

# Dental Plans

Delta Dental PPO Option - Delta Dental of Illinois			
Benefits	Delta Dental PPO - Plan 1	Delta Dental PPO - Plan 2	Delta Dental PPO - Plan 3
<b>Deductible</b>			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
<b>Reimbursement</b>			
Preventive Services			
PPO* and Premier** Network	Deductible waived, reimbursed at 100%	Deductible waived, reimbursed at 100%	Deductible waived, reimbursed at 100%
Non-Network***	Deductible waived, reimbursed at 100%	Deductible waived, reimbursed at 100%	Deductible waived, reimbursed at 100%
<b>Basic Services</b>			
PPO* and Premier** Network	Deductible applies, reimbursed at 80%	Deductible applies, reimbursed at 80%	Deductible applies, reimbursed at 80%
Non-Network***	Deductible applies, reimbursed at 80%	Deductible applies, reimbursed at 80%	Deductible applies, reimbursed at 80%
<b>Major Services</b>			
PPO* and Premier** Network	Deductible applies, reimbursed at 50%	Deductible applies, reimbursed at 60%	Deductible applies, reimbursed at 50%
Non-Network***	Deductible applies, reimbursed at 50%	Deductible applies, reimbursed at 60%	Deductible applies, reimbursed at 50%
<b>Orthodontics Services</b>			
PPO* and Premier** Network	None	None	For dependent children up to age 19: Deductible applies; reimbursed at 50% to a lifetime maximum of \$1,500
Non-Network***	None	None	For dependent children up to age 19: Deductible applies; reimbursed at 50% to a lifetime maximum of \$1,500
<b>Annual Maximum Benefit (per person)</b>	\$1,000	\$1,500	\$1,000 (excluding ortho)

\*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15 - 40% discount off of average billed charges nationally.

\*\*Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers a 5 - 15% discount off of average billed charges nationally.

\*\*\*Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 90th MDR.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge.

Note: The comparisons are outlines of the Benefit Schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

# Vision Plan

Benefits	Your Coverage with a VSP Provider		
	Description	Copay	Frequency
<b>WellVision Exam</b>	• Focus on your eyes and overall wellness	\$10	Every 12 months
<b>Prescription Glasses</b>		\$25	See frames and lenses
<b>Frames</b>	• \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance • \$70 Walmart/Sam's Club/Costco® frame allowance	Included in Prescription Glasses	Every 24 months
<b>Lenses</b>	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant for dependent children	Included in Prescription Glasses	Every 12 months
<b>Lens Enhancements</b>	Standard progressive lenses Premium progressive lenses Custom progressive lenses  • Average savings of 20%-25% on other lens enhancements	\$55 \$95-\$105 \$150-\$175	Every 12 months
<b>Contacts (instead of glasses)</b>	• \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
<b>Diabetic Eyecare Plus Program</b>	• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> • Extra \$20 to spend on featured frame brands. Go to <a href="http://www.vsp.com/offers">www.vsp.com/offers</a> for details • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam <b>Retinal Screening</b> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <b>Laser Vision Correction</b> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

# Benefit Summary

## The Who's Who of Your Village of Hoffman Estates's Benefit Plans

### HMO:

- **Blue Cross Blue Shield (BCBS)** is the claims administrator for the Village of Hoffman Estates' HMO medical plan.
  - » Contact BCBS for questions concerning membership, plan benefits, or status of claim payments. HMO Customer Service Representatives can be reached at **800.892.2803**; Monday through Friday from 8:00 a.m. to 5:00 p.m. CST.
  - » BCBS's website is both user-friendly and informative. The site allows you to seek answers about BCBS and available HMO doctors and hospitals, and to link to vendor sites. Their web address is [www.bcbsil.com](http://www.bcbsil.com).
- **Blue Cross Blue Shield** offers convenient online tools and personalized telephone services that help support, inform and motivate individuals in their wellness efforts. All employees, spouses, and dependents covered under the Village of Hoffman Estates' medical plan can participate at no charge to you.

- » **Well on Target®** is a program that can give you the support you need to make healthy choices while rewarding you for your hard work. **Blue Points** is a program that rewards you for engaging in healthy activities including filling out a Health Assessment, syncing a fitness device, and more. Join the low cost Fitness Program with access to more than 10,000 fitness locations nationwide. Employees can access Well on Target through Blue Access for Members or [www.wellontarget.com](http://www.wellontarget.com).
- » **Wondr** assists you in losing weight and improving your health at no cost to you! Wondr is a digital behavioral change program that teaches skills to help you create a healthy relationship with food, lose weight, sleep better, lower stress, and improve your overall quality of life without counting calories, restricting foods, or giving up the foods you love.

