



PROVISO TOWNSHIP HIGH SCHOOL DISTRICT #209

BENEFITS SUMMARY

Plan Year: 9/1/2022 – 8/31/2023



OUR EMPLOYEES ARE OUR MOST VALUABLE ASSET

At Proviso Township High School District #209, we are committed to offering a comprehensive employee benefits program that helps our employees stay healthy, feel secure and maintain a work/life balance.

STAY HEALTHY

- Medical, dental and vision care
- Biometric Screenings
- Flexible Spending Accounts
- Health Savings Accounts
- Section 125 Cafeteria Plan

FEELING SECURE

- Disability insurance
- 403(b) Retirement Savings Plan
- Life and accidental death & dismemberment (AD&D) insurance

WORK/LIFE BALANCE

- Employee Assistance Program

CARRIER CONTACT INFORMATION

Health Insurance & Wellness Program	7
BlueCross BlueShield of Illinois – www.bcbsil.com	
HMO Group #B00770 / #B00864	HMO Member Services: 800-892-2803
PPO Group #P68952 / #PB0296	PPO Member Services: 800-548-1686
Health Savings Account	10
First American Bank – www.FirstAmBank.com	
Customer Service: 866-449-1150	
Telemedicine	12
TelaDoc - www.teladoc.com	
Group #142544	
Customer Services: 800-835-2362	
Dental Insurance	13
Ameritas - www.ameritas.com	
Dental Group #301389	
Dental Customer Services: 800-487-5553	
Vision Insurance	14
EyeMed - www.eyemed.com	
Vision Group #1011125	
Vision Customer Services: 800-521-3605	
Flexible Spending Account	15
WEX - https://www.wexinc.com/discovery-benefits/	
Customer Services: 866-451-2399	
Section 125 Cafeteria Plan	16
Life/AD&D Insurance & Long-term Disability	17
Lincoln Financial - www.lincolnfinancial.com	
Group # Life 10241907 and LTD 10241908	
Customer Services: 800-423-2765	
403(B) Retirement Savings Plan	18
OMNI Group - www.omni403b.com	
Customer Service: 877.544.OMNI (6664)	
LifeKeys (Legal, Financial, Employee Assistance Program)	19
Available through Lincoln Financial: www.guidanceresources.com	
Customer Services: 888-628-4824	

BROKER CONTACT INFORMATION

-VistaNational Insurance Group-

All employees are encouraged to call VistaNational's service representatives to assist with your inquiries of benefits, billing, service or claim issues. You may call them toll-free at 1-800-944-3645 or one of the direct numbers listed below.

Benefit questions: Patricia Allen, Account Manager
Email: allenp@vistanational.com
Tel #: (630) 468-6544

Claim inquiries: Katie Mulcahy
Email: mulcahyk@vistanational.com
Tel #: (630) 468-6509

Claim inquiries: Can also be handled thru the Vista-MD Claim Helper App (see next page)

DID YOU KNOW YOU HAVE A CONCIERGE SERVICE TO HELP WITH YOUR INSURANCE CLAIMS?

VistaNational's Concierge Service with the VISTA-MD CLAIM HELPER™ APP provides expert claims assistance when you need it!



VistaNational Insurance Group provides the ultimate convenience as a value-add to those having group benefits with Vista. Our Concierge Service can help you resolve medical, dental, disability, vision or other benefit claim issues. One call and Vista is on the case, investigating your claim, managing benefits, preparing paperwork, and advocating on your behalf to get resolution.

Call Vista When You Have A Claim Issue

We'll Help You Get Resolution

Our Concierge Service will:

- Break through bureaucracy
- Advocate for you on claims issues
- Act as your personal concierge

*Why Spend Time On The Phone, On Hold, Tracking Down Information, Doing Paperwork...
Vista's Concierge Service Does It For You!*

VISTA-MD CLAIM HELPER™ APP

Fast And Easy Mobile Access

VistaNational offers the VISTA-MD CLAIM HELPER™ APP to make contacting our Concierge Service fast and easy. Now you can start getting help with your insurance claims in minutes with convenient mobile access!



