ways to trigger a payment from the accident policy:

- **Wellness:** Pays a specific benefit amount for going for a preventive care visit such as an annual physical
- **Treatment:** Pays a specific benefit amount for emergency room treatment, X-Rays, diagnostic exams, physical therapy, and follow-up treatment
- **Ambulance:** Pays a specific benefit amount for ambulance or air-ambulance transportation to a hospital due to injuries sustained in a covered accident
- **Miscellaneous:** Pays a specific benefit amount for concussions, breaks, sprains, burns, dislocations, lacerations, and more

Note, this coverage applies to accidents that occur on or off the job.

Voluntary Critical Illness | BlueCross BlueShield

Critical illness insurance protects your family when you are diagnosed with an unexpected covered condition by providing you with a lump sum cash benefit in the event you or an insured family member is diagnosed with a covered condition. This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides. This plan also pays a specific benefit amount for going for a preventive care visit such as an annual physical. See plan highlight sheet for specific coverage details.

Coverage Amount	
Employee Coverage Amount	$5,000 - $20,000 in increments of $5,000
Spouse Coverage Amount	$2,500 - $10,000 in increments of $2,500, not to exceed 100% of the employee benefit amount
Child(ren) Coverage Amount	$2,500 - $10,000 in increments of $2,500, not to exceed 100% of the employee benefit amount

Voluntary Hospital Indemnity | BlueCross BlueShield

Hospital Indemnity insurance protects your family when you have a hospital or ICU stay. This policy provides financial protection by paying you a benefit for hospital admission, hospital confinement and ICU care. Benefits are paid based on admission and length of stay for a defined number of days. This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides.

		Plan Coverage
Hospital Admission	Up to 1 day per year	$1,000
Daily Hospital Confinement (Day 2+)	Up to 30 days per year	$100 per day
ICU Admission	Up to 1 day per year	$1,000
Daily ICU Confinement (Day 2+)	Up to 10 days per year	$100 per day

Employee Assistance Program (EAP)

The EAP, provided by AllOne Health, offers 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. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. There is no cost, it's just there for you when you need it.

For more information call (800) 451-1834

Additionally, you can visit allonehealth.com/portal and login with the following account credentials for more information:

Member Portal and App Code: LIN500

Possible reasons to call can include:

- Stress and depression
- Life transitions
- Grief and loss
- Parenting and child care
- Elder care referrals
- Domestic violence
- Workplace conflict
- Work/life balance
- Addiction and recovery
- Financial issues
- Legal assistance
- And more

Global Emergency Services | Assist America

The global emergency assistance program provided by Assist America connects you to qualified healthcare providers, hospitals, pharmacies and other services if you experience an emergency while traveling 100 miles away from home or outside the country for up to 90 days. These services are available through the SunLife Basic Life policy at no cost to you. See below for further details:

Medical Emergency Assistance

Medical Consultation, Evaluation, & Referrals
Assist America's 24/7 Operations Center is staffed by multilingual assistance personnel to immediately support with recommendations for any emergency.

Medical Monitoring
Assist America's support team will closely monitor the course of treatment, and maintain regular communication with patients, their families, and the associated medical staff.

Emergency Medical Evacuation
If appropriate care is not available, Assist America will safely evacuate the member to the nearest qualified medical facility.

Foreign Hospital Admission Assistance
Assist America fosters prompt hospital admission by validating the member's health insurance as needed to the hospital. The member must repay funds within 45 days.

Medical Repatriation
When confirmed to be medically necessary, Assist America provides commercial transportation to home or to a rehabilitation facility proximate to the members residence, with a medical or non-medical escort as required.

Prescription Assistance
When a prescription is lost or left behind, Assist America will reach out to the prescribing physician and work with a local pharmacy to replace the member's medicine. The prescription cost is the member's responsibility.

Travel Emergency Assistance

Care of Minor Children
If an injured member has minor children left unattended, Assist America will pay for them to return home to a family member, or will arrange for childcare at home.

Compassionate Visit
If the member is traveling alone and is expected to be hospitalized for more than seven days, Assist America will arrange and pay for a selected family member or a friend to join the patient.

Return of Vehicle
Assist America will arrange and pay for the member's fully-operable and non-commercial vehicle to be returned home when necessary due to the member's medical emergency.

Return of Mortal Remains
In the event of a member passing away, Assist America will arrange and pay for the required documents, preparation, and transport of the remains to a funeral home near the member's place of residence.

Pre-Trip Information
Members can review country profiles, visa requirements, immunization regulations, security advisories directly from the Assist America website and Mobile App, as well as calling into our Operations Center for additional assistance.

