

Vision Plan IPBC VSP Plan A (Choice Network)

Benefit Summary

The Who's Who of Your Village of Huntley's Benefit Plans

Benefits	Your Coverage with a VSP Provider		
	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses		\$25	See frame and lenses
Frame	\$130 allowance for a wide selection of frames (\$70 Walmart/Sam's Club/Costco® frame allowance)	Included in Prescription Glasses	Every 24 months
	\$150 allowance for featured frame brands		
	20% savings on the amount over your allowance		
Lenses	Single vision, lined bifocal, lined trifocal, lenticular	Included in Prescription Glasses	Every 12 months
	Polycarbonate lenses for dependent children		
Lens Enhancements	Standard progressive lenses	Covered	Every 12 months
	Premium progressive lenses	\$95-\$105	
	Custom progressive lenses	\$150-\$175	
	Average savings of 20-25% on other lens enhancements		
Contacts (instead of glasses)	\$130 allowance for contacts	Copay does not apply	Every 12 months
	Contact lens exam (fitting and evaluation)	Up to \$60	
Glasses and Sunglasses	Extra \$20 to spend on featured frame brands. Go to www.vsp.com/specialoffers for details.		
	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam		
Extra Savings			
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
Laser Vision Correction	Average 15-20% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

Your Coverage with Out-of-Network Providers

Get the most of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit www.vsp.com for plan details.

- Exam up to \$45
- Frame up to \$70
- Single Vision Lenses up to \$30
- Lined Bifocal Lenses up to \$50
- Lined Trifocal Lenses..... up to \$65
- Progressive Lenses up to \$50
- Contacts up to \$105



HMO:

- **Blue Cross Blue Shield (BCBS)** is the claims administrator for the Village of Huntley's 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.
- **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 Huntley's medical plan can participate at no charge to you.
 - » **Well onTarget®** 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 onTarget through BlueAccess for Members or 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 Huntley's 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.
 - » **Well onTarget®** 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 onTarget through EVIVE at 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 gives 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 Huntley's 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 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 for more information.
- **Delta Dental** is the administrator of dental benefits for you and your family. Delta Dental offers you 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, and Friday from 7:00 a.m. to 6:00 p.m. CST.
 - » **Web:** Employees can access Delta Dental's website by logging on to 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. When prompted, choose the "Delta Dental PPO" network for the highest level of benefits, and follow the on-screen instructions.
- **VSP (Vision Service Plan)** is the vision carrier for the Village of Huntley. To see a list of participating providers near you, go to www.vsp.com. To speak to a VSP Customer Service Representative, call **800.877.7195**, Monday through Saturday from 6:00 a.m. to 5:00 p.m. PST. Closed on Sunday.
- **NEW! 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.