### PPO:

- **Blue Cross Blue Shield (BCBS)** is the claims administrator for the Village of Hoffman Estates' PPO medical plans.
  - » Contact BCBS for questions concerning membership, plan benefits, status of claim payments, and more. PPO Customer Service Health Advocates are available at **877.245.5681**, 24 hours a day, 358 days of the year (closed for major holidays).
  - » **Health Advocacy Solutions:** Your personal Health Advocate can help you with understanding your benefits, schedule medical appointments, navigate a chronic illness or new diagnosis, prepare for upcoming surgery, get a preauthorization, or save money on your health care. You can also engage via multiple 24/7 communication channels including the BCBSIL mobile app and the My Evive digital member hub – both of which feature live chat and secure messaging with a Health Advocate. The My Evive Hub also offers proactive engagement, mobile-first design connecting you with your other benefit carriers, in addition to your BCBSIL medical plan!
  - » **The Evive Digital Member Hub** will get you access to BCBSIL's website as well as links to other carrier and vendor websites. Their web address is [www.myevive.com](http://www.myevive.com).
  - » **Well on Target®** is a program that can give you the support you need to make healthy choices while rewarding you for your hard work. **Blue Points** is a program that rewards you for engaging in healthy activities including filling out a Health Assessment, syncing a fitness device, and more. Join the low cost Fitness Program with access to more than 10,000 fitness locations nationwide. Employees can access Well on Target through EVIVE at [www.myevive.com](http://www.myevive.com).

- » **Member Rewards** is a program that offers cash rewards when a lower cost, high-quality provider is selected. This program allows you to minimize your out-of-pocket costs, and give you a cash reward. Speak with a Health Advocate for more information.
- » **MDLIVE:** Call a Health Advocate at **877.245.5681** or download the EVIVE app to access MDLIVE and connect with a board certified doctor 24/7 (Virtual Visit). You will pay your portion of the Virtual Visit based on your medical plan provisions.
- **Express Scripts** is your prescription benefit manager for the Village of Hoffman Estates' prescription drug programs. Retail and mail services on the medical programs are administered through Express Scripts.
  - » Express Scripts customer service representatives can be reached at **800.294.7041** 24 hours a day, 7 days a week. Contact Express Scripts for questions regarding drug orders, account information, and to refill prescriptions.
  - » Or you can visit Express Scripts online at [www.express-scripts.com](http://www.express-scripts.com) to order prescription refills, check order status, locate participating retail pharmacies, find ways to save money on your medications through generics and mail order, and ask a pharmacist questions 24/7.
- **Express Scripts Smart90 Program:** If you take maintenance medications (long-term medications), be sure to obtain a 90-day/3-month supply from Walgreens, CVS or through Express Scripts home delivery to avoid paying the full cost of the prescription. Call **800.294.7041** or visit [www.express-scripts.com/90day](http://www.express-scripts.com/90day) for more information.
- **Delta Dental** is the claims administrator of dental benefits for you and your family. Delta Dental offers both telephonic and web access to your personal information to assist you in managing your dental benefits.
  - » **Telephonic:** A Delta Dental Customer Service Representative can be reached at **800.323.1743**, Monday through Thursday from 7:00 a.m. to 7:00 p.m. CST, Friday from 7:00 a.m. to 6:00 p.m. CST, or the automated system is available 24 hours a day, seven days a week. Here you can verify eligibility status, review plan benefits, check on the status of a claim, and get claim forms.
  - » **Web:** Employees can access their benefits at [www.deltadentalil.com](http://www.deltadentalil.com). This website offers you the ability to view claim status and eligibility information, view a summary of your dental benefits, as well as locate a dentist in your area.
- **VSP (Vision Service Plan)** is your vision carrier. To see a list of participating providers near you, go to [www.vsp.com](http://www.vsp.com). VSP representatives can be reached Monday through Saturday from 7:00 a.m. to 4:00 p.m. CST. Closed on Sunday.
- **Securian** is the life insurance carrier for your basic employer-paid and supplemental employee-paid life insurance benefits. Securian's Customer Service Representatives are managed through Ochs and can be reached at **800.392.7295**, Monday through Friday from 8:00 a.m. to 4:30 p.m. CST.
- **WEX** is the administrator for the Flexible Spending Accounts (FSA). WEX processes all your medical and dependent care expenses that you submit in either paper format or by using your benefits debit card.
  - » A Customer Service Representative can be reached at **866.451.3399**, Monday through Friday from 6:00 a.m. to 9:00 p.m. CST, excluding holidays.
  - » You can check your account status 24/7 by going to [www.wexinc.com](http://www.wexinc.com).

