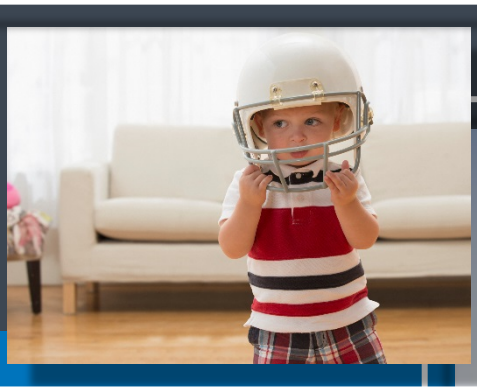
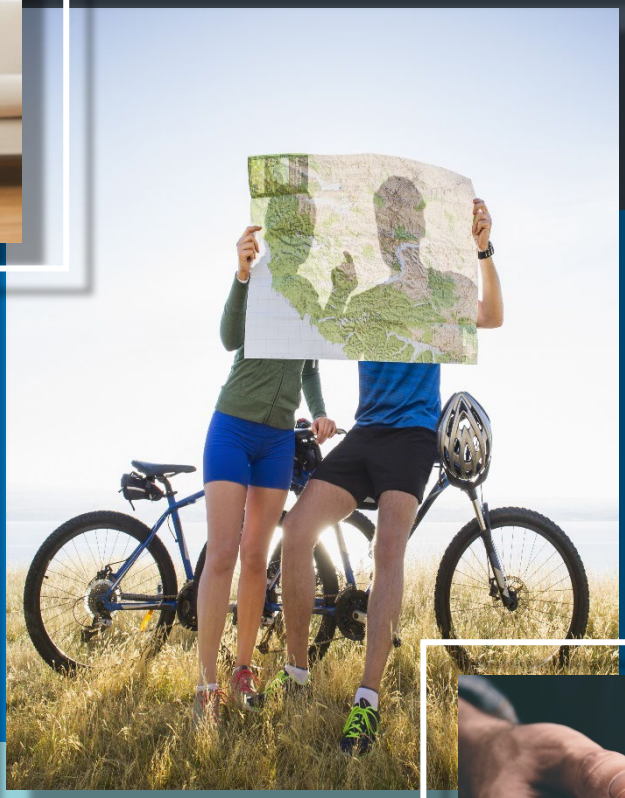
# 2021 Group Health Plan
# OPEN ENROLLMENT





Marion CUSD #2

Teaching Tomorrow's Leaders Today!

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**This Benefit Guide provides summarized information for the Marion C.U.S.D #2 Group Health Plan**
**Effective September 1, 2021 – August 31, 2022**

# CONTENTS



This is a high-level overview of certain benefits Marion C.U.S.D. #2 offers. The information in this booklet is intended as a general outline of the benefits offered under Marion C.U.S.D. #2's benefits program and should not be considered legal, investment or other benefits advice. Specific details and plan limitations are provided in the Summary Plan Descriptions (SPD), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The SPD and Plan Documents contain all the specific provisions of the plans. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail. Benefit plans are subject to change, amendment, or termination without notice to or the agreement of any employee/participant. All protected health information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact the Unit Office.

# OPEN ENROLLMENT

## MEDICAL BENEFITS OFFERED

### INSURANCE COMPANY

**BlueCross BlueShield of Illinois**
www.bcbsil.com

Choice of 2 plans:
**PPO**
**HIGH DEDUCTIBLE (HSA Eligible)**

### COST

Premiums Change eff. Sep 1, 2021.
The District continues to pay
75% of your premiums.

### BENEFITS

Even though your premiums change September 1, Deductibles and Out of Pocket Maximums continue to accumulate on a calendar year basis.
If you move from the PPO plan to the High Deductible Plan you will be given credit for deductible and out of pocket amounts already satisfied in 2021.

### ANNUAL OPEN ENROLLMENT

During the month of August, you may enroll, add or drop coverage for you and eligible family members without a qualifying life event. You may also move from one medical plan to the other. For instance from the PPO plan to the HSA eligible High Deductible Plan.

**If you do not want to make any changes during open enrollment you do not need to take any action. Your current coverage will continue.**

If you wish to enroll or make a change during open enrollment, please contact the Unit Office.

**CHANGES and NEW ENROLLMENTS WILL BE EFFECTIVE SEPTEMBER 1, 2021.**

To enroll or make changes during the year, you must notify the Unit Office and complete an enrollment/change form within 30 days of a Qualifying Life Event.