How It Works

Vista-MD Claim Helper is easy:

- 1 Download the free Vista-MD Claim Helper app from the Apple® iOS or Android™ app store
- 2 Create an account
- 3 Provide a brief description of the claim issue
- 4 Take a picture of the claim document(s) using the app
- 5 Submit your claim request securely
- 6 Await one of our representatives to call you within 48 business hours

Once submitted, the Vista Concierge Service team is on the case, dealing with carrier claims, preparing any required paperwork and actively advocating resolution.



INSURANCE BENEFITS

WHO IS ELIGIBLE AND WHEN:

Employees working 30+ hours per week are eligible for benefits on the date they are hired.

A brief description of plan benefits is highlighted within this book.

CONTRIBUTION SCHEDULE (payroll contributions):

Please refer to page 20 for the employee portion of the benefits costs.

WELLNESS SCREENING & INCENTIVES

Proviso strives to offer a benefit package to meet the needs of you & your dependents. You will have the opportunity to participate in the onsite annual biometric screening. Your participation in the screening makes you eligible for Board approved incentives. This is reviewed annually by the Board, who along with the District have the option to modify or terminate the program.

WELLNESS INCENTIVE:

The onsite biometric screenings are held annually and is open to all employees (over age 18) who are enrolled in one of the PTHS group medical plans. Your participation is voluntary and allows you the opportunity to take steps in improving your health while earning a reward.

Your results are held in the highest of confidence and are not shared with the District. You will receive your personal results, which you may share with your provider for follow-up.

Information on testing dates will be shared with you via the PTHS email system. You will be required to schedule an appointment for the onsite event.

The following program structure is in effect for plan year 9/12/2022-8/31/2023 & must be completed before July 31, 2023*^

Service Performed	Maximum Incentive (annual)*^
Annual Biometric Screening	\$ 480
Annual Preventive Wellness Visit w/your medical doctor	\$ 200
Health Assessment	\$ 100
Navigating Change	\$ 200
Flu Shot	\$ 25
Mammogram	\$ 100
Colonoscopy	\$ 100
Group Challenge	\$ 75
Online Health University Courses or Individual Challenges (must complete two)	\$ 75
Dental Exams (\$50 each/up to 2 allowed)	\$ 100

*Program structure applies to current employees, see HR for an updated structure based on your date of hire.

^Program is subject to change based on guidance from ACA, ADA & EEOC

STEPS AND
DEADLINES

Take it one step at a time. Visit the Bravo portal to complete the steps needed to earn your reward.

1 Create an Account and Register for the Program |

Visit the Bravo portal and follow the instructions to create an account. Then complete the registration step by entering your information.

Important: When creating your account, make sure to enter a valid email address and click the verification link that will come in your email. If Bravo doesn't have your correct email address, you won't receive important updates about your results and reward! If you need to update your contact information at any time, visit the My Profile page of the Bravo portal.

i Click Go under Registration on your dashboard.

2 Take the Online Health Assessment |

Immediately after completing this health questionnaire, you will receive two reports: a personal report and a physician summary report that you can share with your doctor.

i Click Go under Health Assessment on your dashboard.

3 Screen with Your Doctor |

Schedule an "annual wellness visit" with your healthcare provider, or if you already had a wellness visit on or after July 1, 2020, ask your provider if they will fill out a form with those results. Download a provider screening form from the Bravo portal, complete it with your doctor, and submit it to Bravo by following the instructions on the form. Your provider screening form requires a signature from both you and your provider, as well as a date of exam within the window above.

To get credit for an annual preventive care (wellness) visit, you should download an annual preventive care visit form from the Bravo portal and bring that to your appointment along with your provider screening form.

Tip: It's easy to submit your forms by taking a picture on your phone and uploading it through the Bravo app! |

i Click Go under Health Screening on your dashboard.