Other emergency assistance services include:
Lost Luggage and Document Assistance, Legal & Interpreter Referrals, Emergency Message Transmission, Emergency Trauma Counceling & Emergency Cash & Bail Bond Coordination

How to Activate Services

To activate the services, contact Assist America at:

- Use the **Tap for Help Button on the Mobile App**
- **1-800-872-1414** (Within the US)
- **1-609-986-1234** (Outside the US)
- Email **medservices@assistamerica.com**

Your Assist America Reference Number is:

01-AA-SUL-100101

Available on Google Play and the App Store

ID Theft Protection | Assist America

ID Theft Protection Services

Assist America offers prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. These services include:

24/7 Access to Identity Protection Experts
You have 24/7 direct emergency access to ID Theft Protection experts who can provide guidance in dealing with identity fraud issues.

Credit Card and Document Registration
Register your details using our secure website to store information from credit cards, banks and other important document in a single, centralized and secured location.

Loss & Stolen Card Assistance
Assist America arranges for notification to credit and debit card issuers that a card has been lost or stolen, for all such issuers who accept third party notifications. This Service requires advance registration of up to ten (10) debit or credit cards by the member.

24/7 Identity Fraud Support
If you are a victim of identity fraud, a dedicated ID Theft Protection expert will guide you in mitigating the consequences of the fraud. Your caseworker will also notify credit and debit card issuers if your credit or debit card(s) is lost or stolen.

1-877-409-9597 (Within the US)
1-816-396-9192 (Outside the US)

Access Code: 18327

How to Activate Services

To activate the services, contact Assist America at:

- Use the **Tap for Help Button on the Mobile App**
- **1-800-872-1414** (Within the US)
- **1-609-986-1234** (Outside the US)
- Email **medservices@assistamerica.com**

Your Assist America Reference Number is:

01-AA-SUL-100101

Download the Mobile App

Access a wide range of global emergency assistance services from your phone by downloading the Assist America Mobile App. Enter your Assist America Reference Number to set up the App:

01-AA-SUL-100101

Available on Google Play and the App Store

Pet Insurance | Pet Partners

What is Pet Insurance?
Pet insurance is health insurance for dogs and cats. Get reimbursed for costly veterinary bills and focus more on the health of your pets and less on how you're going to pay for it. Plans feature coverage for accidents, illnesses and injuries including cancer coverage.

How it Works:

- Enroll in pet insurance
- Pay your vet
- Submit a claim with your vet bill
- Get reimbursed for eligible expenses

Enroll:

https://www.petpartners.com/enroll?p=LAA

Coverage Includes:

- Common Illnesses
- Prescription Medication
- Toxin Ingestion
- Alternative Treatments
- Behavioral Issues
- Preventative Care
- Digestive Issues
- Diagnostics
- Cancer
- Broken Bones
- Hospitalization
- Surgery

Flexible Spending Account | HealthEquity

Flexible Spending Accounts (FSAs) allow you to set money aside to pay for certain eligible expenses throughout the year. The money is deducted from payroll pre-tax, reducing your taxable income. The FSA plan year aligns with the calendar year, running January 1 to December 31. FSAs have a "Use It or Lose" rule, so be conservative when electing how much to contribute. Three types of FSAs are available:

Health Care FSA

The Health Care FSA (HCFSA) allows you to contribute pre-tax money for qualified health care expenses that you, your spouse and/or your dependent children incur throughout the plan year. You and/or your dependents do not need to be enrolled in medical, dental or vision coverage through the district to enroll in the HCFSA. You may contribute up to $3,400 for the 2026 plan year.

Eligible reimbursable expenses include medical, dental and vision plan deductibles, copays, and coinsurance (if applicable), orthodontia expenses not covered by your dental plan, prescription drugs, prescription eye glasses and contact lenses, Lasik eye surgery and more. If there are funds remaining in your HCFSA at the end of the plan year, you may rollover up to $680 to the next plan year. Any remaining amounts over $680 will be forfeited.

Limited Purpose FSA

The Limited Purpose FSA (LPFSA) allows you to contribute pre-tax money for eligible non-medical expenses, such as dental and vision plan deductibles, copays, and coinsurance. LPFSA can be elected in conjunction with the HDHP (and HSA). You may contribute up to $3,400 for the 2026 plan year. If there are funds remaining in your LPFSA at the end of the plan year, you may rollover up to $680 to the next plan year. Any remaining amounts over $680 will be forfeited.

Dependent Care FSA

The Dependent Care FSA (DCFSA) allows you to contribute pre-tax money for eligible dependent care services so that you can continue to work. Eligible expenses include daycare, before-school and after-school care, babysitters for children under age 13, and more. You may contribute up to $7,500 for the 2026 plan year. All Dependent Care FSA expenses must be incurred during the plan year. Unused funds will be forfeited.