### Helpful Tips To Consider Before You Enroll

1. **Do you plan to enroll an *eligible dependent(s)*?**
   If so, make sure to have their social security numbers and birthdates available. You cannot enroll your dependent(s) without this information.
2. **Have you recently been *married/divorced or had a baby*?**
   If so, remember to add or remove any dependent(s).
3. **Did any of your covered children reach their *26th birthday this year*?**
   If so, they may no longer be eligible for benefits, unless they meet specific criteria.

# ELIGIBILITY
RULES | REQUIREMENTS

## EMPLOYEE ELIGIBILITY

You are eligible to participate if you are full-time and work a minimum of 30 hours per week.

## DEPENDENT ELIGIBILITY

You may also enroll eligible dependents for medical coverage. A **'dependent'** is defined as the **legal spouse, party to a civil union** and/or '**dependent child(ren)'** of the plan participant or the spouse.

**The term 'child' refers to any of the following:**

- A natural (biological) child;
- A stepchild;
- A legally adopted child;
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse/party to a civil union; or
- Disabled dependents may be eligible if requirements set by the plan are met.

## WHEN DOES COVERAGE END?

| Event | When coverage ends |
|---|---|
| **Termination of employment or reduction in hours** | The **last day of the calendar month.** |
| **Child reaching the limiting age** | The **last day of the month** the child turns **age 26**. The limiting age may be extended to **age 30** for unmarried, eligible military personnel. |

# Qualifying Life Events

If you have a Qualifying Life Event and want to request a mid-year change, you must notify the Unit Office and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

Common life events include; Marriage, Divorce, New Dependent, Loss/gain of available coverage by you or your eligible dependents.

## IMPORTANT

You cannot make changes to your coverage during the year unless you experience a qualified family status change, which must be reported to the Unit Office within 30 days of the event.

If you or a covered family member lose coverage, COBRA continuation of coverage may be available as applicable by law.

# MEDICAL
## Plan Choices

**COMMON INSURANCE TERMS**

A **PREMIUM** is the amount you pay for insurance, using pre-tax or post-tax dollars.

A **CO-PAYMENT (CO-PAY)** is a fixed amount you pay to receive services. Your co-payment(s) will count towards your out-of-pocket maximum but not your deductible. Office visits and prescription drugs subject to co-pays are NOT also subject to the deductible.

A **DEDUCTIBLE** is the amount you are responsible for paying each year before the plan begins to pay for covered services, with the exception of preventive care services, which are covered at 100% In-Network.

**COINSURANCE** This is your share of the expense of covered services after your deductible has been satisfied. The plan pays a percentage and you pay a percentage.

**OUT-OF-POCKET (OOP) MAXIMUM** is the annual limit on what you pay per Plan Year for health care expenses. It includes deductibles, flat-dollar co-pays and coinsurance for all covered services. Once this limit is met, the plan will cover all eligible services at 100% until the end of the plan year.

### PPO | In-Network & Out-of-Network * Benefits Available

The PPO option offers the freedom to see any provider when you need care. When you use providers from within the PPO network, you receive benefits at the discounted network cost. Most common expenses, such as office visits and prescription drugs are covered by a co-pay. Other expenses are subject to a deductible and coinsurance.

### HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

### In-Network & Out-of-Network* Benefits Available

The HDHP is similar to the PPO Plan in that you have the option to choose any provider when you need care. However, in exchange for a lower per-paycheck cost, you must satisfy a higher deductible that applies to almost all health care expenses, including those for prescription drugs.

All expenses are your responsibility until the deductible is reached, with the exception of preventive care, which is covered at 100% when you visit a physician in the network. Once the deductible is met, the plan pays 100% of eligible medical and prescription drug expenses.

Enrolling in this plan allows you to contribute tax free dollars to a health savings account (HSA). Any dollars that you contribute can be used towards any eligible medical, Rx, dental and vision expenses that you may incur while covered under the plan. See HSA section of this guide for additional details.

### BlueCross PPO Network Discounts

When you choose a PPO Network provider you always get the advantage of BlueCross' negotiated discounts. You also avoid being balance billed for charges that exceed the negotiated amount.

*** OUT-OF-NETWORK** charges in the above plans are subject to reasonable and customary limitations, which means you are responsible for charges over this amount in addition to separate deductible and coinsurance.

