

Village of Willowbrook Benefit Summary



2025

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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
- Retirees
 - » IMRF employee subject to IMRF age and vested service requirements
 - » Worked as fireman/police officer for a member employer and qualifies for continued coverage under 215 ILCS 5/367f (fireman) or 215 ILCS 5/367g (police officer)

Waiting Period

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

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

Insurance Benefits



Insurance Terminology

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 .

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.

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.

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.

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.

Premium

Premium is the amount to be paid for insurance coverage, whether services are used or not.

Insurance Benefits

Medical Insurance

Carrier: BlueCross BlueShield

Website: www.bcbsil.com

Phone: 800-828-3116

Blue Choice Options - Preferred Provider Organization Plan (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.

PPO Plan

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.

HMO Plan

The HMO gives you access to certain doctors and hospitals but restricts services to in-network providers. There are no out-of-network benefits. Your care is managed by a Primary Care Physician (PCP). If you require a specialist, outpatient procedure or hospitalization, your PCP must refer you.

Prescription Drugs Generic Default

For the medical plans with a drug copay card, brand drugs will default to generic when a equivalent is available. If your doctor determines you cannot tolerate the available generic equivalent, your doctor can write dispense as written/do not substitute on the prescription. Otherwise, you will pay the brand drug copay amount plus the difference in cost between the brand drug and its generic equivalent.

Insurance Benefits

Medical Plan Details

	HMO (Group #B30712)	HMO (Group #H00294)
Calendar Year (1/1—12/31)	In-Network Benefits Only	In-Network Benefits Only
Deductible & Out of Pocket		
Network	Blue Advantage	HMO Illinois
Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Coinsurance		
Member Responsibility	0%	0%
Out-of-Pocket Max		
Individual	\$1,500	\$1,500
Family	\$3,000	\$3,000
Physician Services		
Preventive Care	\$0 Copay	\$0 Copay
Physician Visit	\$20 Copay	\$20 Copay
Specialist Visit	\$20 Copay	\$20 Copay
Diagnostic Testing	\$0 Copay	\$0 Copay
Lab Testing	\$0 Copay	\$0 Copay
Inpatient Hospital	\$0 Copay	\$0 Copay
Emergency Room	\$75 Copay	\$75 Copay
Telehealth via MDLive	N/A	N/A
Pharmacy (In-Network)		
Generic/Formulary/Non-Formulary/Specialty		
Prescription		
Out-of-Pocket Max		
Individual	\$1,000	\$1,000
Family	\$2,000	\$2,000
Retail* (30 days)	Copays: \$10 / \$20 / \$35 / \$35	Copays: \$10 / \$20 / \$35 / \$35
Mail Order** (90 days)	Copays: \$10 / \$20 / \$35	Copays: \$10 / \$20 / \$35

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

**Out-Of-Network Specialty drug coverage is not provided

How to Find a Provider

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

Call Customer Service toll-free:

HMO: 800-892-2803

Insurance Benefits (cont.)

Medical Plan Details

	BCO PPO 300 (Group #305948)				PPO 750 (Group #PH0016)	
Calendar Year (1/1—12/31)	In-Network		Out-of-Network		In-Network	Out-of-Network
Network	BCO	PPO			PPO	
Deductible						
Individual	\$300	\$600	\$900		\$750	\$1,500
Family	\$900	\$1,800	\$3,600		\$1,500	\$3,000
Coinsurance						
Member Responsibility	10%	20%	30%		20%	40%
Out-of-Pocket Max						
Individual	\$1,300	\$2,600	\$5,200		\$2,750	\$5,500
Family	\$3,900	\$7,800	\$15,600		\$5,500	\$11,000
Physician Services						
Preventive Care	\$0 Copay	\$0 Copay	30% After Ded		\$0 Copay	40% After Ded
Physician Visit	\$20 Copay	\$25 Copay	30% After Ded		\$30 Copay	40% After Ded
Specialist Visit	\$20 Copay	\$25 Copay	30% After Ded		\$30 Copay	40% After Ded
Diagnostic Testing	10% After Ded	20% After Ded	30% After Ded		20% After Ded	40% After Ded
Lab Testing	10% After Ded	20% After Ded	30% After Ded		20% After Ded	40% After Ded
Inpatient Hospital	10% After Ded	20% After Ded	30% After Ded		20% After Ded	40% After Ded
Emergency Room	\$100 Copay				\$100 Copay	
Telehealth via MDLive	\$20 Copay		N/A		\$30 Copay	N/A
Pharmacy (In-Network)						
Generic/Formulary/Non-Formulary/Specialty						
Prescription						
Out-of-Pocket Max						
Individual	\$2,000				\$2,000	
Family	\$6,000				\$4,000	
Retail* (30 days)	Copays: \$10 / \$25 / \$45 / \$45**				Copays: \$10 / \$25 / \$50 / \$75**	
Mail Order** (90 days)	Copays: \$10 / \$25 / \$45				Copays: \$20 / \$80 / \$120	