Submitting Claims

As you incur eligible expenses, you file a simple claim form (along with copies of your receipts) and are reimbursed for such expenses from the account. Employees who enroll in the HCFSA or LPFSA for the first time will receive an FSA debit card to pay for qualified purchases, eliminating the need to submit a paper claim and wait for reimbursement. If you previously enrolled in the HCFSA or LPFSA, you may continue to use your debit card until the expiration date on the card.

For a full list of eligible expenses, visit https://www.healthequity.com/fsa-qme

Commuter Benefits | HealthEquity

Commuter Benefits allow you to set aside tax-free money to pay for eligible expenses you incur as part of your commute to and from work.

You control your contributions month-by-month. You may contribute up to $340 per month in 2026 deducted from your gross income earnings to be used for the cost of mass transit such as a bus or train (parking costs are not eligible).

Rate Information

HMO 3 Wellness

Premium Rates:	20 / 24 pays
Employee Only	$62.93 / $52.45
Employee & Spouse	$130.46 / $108.72
Employee & Child(ren)	$124.76 / $103.97
Family	$200.03 / $166.69

HMO 3 Non-Wellness

Premium Rates:	20 / 24 pays
Employee Only	$75.43 / $62.86
Employee & Spouse	$142.96 / $119.14
Employee & Child(ren)	$137.26 / $114.38
Family	$212.53 / $177.11

HMO 4 Wellness

Premium Rates:	20 / 24 pays
Employee Only	$53.93 / $44.95
Employee & Spouse	$117.86 / $98.22
Employee & Child(ren)	$112.79 / $93.99
Family	$181.31 / $151.09

HMO 4 Non-Wellness

Premium Rates:	20 / 24 pays
Employee Only	$66.43 / $55.36
Employee & Spouse	$130.36 / $108.64
Employee & Child(ren)	$125.29 / $104.41
Family	$193.81 / $161.51

BCO PPO Wellness

Premium Rates:	20 / 24 pays
Employee Only	$129.42 / $107.85
Employee & Spouse	$288.77 / $240.64
Employee & Child(ren)	$276.72 / $230.60
Family	$435.01 / $362.51

BCO PPO Non-Wellness

Premium Rates:	20 / 24 pays
Employee Only	$141.92 / $118.27
Employee & Spouse	$301.27 / $251.06
Employee & Child(ren)	$289.22 / $241.02
Family	$447.51 / $372.93

PPO HDHP Wellness

Premium Rates:	20 / 24 pays
Employee Only	$73.92 / $61.60
Employee & Spouse	$170.61 / $142.18
Employee & Child(ren)	$163.23 / $136.02
Family	$259.60 / $216.33

PPO HDHP Non-Wellness

Premium Rates:	20 / 24 pays
Employee Only	$86.42 / $72.01
Employee & Spouse	$183.11 / $152.59
Employee & Child(ren)	$175.73 / $146.44
Family	$272.10 / $226.75

Dental

Premium Rates:	20 / 24 pays
Employee Only	$0.00 / $0.00
Employee + 1	$50.71 / $42.26
Family	$79.93 / $66.61

Vision*

Premium Rates:	20 / 24 pays
Employee Only	$3.10 / $2.58
Employee & Spouse	$4.49 / $3.74
Employee & Child(ren)	$4.87 / $4.06
Family	$8.05 / $6.71

**If enrolled in a district medical plan, you and your covered dependents are automatically enrolled in vision at no additional cost*

Rate Information

Voluntary Life
Rate per $1K of coverage

Employee Age	20 / 24 pays
<25	**$0.036 / $0.030**
25-29	**$0.036 / $0.030**
30-34	**$0.048 / $0.040**
35-39	**$0.054 / $0.045**
40-44	**$0.066 / $0.055**
45-49	**$0.096 / $0.080**
50-54	**$0.168 / $0.140**
55-59	**$0.270 / $0.225**
60-64	**$0.420 / $0.350**
65-69	**$0.804 / $0.670**
70+	**$1.302 / $1.085**
Child(ren)	**$0.054 / $0.045**

Spouse rate based on employee age

Voluntary AD&D
Rate per $1K of coverage

	20 / 24 pays
Employee	**$0.006 / $0.005**
Spouse	**$0.012 / $0.010**
Child(ren)	**$0.006 / $0.005**

AD&D may not be elected without voluntary life

How to Calculate Your Cost:

_____ / 1000 = _____ x _____

Desired Coverage Amount

Age-Based Rate (Include AD&D cost if electing AD&D)

Example: 38 year-old employee electing $100,000 voluntary life and AD&D coverage for self only.