### Did You Know?

- ✓ **Preventive Services** are c**overed at 100% In-Network** and copays & deductibles do not apply.
- ✓ You **pay less** out of pocket if you receive care from an **In-Network provider.**

### How do I find an In-Network Provider?

Log into your **BLUE ACCESS FOR MEMBERS** account
www.bcbsil.com/member
In-Network providers can also be found on the BlueCross website (www.bcbcsil.com) under "Find a Doctor or Hospital".
And don't forget, you can always call BlueCross member services at the phone number on the back of your BlueCross ID card.

# MEDICAL
## PLAN BENEFIT COMPARISON & COST

BlueCross BlueShield of Illinois

| BENEFITS | PPO Plan | | HDHP Plan | |
|---|---|---|---|---|
| | Network | Non-Network | Network | Non-Network |
| **DEDUCTIBLE** | Embedded | | Embedded | |
| **Single Deductible** | $3,000 | $6,000 | $6,550 | |
| **Family Deductible** | $6,000 | $12,000 | $13,100 | |
| **COINSURANCE** *(applies after deductible is met)* | | | | |
| **Member Cost Share %** | 20% | 40% | 0% | 40% |
| **Health Savings Account** | | | | |
| **Eligible Plan for HSA** | No | | ✓ | |
| **MEMBER COPAYMENT(S)** | | | | |
| **Primary Care (PCP) - Office Visit** | $50 copay | 40% after deductible | 0% after deductible | 40% after deductible |
| **Specialist - Office Visit** | $80 copay | 40% after deductible | 0% after deductible | 40% after deductible |
| **Urgent Care Facility** | 20% after deductible | 40% after deductible | 0% after deductible | 40% after deductible |
| **Emergency Room Visit** | 20% after deductible | | 0% after deductible | |
| **Inpatient Hospitalization** | 20% after deductible | 40% after deductible + $300 copay | 0% after deductible | 40% after deductible + $300 copay |
| **Outpatient Surgery** | 20% after deductible | 40% after deductible | 0% after deductible | 40% after deductible |
| **PRESCRIPTION COPAYS (RETAIL / MAIL ORDER)** | | | | |
| **Generic** | $25 / $62.50 | $25 / N/A | 0% after deductible | |
| **Preferred Brand** | $40 / $100 | $40 / N/A | 0% after deductible | |
| **Non-Preferred Brand** | $60 / $150 | $60 / N/A | 0% after deductible | |
| **OUT-OF-POCKET (OOP) MAXIMUM** | | | | |
| **Single Maximum** | $5,000 | $10,000 | $6,550 | $13,100 |
| **Family Maximum** | $10,000 | $20,000 | $13,100 | $26,200 |
| **SEMI-MONTHLY EMPLOYEE CONTRIBUTIONS** | | | | |
| **Employee Only** | $91.99 | | $48.00 | |
| **Employee & Spouse** | $202.30 | | $189.07 | |
| **Employee & Child(ren)** | $170.16 | | $159.00 | |
| **Employee & Family** | $241.31 | | $216.88 | |

## Your Care Options and When to Use Them.

### Primary Care Physician (PCP)

For routine, primary/preventive care, or non-urgent treatment, we recommend going to your doctor's office for medical care or consulting your doctor through a virtual visit. Your doctor knows you and your health history, and has access to your medical records. You will also pay the least amount out-of-pocket when you receive care in your doctor's office.

### Urgent Care Centers vs. Hospital Emergency Rooms

Costs and services in hospital emergency rooms are drastically different than those in urgent care centers. In general, consider an urgent care center as an extension of your PCP, while emergency rooms should be used for health conditions that require a high level of care. Research the options in your area and determine which ones are covered by your insurance plan's network; note that balance billing may apply. Choosing an urgent care center for non-emergency care when your PCP is not available could save you hundreds of dollars.

# HEALTH SAVINGS ACCOUNT

HSA | TAX SAVING VEHICLE

## ENROLLED IN A HSA ELIGIBLE HEALTH PLAN?

**Take charge of your health care spending with a Health Savings Account (HSA).** Contributions to an HSA are tax-free, interest earned is tax-free and withdrawals are tax-free when used for qualified expenses.

A Health Savings Account (HSA) is a tax-free savings account owned by you and lets you build up savings for future needs. The funds may be used to pay for qualified healthcare expenses not covered by insurance or any other plan for yourself, your spouse, or tax dependents. You decide how much to contribute, when and how to spend the money on eligible expenses, and how to invest the balance.