4 Complete Navigating Change |

Team up with a certified Cleveland Clinic coach to focus on improving or maintaining your emotional and physical health during times of change or uncertainty. After signing up, your coach will email you to kick things off.

i Click Go under Navigating Change on your dashboard.

5 Complete Preventive Care Services |

Schedule any of these preventive care services that you are due for: mammogram, colonoscopy, dental exam or flu shot. (Ask your doctor if you're not sure which exam(s) you need.) Download a preventive care service form from the Bravo portal and take it with you to your visit. Complete it with your doctor and submit it to Bravo by following the instructions on the form.

i Click Go under Preventive Care Services.

6 Complete Activities on the Portal |

Make sure to start Online Health University courses and challenges early enough to finish them by the deadline!

i Visit your dashboard.

HEALTH INSURANCE

This chart gives a basic side-by-side look at the amounts you pay when you use in-network and out-of-network providers. This is for illustration purposes only. A comprehensive coverage listing can be found in the SBC and/or certificate booklet.

PPO Plan Feature (Group #P68952)	In-network	Out-of-network
Deductible - Individual - Family	\$ 500 Individual \$ 1,000 Family	Combined for both in and out of network
Coinsurance	80%	60%
Out-of-pocket Maximum (includes deductible) - Individual - Family	\$ 1,400 Individual \$ 2,800 Family	\$ 3,000 Individual \$ 6,000 Family
Wellness Care Benefit	\$0 Copay	Deductible then 40%
Physician and Maternity Services	Deductible then 20%	Deductible then 40%
Emergency Services	\$100 Copay	\$100 Copay
Hospital Services (In-Patient)	Deductible then 20%	Deductible then 40%
Hospital Services (Out-Patient)	Deductible	Deductible then 20%
Outpatient Therapies – Speech (ST), Physical (PT), and Occupational (OT) ST – 10 visits/year; PT – 45 visits/year	Deductible then 20%	Deductible then 40%
Mental Health and Substance Abuse Services (In-Patient)	Deductible then 20%	Deductible then 40%
Mental Health and Substance Abuse Services (Out-Patient)	Deductible then 20%	Deductible then 40%
Prescription Drug Coverage	Deductible then 20%	Deductible then 20%

HEALTH INSURANCE (CONT'D)

HSA Plan Feature (Group #PB0296)	In-network	Out-of-network
Deductible - Individual - Family	\$ 2,800 Individual \$ 5,600 Family	\$ 5,200 Individual \$ 10,400 Family
Coinsurance	100%	80%
Out-of-pocket Maximum - Individual - Family	\$ 2,800 Individual \$ 5,600 Family	\$ 10,400 Individual \$ 20,800 Family
Wellness Care Benefit	No charge	Deductible then 20%
Physician and Maternity Services	Deductible	In-patient Maternity- \$300 Deductible (per occurrence) then 20%
Emergency Services	Deductible	Deductible
Hospital Services (In-Patient)	Deductible	\$300 Deductible (per occurrence) then 20%
Hospital Services (Out-Patient)	Deductible	Deductible then 20%
Chiropractic Services – 30 visits/year	Deductible	Deductible then 20%
Mental Health and Substance Abuse Services (In-Patient)	Deductible	\$300 Deductible (per occurrence) then 20%
Mental Health and Substance Abuse Services (Out-Patient)	Deductible	Deductible then 20%
Prescription Drug Coverage	Deductible	Deductible

If you elect this plan - The Employee will set up an individual HSA account for which will be administered by First American Bank. The District will contribute the following monthly amounts:

- \$125 for employees with single coverage (annual max \$1,500)
- \$250 for Employee/Spouse and Employee/Child(ren) coverage (annual max \$3,000)
- \$333.33 for Employee/Family coverage (annual max \$4,000)

IRS 2022 limits are set with an annual contribution to an HSA bank (combined Employer & Employee contributions) in the amount of \$3,6050 for an individual and \$7,300 for family. Employees will have their portion set as a pretax payroll deduction. For employees who are age 55 and over, the IRS allows for an additional \$1,000 “catch-up” contribution. If an employee or their dependent are Medicare eligible (Part A, B and/or D), contribution to an H.S.A. account is prohibited.