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

**Out-Of-Network Specialty drug coverage is not provided

How to Find a Provider

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

Call Customer Service toll-free:

PPO: 800-828-3116

Insurance Benefits

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-to-use 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 (PPO members only)

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 (PPO members only)

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.

Insurance Benefits

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.
- **Virtual Visits (MDLIVE):** BlueCross BlueShield's telehealth program provides access to non-emergency medical care from the comfort of your home.

MedsYourWay

MedsYourWay is a program that does an automatic real-time, behind-the-scenes price comparison on select drugs, so members pay the lower available price between a participating drug discount card or plan cost-share amount.

Insurance Benefits

Dental Insurance

Carrier: BlueCross BlueShield

Website: www.bcbsil.com

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.

Dental Benefits: Calendar Year (1/1 - 12/31) Deductible & Out-of-Pocket	High Plan (Group #230717)	
	BlueCare DPPO	Out-of-Network
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Preventive Coinsurance*	100%	100%
Basic Coinsurance*	100%	80%
Major Coinsurance*	80%	50%
Annual Maximum	\$2,000	\$2,000
Orthodontia Coinsurance**	50%	50%
Orthodontia Lifetime Maximum**	\$2,000	\$2,000

*Coinsurance in-network is based on contracted rates. Out-of-Network coinsurance is based on 90th percentile of usual and customary. Member will be balanced bill for out-of-network services. Plan pays coinsurance shown in table above.

**Adults and dependent children are eligible for orthodontia coverage.

Preventive:

- Annual cleanings (2 per calendar year)
- X-rays
- Fluoride Treatments
- Sealants/Space Maintainers

Basic:

- Simple extractions
- Root Canals
- Oral Surgery
- Amalgam Fillings

Major:

- Dentures
- Bridges
- Partial
- 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**

Insurance Benefits

Vision Insurance

Carrier: VSP

Website: www.vsp.com

Phone: 800-877-7195

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	VSP Choice Network		
Eye Exam	Every 12 Months*	\$10 Copay	Up to \$45 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 \$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 calendar year.

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

Visit www.vsp.com to see available perks and offers.

How to Find a Provider

Visit <https://www.vsp.com/eye-doctor>

Call Customer Service toll-free at **800-877-7195**

Insurance Benefits

Basic Life and AD&D Insurance

Carrier: The Hartford

Website: www.TheHartford.com

Phone: 800-523-2233

Your designated beneficiary will receive a benefit in the event of your death. 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. Group Life benefit is portable or convertible within 31 days of leaving employment.

See HR for details.

This benefit is 100% employer paid.

Voluntary Life and AD&D Insurance

Voluntary term life/AD&D allows you to purchase additional life and AD&D coverage for yourself and your dependents. Your age and the amount of insurance you elect determines the premium you'll pay. Benefits are reduced starting at age 70.

	Employee	Spouse	Child(ren)
Coverage Increments	\$10,000	\$5,000	\$2,000
Maximum Benefit Amount	\$500,000	\$250,000	\$10,000
Guaranteed Issue Amount	\$250,000	\$50,000	\$10,000

Employee must elect Voluntary Life coverage in order for spouse/child(ren) to be eligible for Voluntary Life coverage. A spouse's maximum election cannot exceed 50% of the employee's election amount.

New hires (within 31 days of eligibility date) can elect up to guarantee issued amount without Evidence of Insurability.

Evidence of Insurability **IS REQUIRED** if employee or spouse previously waived (did not enroll in) coverage when initially eligible or electing an amount that exceeds guaranteed issue amount.