# Medical Plans – Public Works Union

Benefits	BlueCross BlueShield PPO Option 1 PH1611	BlueCross BlueShield PPO Option 2 P06987
<b>Lifetime Maximum</b>		
<b>Major Medical Coverage</b>		
<b>Coinsurance</b>		
Network	90%	80%
Non-Network	70%	60%
<b>Deductible</b>		
Network	\$450 individual / \$1,350 family	\$425 individual / \$1,275 family
Non-Network		
<b>Out-of-Pocket</b>	Includes deductible	Includes deductible
Network	\$1,500 individual / \$4,500 family	\$1,625 individual / \$4,875 family
Non-Network		
<b>Physician Services</b>		
Network	Deductible applies, then 90%	Deductible applies, then 80%
Non-Network	Deductible applies, then 70%	Deductible applies, then 60%
<b>Office Visit Copay</b>	\$20 copay (This amount included in the out-of-pocket)	Subject to deductible and coinsurance
<b>Inpatient Hospital Care</b>		
Network	Deductible applies, then 90%	Deductible applies, then 80%
Non-Network	Deductible applies, then 70%	Deductible applies, then 60%
<b>Hospital Emergency Care</b>		
Network	100% of the max allowance	100% of the max allowance
Non-Network		
<b>Other Covered Services</b>		
Network	Deductible applies, then 90%	Deductible applies, then 80%
Non-Network	Deductible applies, then 70%	Deductible applies, then 60%
<b>Prescription Drug</b>		
<b>Retail (30-day supply)</b>	\$5 generic / \$50 brand name formulary / \$115 non-formulary	\$10 generic / \$25 brand name formulary / \$75 non-formulary
<b>Mail Order (90-day supply)</b>	\$10 generic / \$100 brand name formulary / \$230 non-formulary	\$20 generic / \$50 brand name formulary / \$150 non-formulary
<b>Prescription Out-of-Pocket (network)</b>	\$6,400 individual / \$12,050 family	\$5,525 individual / \$9,425 family
<b>Routine Health Screening</b>		
Network	100%	100%
Non-Network	70%	60%
<b>Vision</b>	Vision discounts available through Davis and EyeMed Vision network	Vision discounts available through Davis and EyeMed Vision network

This benefit schedule is for illustrative purposes only; please consult benefits booklet for more information. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

BlueCross BlueShield PPO Option 3 Base Plan P06996	BlueCross BlueShield HSA PPO P66485 (Not available to MAP employees)	BlueCross BlueShield Medical HMO H00302
	Unlimited	
90%	90%	N/A
N/A	70%	
\$625 individual / \$1,875 family	\$2,500 individual / \$5,000 family	N/A
N/A		
Includes deductible		N/A
\$2,125 individual / \$6,375 family	\$3,000 individual / \$6,000 family	\$1,500 individual / \$3,000 family
N/A		
Deductible applies, then 90%	Deductible applies, then 90%	
N/A	Deductible applies, then 70%	
\$25 (This amount included in the out-of-pocket)		\$20
Deductible applies, then 90%	Deductible applies, then 90%	
N/A	Deductible applies, then 70%	
100% of the max allowance	Deductible applies 90%	\$50
Deductible applies, then 90%	Deductible applies, then 90%	
N/A	Deductible applies, then 70%	
\$10 generic / \$25 brand name formulary / \$75 non-formulary	Administered by Express Scripts Deductible applies, then 90%	\$5 generic / \$50 brand name formulary / \$115 non-formulary
\$20 generic / \$50 brand name formulary / \$150 non-formulary	Administered by Express Scripts Deductible applies, then 70%	\$10 generic / \$100 brand name formulary / \$230 non-formulary
\$5,025 individual / \$7,925 family		\$5,650 individual / \$11,300 family
Covered at 100%	100%	\$0
N/A	Deductible applies, then 70%	N/A
Vision discounts available through Davis and EyeMed Vision network		Annual vision exam; \$0, glasses and/or contact lenses are limited to \$75 every 24 months
	Health Saving Account (HSA)	
	Maximum Individual Contribution \$3,850 Maximum Family Contribution \$7,750	

The Village of Hoffman Estates complies with applicable Federal civil rights and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Village of Hoffman Estates does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.