If you elect to contribute through payroll deductions, you will need to set this up through the HSA enrollment form with Arlene Sabado, Benefits Coordinator, directly.

HEALTH INSURANCE (CONT'D)

HMO Plan Feature	BAHMO High Plan In-network	BAHMO Low Plan In-network
Deductible - Individual - Family	\$ 0 Individual \$ 0 Family	\$ 0 Individual \$ 0 Family
Coinsurance	100%	100%
Out-of-pocket Maximum - Individual - Family	\$ 1,500 Individual \$ 3,000 Family	\$ 1,500 Individual \$ 3,000 Family
Wellness Care Benefit	\$0 Copay	\$0 Copay
Physician and Maternity Services (Copay for 1 st visit only on maternity)	\$10 Copay (PCP) \$20 Copay (Specialist)	\$30 Copay (PCP) \$50 Copay (Specialist)
Emergency Services	\$50 Copay	\$100 Copay
Hospital Services (In-Patient)	Covered at 100% (referral required)	Covered at 100% (referral required)
Hospital Services (Out-Patient)	Covered at 100% (referral required)	Covered at 100% (referral required)
Speech, Physical and Occupational Therapies – 60 Visits Combined Per Calendar Year /20 visits per calendar year for Pervasive Developmental Disorder	Covered at 100% (referral required)	Covered at 100% (referral required)
Mental Health and Substance Abuse Services (In-Patient)	Covered at 100% (referral required)	Covered at 100% (referral required)
Mental Health and Substance Abuse Services (Out-Patient)	\$10 Copay (referral required)	\$30 Copay (referral required)
Prescription Drug Coverage	\$5 Generic/\$10 Brand/\$25 Non-formulary	\$7 Generic/\$15 Brand/\$40 Non-formulary
Mail Order RX Self-Injectable	\$10/\$20/\$50 Covered	\$14/\$30/\$80 Covered

*There are no out-of-network benefits with an HMO plan.

*You must elect a Primary Care Physician (PCP) and Medical Group. Females may also elect a Women's Primary HealthCare Provider within the same Medical Group.



TELEMEDICINE

TelaDoc consultations are an affordable alternative for non-emergency medical care, available 24/7/365. Available to you and your dependents even when traveling away from home.

WHY WOULD I USE THIS BENEFIT?

By using TelaDoc, you will receive quality care for non-emergent ailments through a telephone or video consult. Not only do you reduce your medical costs, but you do not have to wait at your doctor's office for an appointment. Examples of non-emergent ailment are cold and flu symptoms, sinus infection, bronchitis, allergies, pink eye, urinary tract infection, and much more.

Setting up your personal account & registration through the employee portal is recommended prior to finding the need to utilize this benefit. A general Health Risk Assessment is required, which would include the name and number of your preferred pharmacy.

HOW MUCH WILL I PAY?

You will not incur a cost for the consultation, however if a prescription is given, you will pay the cost associated with your insurance benefit.

HOW IT WORKS:

IMAGINE THIS...You know you have a sinus infection, but do not have time to wait for an appointment to see your primary care physician.

STEP 1 – REQUEST A CONSULT

Open & login to the TelaDoc App on your computer, iPhone or Android smartphone or call directly toll-free at 1-800-Teladoc (1-800-835-2362). Request your consult.

STEP 2 – TALK TO THE DOCTOR

Within minutes, a state-licensed physician reviews your medical history and contacts you via phone or video, you decide. Teladoc consults have no time limit; you can speak to the doctor for as long as you would like.

STEP 3 – PICK UP PRESCRIPTION

The physician discusses the issue with you, answer questions and recommends next steps. If medically necessary, a prescription can be submitted to a local pharmacy. After the consult, health records are updated, and the member is satisfied.

Talk to a doctor anytime!