Employee and spouse rates are based on employee's age.

Please remember to review your beneficiary information.

Voluntary Life benefit is portable or convertible within 31 days of leaving employment. See HR for details.

The cost of the benefit is 100% paid by employee.

Employee Assistance Program

The Ability Assist Counseling Services program, offered by The Hartford through their partnership with ComPsych, is available to full time and part time employees and their dependents. The program provides 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, 7 days a week for you and your eligible dependents at no cost to you.

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

The EAP offers up to 3 face-to-face visits with trained counselors for each concern you may have. For more information on health topics or to register visit guidanceresources.com and provide the following:

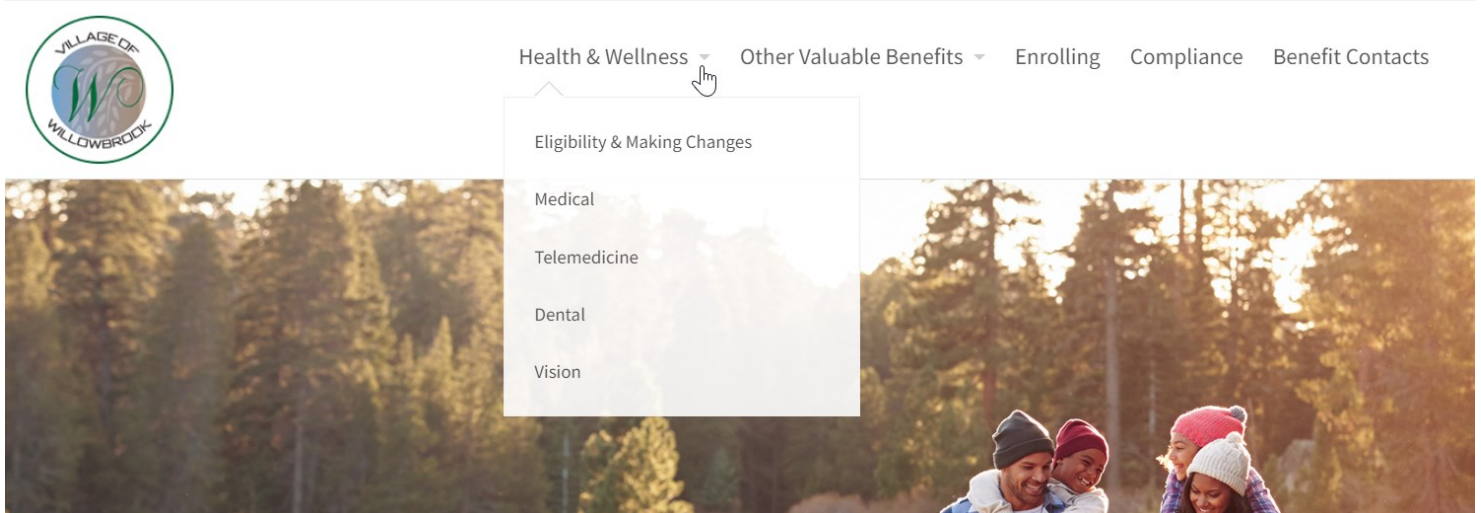
Company Code: HLF902

Company Name: ABILI

To contact an EAP representative, call (800) 964-3577 and mention you are a part of Government Insurance Network.

Benefits Website

Visit <https://willowbrook.governmentinsurancenetwork.org/> for additional resources.



Carrier and HR Contact Information

Medical HMO

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-892-2803
Policy Number	B30712 / H00294

Medical PPO Plans

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-828-3116
Policy Number	PH0016 / 305948

Dental DPPO

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-367-6401
Policy Number	230717

Vision

Carrier	VSP
Website	www.vsp.com
Phone Number	800-877-7195
Policy Number	30082920

Basic and Voluntary Life/AD&D

Carrier	The Hartford
Website	www.TheHartford.com
Phone Number	800-523-2233
Policy Number	715317

Human Resources Contact Information

Contact	Alex Arteaga
Email Address	aarteaga@willowbrook.il.us
Phone Number	(630) 920-2230
Website	https://willowbrook.governmentinsurancenetwork.org/



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.