### UNDERSTANDING YOUR HSA

- Check with your bank or financial institution about opening a Health Savings Account.
- You can use your HSA available funds to pay for qualified medical expenses tax-free.
- HSA funds can be used for non-eligible expenses, but will be subject to regular income taxes and a 20% excise tax penalty.
- Unused funds remain in your account for future use and roll over each calendar year;
- HSAs remain with you even if you change health plans or companies. If you open an HSA and later become ineligible to make contributions, you can still use your remaining funds.
- Make contributions to your HSA on your schedule; monthly, quarterly or annually.

### HSA ELIGIBILITY REQUIREMENTS

- ✓ To be eligible to open and contribute to an HSA, you must have coverage under a qualified High Deductible Health Plan (HDHP).
- ✓ Participants cannot be covered by any other health insurance plan (this exclusion does not apply to certain other types of insurance, such as dental, vision, disability or long-term care coverage);
- ✓ Participants cannot participate in a Healthcare FSA or spouse/domestic partner's Healthcare FSA or Health Reimbursement Account (HRA).
- ✓ Participants cannot be enrolled in Medicare or Medicaid *(including dependents).*
- ✓ You cannot be eligible to be claimed as a dependent on someone else's tax return.
- ✓ You have not received Department of Veterans Affairs Medical benefits in the past 90 days.

### HSA CONTRIBUTIONS

**Each year, the IRS sets an annual limit on the amount that can be contributed to HSA accounts.**

| HSA Contribution Limits | | |
|---|---|---|
| | 2021 | 2022 |
| Employee with Single Coverage | $3,600 | $3,650 |
| Employee Covering 1 or more Dependent | $7,200 | $7,300 |
| Catch-up Contribution (age 55 and older) | $1,000 | $1,000 |

For additional information go to www.irs.gov

# BLUECROSS PHARMACY PROGRAM

Effective October 1, 2020 the plan (both PPO and High Deductible) was updated to include the latest BlueCross pharmacy program. Updates included:

- **Advantage Network:** CVS does not participate in the Advantage Network but many local pharmacies do, including but not limited to: Walgreens, Kroger, Walmart & Medicine Shoppe. *CVS customers should contact the pharmacy of their choice to get current prescriptions moved to a participating pharmacy before October 1st.*
- **Member Pay the Difference:** When you fill a prescription for a covered name brand drug where a generic equivalent is available, you will pay the co-pay plus the difference in cost between the brand drug and its generic equivalent.
- **Performance Drug List:** Some drugs may be in a new category. Please contact Prime Therapeutics to confirm your drug's category and co-pay.
- **Dedicated Specialty Pharmacy**: Members who take Specialty Medications will now fill their prescriptions through **AllianceRx Walgreens Prime.** Members will receive assistance from care managers including locating available co-pay and financial assistance programs.

**For more information about your prescription drug benefits or to locate a participating pharmacy go to www.myprime.com or call Prime Therapeutics at 1-877-794-3574**

### WHERE CAN I FIND A DRUG LIST?

Log into your BLUE ACCESS FOR MEMBERS account **www.bcbsil.com/member** to check your list of covered drugs and learn more about your prescription drug benefits. A drug list, also called a formulary, is a list of generic and brand-name drugs covered by a health plan. You can use drug lists to see if a medication is covered by your health insurance plan. You can also find out if the medication is available as a generic, needs prior authorization, has quantity limits and more.

BlueCross BlueShield of Illinois

## Save Money With Generic Drugs

Ask your doctor if it's appropriate to use a generic drug rather than a brand.

Generic drugs are less expensive, and according to the FDA, they contain the same active ingredients and are identical in dose, form and administrative method as a brand name.

## Helpful Rx Cost Savings Tools & Tips:

**MAIL ORDER -** Many drugs are available in a 90 day supply, rather than the 30 day retail supply. Typically, you will pay less if you choose to get a mail order 90 day supply. Some pharmacies now also offer 90 day supplies.

**GOOD Rx -** There are many tools online that you can use in order to save on prescription costs. One being **www.GoodRx.com**, an online Rx database that allows you to find what pharmacy is the cheapest for your specific prescription. Additionally, you may be able to find a coupon that will greatly reduce your cost. **It is important to remember that many of the coupons can only be used outside of your plan and will NOT count toward your out of pocket maximum.**

**ASK YOUR DOCTOR –** Be sure to ask if there are cost saving alternatives to the medications they are prescribing. Generic equivalents, generic alternatives or a brand alternative may save you money at the pharmacy.

# Notes