Medical Plans – All Employees

Benefits	Blue Cross and Blue Shield of IL PPO #1 – Base Plan	Blue Cross and Blue Shield of IL PPO #2 – Premium Plan	Blue Cross and Blue Shield of IL HMO
	Lifetime Maximum	Unlimited	Unlimited
Coinsurance			
Network	80% after deductible	80% after deductible	100%
Non-Network	60% after deductible	60% after deductible	N/A
Deductible			
Network	\$2,250 individual / \$4,500 family	\$750 individual / \$1,500 family	N/A
Non-Network	\$5,000 individual / \$10,000 family	\$5,000 individual / \$10,000 family	
Out-of-Pocket (includes deductible)			
Network	\$5,000 individual / \$10,000 family	\$2,500 individual / \$5,000 family	\$1,500 individual / \$3,000 family
Non-Network	\$10,000 individual / \$20,000 family	\$10,000 individual / \$20,000 family	No coverage
Office Visit Copay			
Network	\$25 copay PCP / \$50 copay Specialist	\$20 copay PCP / \$40 copay Specialist	\$20 copay PCP / \$40 copay Specialist
Non-Network	60% after deductible	60% after deductible	No coverage
Wellness Care			
Network	100%	100%	100%
Non-Network	60% after deductible	60% after deductible	No coverage
Inpatient Hospital Care			
Network	80% after deductible	80% after deductible	100%
Non-Network	60% after deductible (authorization required)	60% after deductible (authorization required)	No coverage
Hospital Emergency Care			
Network/Non-Network	\$250 copay, then 80%	\$250 copay, then 80%	\$300 copay (waived if admitted), then 100%
Other Covered Services			
Network	80% after deductible	80% after deductible	Copay, then 100%
Non-Network	60% after deductible	60% after deductible	No coverage
Prescription Drug (administered by Express Scripts)			
Retail (31-day supply)			
Generic	\$10 copay	\$10 copay	\$10 copay
Brand Name Formulary	\$25 copay	\$25 copay	\$25 copay
Brand Name Non-Formulary	\$40 copay	\$40 copay	\$40 copay
Mail Order (90-day supply)			
Generic	\$20 copay	\$20 copay	\$20 copay
Brand Name Formulary	\$50 copay	\$50 copay	\$50 copay
Brand Name Non-Formulary	\$80 copay	\$80 copay	\$80 copay
Prescription Drug Out-of-Pocket Maximum (network)	\$1,100 individual / \$2,200 family	\$3,600 individual / \$7,200 family	\$5,650 individual / \$11,300 family

Dental Plan

Benefits	Delta Dental of Illinois	
	Delta Dental PPO Network* & Delta Dental Premier Network**	Non-Network***
Annual Maximum	\$1,500	
Lifetime Ortho Maximum	\$1,000	
Annual Deductible	\$50 for each covered individual	
Type A - Preventive/Diagnostic Exams, Cleanings, X-rays, Fluoride Treatment, Sealants	Deductible waived, then 100%	Deductible waived, then 100%
Type B - Basic Services Amalgam fillings, Oral Surgery, Periodontics, Endodontics	Deductible applies, then 80%	Deductible applies, then 80%
Type C - Major Services Inlays / Onlays, Crowns, Partial / Full Dentures, Bridgework	Deductible applies, then 50%	Deductible applies, then 50%
Type D - Orthodontia For dependent children under the age of 19	Deductible applies, then 50%	Deductible applies, then 50%

Delta Dental Premier® is a safety net for our Delta Dental PPO network. You will pay more out-of-pocket with a Delta Dental Premier dentist compared to a Delta Dental PPO dentist. However, you may save more money with a Delta Dental Premier dentist compared to a non-network dentist. Delta Dental Premier Dentists agree to our maximum plan allowances as payment in full, which may be lower than what a dentist would typically charge.

*You will not be balance billed for charges exceeding Delta Dental's allowed PPO fees.

**You will not be balanced billed for charges exceeding Delta Dental's maximum plan allowances (MPAs).

***You are responsible for charges exceeding Delta Dental's MPAs.

To Locate Participating Dental Providers

- Visit www.deltadentalil.com/smartmouth, select "Find a Provider," and complete your location or name.
- Select the Delta Dental PPO network for the highest level of benefits, and follow the on-screen instructions.

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.

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.

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



Monthly Premiums 07/01/2023 - 06/30/2024

BCBS PPO Base	Full Premium
Employee Only	\$648.09
Employee and Children	\$1,114.75
Employee and Spouse	\$1,361.00
Family	\$1,957.23
BCBS PPO Premium	Full Premium
Employee Only	\$736.76
Employee and Children	\$1,267.23
Employee and Spouse	\$1,547.19
Family	\$2,225.02
BCBS HMO Illinois	Full Premium
Employee Only	\$612.48
Employee and Children	\$1,053.49
Employee and Spouse	\$1,286.27
Family	\$1,849.72
Delta Dental	Full Premium
Employee Only	\$31.97
Employee and Children	\$79.37
Employee and Spouse	\$62.23
Family	\$109.62
VSP Voluntary Vision Program	Full Premium
Employee Only	\$4.32
Employee and Children	\$8.58
Employee and Spouse	\$8.03
Family	\$13.71