[Teladoc.com](https://www.teladoc.com)



[Facebook.com/Teladoc](https://www.facebook.com/Teladoc)



[1-800-Teladoc \(835-2362\)](tel:1-800-835-2362)



[Teladoc.com/mobile](https://www.teladoc.com/mobile)

DENTAL INSURANCE

This chart gives a basic side-by-side look at the amounts you pay with the dental program. A comprehensive coverage listing can be found in the SBC and/or certificate booklet.

Type of Service	Amount You Pay
Deductible	\$50 Single \$150 Family
Annual Maximum	\$1,500
Diagnostic and Preventive Services	0% of Usual and Customary
Restorative Services	20% of Usual and Customary after Deductible
Endodontic Services	20% of Usual and Customary after Deductible
Periodontic Services	20% of Usual and Customary after Deductible
Oral Surgery	20% of Usual and Customary after Deductible
Crowns, Inlays/Onlays Services	40% of Usual and Customary after Deductible
Prosthodontic Services	40% of Usual and Customary after Deductible
Orthodontics	50% of Usual and Customary Orthodontia Lifetime Maximum of \$800 to age 19

VOLUNTARY VISION

This chart gives a basic side-by-side look at the amounts you pay with the EyeMed vision program. A comprehensive coverage listing can be found in the SBC.

Plan Feature	In-network	Out-of-network
Network	Insight Network	N/A
Frequency		
Exam	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months
Exam (with dilation as necessary)	\$10 Copay	Reimbursed up to \$40
Lenses		
Single	\$25 Copay	Reimbursed up to \$30
Bifocal	\$25 Copay	Reimbursed up to \$50
Trifocal	\$25 Copay	Reimbursed up to \$70
Lenticular	\$25 Copay	Reimbursed up to \$70
Elective Contact Lens Allowance	\$130 Allowance	Reimbursed up to \$130
Frame Allowance	\$130 Allowance	Reimbursed up to \$91

FLEXIBLE SPENDING ACCOUNTS

BENEFITS YOU RECEIVE:

Flexible spending accounts (FSAs) provide you with an important tax advantage that can help you pay for health care and dependent care expenses on a pre-tax basis. By estimating your family's health care and dependent care costs for the next year, you can lower your taxable income and save money.

HEALTH CARE REIMBURSEMENT FSA

This program lets Proviso's employees pay for certain IRS-approved medical care expenses with a prescription not covered by their insurance plan with pre-tax dollars. The IRS 2021 limit on salary reduction contributions to a health FSA offered under a cafeteria plan is \$2,750. This limit is indexed for cost-of-living adjustments in subsequent years. Some examples of eligible expenses include: (refer to www.irs.gov to reference Publication 502 for a complete listing)

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

DEPENDENT CARE FSA

The Dependent Care FSA lets Proviso's employees use pre-tax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The 2021 annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

****If you are enrolled in the HSA plan, your FSA dollars will be limited to expenses for dental and vision only.**

SECTION 125- CAFETERIA PLAN

A Section 125 plan, or a cafeteria plan, allows employees to pay for certain benefits on a pre-tax basis. Paying for benefits on a pre-tax basis reduces the employees' taxable income and therefore reduces both the employees' and the employer's tax liability.

If an employee elects to participate in a Section 125 plan, you may not change that election until the next plan year, unless you experience a permitted election change event.

Under the Section 125 plan, you may have the following benefits deducted: Group health, dental and vision benefits, Health FSA, F.S.A. and Life Insurance.

Tax Rules: Employees who elect to participate in a Section 125 plan agree to contribute a portion of their salaries on a pre-tax basis to pay for qualified benefits. These contributes, which are called "salary reduction contributions" are not considered wages for federal income tax purposes and are generally not subject to Social Security and Medicare tax (FICA) or federal unemployment tax (FUTA). This reduces employees' taxable income, which results in a savings.

Refer to Arlene Sabado for more information & to complete your election form.

DISABILITY INSURANCE

BENEFITS YOU RECEIVE:

Proviso provides employees, with the exception of Operations & Maintenance personnel, with long-term disability income benefits, and pays for the full cost of this coverage. In the event that you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

Please refer to the District Business Office for information regarding these benefits.