100 x $0.05 = $5.00 per paycheck

Rate Information

Accident

Premium Rates:	20 / 24 pays
Employee Only	$3.80 / $3.17
Employee & Spouse	$6.38 / $5.32
Employee & Child(ren)	$7.13 / $5.95
Family	$11.29 / $9.41

Hospital Indemnity

Premium Rates:	20 / 24 pays
Employee Only	$9.12 / $7.60
Employee & Spouse	$18.94 / $15.78
Employee & Child(ren)	$18.38 / $15.32
Family	$30.67 / $25.56

Critical Illness

Employee 20 / 24 Pay Premium Rates

Elected Benefit Amount:	Age 0-29	Age 30-39	Age 40-49	Age 50-59	Age 60-64	Age 65+
$5,000	$1.23 / $1.03	$1.83 / $1.53	$3.38 / $2.82	$6.27 / $5.23	$9.92 $8.27	$14.69 / $12.25
$10,000	$2.45 / $2.05	$3.65 / $3.05	$6.75 / $5.63	$12.53 / $10.45	$19.83 / $16.53	$29.38 / $24.49
$15,000	$3.68 / $3.07	$5.48 / $4.57	$10.13 / $8.44	$18.80 / $15.67	$29.75 / $24.79	$44.08 / $36.73
$20,000	$4.91 / $4.09	$7.31 / $6.09	$13.50 / $11.25	$25.07 / $20.89	$39.66 / $33.05	$58.76 / $48.97

Spouse 20 / 24 Pay Premium Rates

Elected Benefit Amount:	Age 0-29	Age 30-39	Age 40-49	Age 50-59	Age 60-64	Age 65+
$2,500	$0.94 / $0.79	$1.26 / $1.05	$2.06 / $1.72	$3.52 / $2.94	$5.35 / $4.46	$7.99 / $6.66
$5,000	$1.89 / $1.58	$2.53 / $2.11	$4.12 / $3.43	$7.04 / $5.87	$10.70 / $8.92	$15.98 / $13.32
$7,500	$2.83 / $2.36	$3.79 / $3.16	$6.17 / $5.15	$10.56 / $8.80	$16.05 / $13.38	$23.97 / $19.98
$10,000	$3.77 / $3.15	$5.05 / $4.21	$8.23 / $6.86	$14.08 / $11.74	$21.40 / $17.84	$31.96/ $26.63

Child 24 Pay Premium Rates

Elected Benefit Amount:	20 / 24 pays
$2,500	$0.31 / $0.26
$5,000	$0.62 / $0.52
$7,500	$0.92 / $0.77
$10,000	$1.23 / $1.03

Important Contact Information

Benefits Department	
Contact	Lupita Tellez, Benefits Coordinator
Email Address	ltellez@d181.org
Phone Number	630-861-4901

Carrier Contact Information				
Medical HMO	BCBS of IL	www.bcbsil.com	800.892.2803	Policy Number: B14332 / B01776
Medical PPO HDHP	BCBS of IL	www.bcbsil.com	800.828.3116	Policy Number: 294492 / 294504
Dental PPO	BCBS of IL	www.bcbsil.com	800.367.6401	Policy Number: 308195
Vision	VSP	www.vsp.com	800.877.7195	Policy Number: 12019596
Basic Life/AD&D	SunLife	www.sunlife.com/us/en/	800.247.6875	Policy Number: 910421
Voluntary Life/AD&D	SunLife	www.sunlife.com/us/en/	800.247.6875	Policy Number: 910421
Whole Life with Long-Term Care	Allstate	www.allstate.com	800.521.3535	
Global Emergency Assistance	Assist America	www.assistamerica.com	800.872.1414	Reference Number: 01-AA-SUL-100101
ID Theft Protection	Assist America	www.assistamerica.com	877.409.9597 Access Code: 18327	Reference Number: 01-AA-SUL-100101
Voluntary Accident	BCBS of IL	Service.ancillary.bcbsil.com	800.367.6401	Policy Number: F022645
Voluntary Critical Illness	BCBS of IL	Service.ancillary.bcbsil.com	800.367.6401	Policy Number: F022645
Voluntary Hospital Indemnity	BCBS of IL	Service.ancillary.bcbsil.com	800.367.6401	Policy Number: F022645
Employee Assistance Program	AllOne Health	Allonehealth.com/portal Portal & App Code: LIN500	800.451.1834	
Health Savings Account	HealthEquity	www.healthequity.com/Learn	866.346.5800	
Pet Insurance	Pet Partners	www.petpartners.com/enroll?p=LAA	866.774.1113	
Flexible Spending Account	HealthEquity	www.healthequity.com/Learn	866.346.5800	
Commuter Benefits	HealthEquity	www.healthequity.com/Learn	866.346.5800	



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's 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. The Company 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.