LIFE INSURANCE

BASIC LIFE AND AD&D INSURANCE

Proviso provides eligible employees with group life and accidental death and dismemberment (AD&D) insurance and pays the full cost of this benefit. Contact the District Business Office to update your beneficiary information.

VOLUNTARY LIFE INSURANCE

Eligible employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. Monthly rates for your spouse are based on the age of the employee.

Please refer to the District Business Office for information regarding these benefits.

403(B) RETIREMENT PLAN

WHO IS ELIGIBLE AND WHEN:

Anyone who would like to save for retirement is eligible to participate in the Proviso 403(b) retirement plan. We recommend that all employees view a brief, 3-minute video presentation called, '403(b). Why me?' explaining a 403(b) plan, and how to contribute. The video can be viewed on OMNI's website at www.omni403b.com.

BENEFITS YOU RECEIVE:

- You do not pay income taxes on allowable contributions until you begin making withdrawals from the plan, usually after your retirement.
- Investment gains in the plan are not taxed until distributed.
- Retirement assets can be carried from one employer to another in most cases.

Sample of Future Retirement Savings Values Assuming 6% Yield on Investment **			
Monthly Contributions	5 years	15 years	20 years
\$50	\$3,489	\$14,541	\$23,102
\$20	\$13,954	\$58,164	\$92,408
\$500	\$34,885	\$145,409	\$231,020

** OMNI does not offer financial advice. Always consult your financial advisor before investing. For more information about 403(b) Plans, visit the IRS website.

You can participate in the Plan with pre-tax contributions by submitting a Salary Reduction Agreement ("SRA") online via OMNI's website or by submitting a completed SRA form, found on the ONNI website, to OMNI either by facsimile to (585) 672-6194 or by mail to 1099 Jay St., Bldg F, Rochester, NY, 14611. Additionally, prior to contributing you must open an account with an investment provider approved by the Board.

APPROVED SERVICE PROVIDER	Local Investment Representative
AXA Equitable Life Insurance Company	General Number (800) 777-6510
Franklin Templeton Investments	General Number (800) 632-2301
MetLife	General Number (800) 638-5433
Oppenheimer Funds	General Number (800) 835-7305
Putnam Investments	General Number (800) 662-0019
The Variable Annuity Life Insurance Company	General Number (800) 448-2542
Waddell & Reed, Inc.	General Number (888) 923-3355

YOU MAY CONTRIBUTE UP TO \$20,500 IN 2022. IF YOU HAVE AT LEAST 15 YEARS OF SERVICE WITH YOUR EMPLOYER OR YOU ARE AT LEAST 50 YEARS OLD, YOU CAN CONTRIBUTE \$6,500 MORE AS A "CATCH-UP" CONTRIBUTION. FOR APPROPRIATE LIMITS FOR YOUR PARTICULAR CIRCUMSTANCES, PLEASE CONTACT OMNI'S CUSTOMER CARE CENTER AT 877-544-6664.

EMPLOYEE ASSISTANCE PROGRAM

BENEFITS YOU RECEIVE:

The Employee Assistance Program is offered to all employees and immediate family members of Proviso through Lincoln Financial. It is a **completely confidential** counseling program that covers issues such as marital and family concerns, depression, substance abuse, grief and loss, financial entanglements and other personal stressors.

With this service available 24/7/365 you facilitate the service you need:

Call: 888-628-4824

Online: www.guidanceresources.com

*EmployeeConnect*SM

Employee Assistance Program Services

Confidential help 24 hours a day, 7 days a week for employees and family members

COMPSYCH[®]
GuidanceResources®Worldwide

Visit www.Lincoln4Benefits.com or
www.GuidanceResources.com (user name =
LFGsupport; password = LFGsupport1).
Or talk with a specialist at 888-628-4824.

- ▶ Family
- ▶ Parenting
- ▶ Addictions
- ▶ Emotional
- ▶ Legal
- ▶ Financial
- ▶ Relationships
- ▶ Stress

MONTHLY CONTRIBUTION SCHEDULE

The below charts show the employee’s responsibility when it comes to insurance costs.

The new payroll deductions will begin with your paycheck **on 09/09/2022.**

CERTIFIED STAFF	EFFECTIVE 9/1/2022			
BlueCross BlueShield HEALTH	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
PPO	\$93.44	\$198.36	\$190.36	\$294.52
H.S.A.	\$75.97	\$161.27	\$154.77	\$239.45
BA HMO - HIGH PLAN	\$80.55	\$167.61	\$160.85	\$248.85
BA HMO - LOW PLAN	\$75.71	\$157.54	\$151.18	\$233.90
Ameritas DENTAL	\$3.52	\$9.34	\$9.34	\$9.34
EyeMed VISION	\$5.27	\$10.01	\$10.54	\$15.49

O&M Tier 1	EFFECTIVE 9/1/2022			
BlueCross BlueShield HEALTH	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
PPO	\$93.44	\$198.36	\$190.36	\$294.52
H.S.A.	\$75.97	\$161.27	\$154.77	\$239.45
BA HMO - HIGH PLAN	\$80.55	\$167.61	\$160.85	\$248.85
BA HMO - LOW PLAN	\$75.71	\$157.54	\$151.18	\$233.90
Ameritas DENTAL	\$17.62	\$46.71	\$46.71	\$46.71
EyeMed VISION	\$5.27	\$10.01	\$10.54	\$15.49

O&M Tier 2	EFFECTIVE 9/1/2022			
BlueCross BlueShield HEALTH	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
PPO	\$186.89	\$991.82	\$951.81	\$1,472.61
H.S.A.	\$151.94	\$806.37	\$773.83	\$1,197.24
BA HMO - HIGH PLAN	\$161.10	\$838.03	\$804.23	\$1,244.26
BA HMO - LOW PLAN	\$151.42	\$787.68	\$755.90	\$1,169.51
Ameritas DENTAL	\$35.23	\$93.41	\$93.42	\$93.42
EyeMed VISION	\$5.27	\$10.01	\$10.54	\$15.49

Support Staff	EFFECTIVE 9/1/2022			
BlueCross BlueShield HEALTH	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
PPO	\$74.76	\$158.69	\$152.29	\$235.62
H.S.A.	\$60.78	\$129.02	\$123.81	\$191.56
BA HMO - HIGH PLAN	\$64.44	\$134.08	\$128.68	\$199.08
BA HMO - LOW PLAN	\$60.57	\$78.77	\$120.94	\$187.12
Ameritas DENTAL	\$17.62	\$46.71	\$46.71	\$46.71
EyeMed VISION	\$5.27	\$10.01	\$10.54	\$15.49

Special Payroll	EFFECTIVE 9/1/2022			
BlueCross BlueShield HEALTH	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
PPO	\$46.72	\$99.18	\$95.18	\$147.26
H.S.A.	\$37.99	\$80.64	\$77.38	\$119.72
BA HMO - HIGH PLAN	\$40.27	\$83.80	\$80.42	\$124.43
BA HMO - LOW PLAN	\$37.85	\$78.77	\$75.59	\$116.95
Ameritas DENTAL	\$17.62	\$46.71	\$46.71	\$46.71
EyeMed VISION	\$5.27	\$10.01	\$10.54	\$15.49

Retirees	EFFECTIVE 9/1/2022			
BlueCross BlueShield HEALTH	Retiree Only	Retiree + Spouse	Retiree + Child(ren)	Family
PPO	\$ 934.44	\$1,983.64	\$1,903.62	\$2,945.21
BA HMO - HIGH PLAN	\$805.48	\$1,676.06	\$1,608.45	\$2,488.52
BA HMO - LOW PLAN	\$757.09	\$1,575.35	\$1,511.80	\$2,339.01
Ameritas DENTAL	\$35.23	\$93.42	\$93.42	\$93.42
EyeMed VISION	\$5.27	\$10.01	\$10.54	\$15.49

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact HR.