



Employee Benefits Package 2025 Plan Year



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Hello!

Employee benefits are a crucial but often complicated part of an employment package. However, insurance benefits are much more than just a workplace bonus—they are key safeguards that can enhance your quality of life for decades to come.

When you first receive information about your employee benefits package, you might feel a bit overwhelmed. The complex terminology and mechanics of insurance policies can be daunting, and you might be uneasy about spending a portion of your paycheck in return for something that may not be of use to you for some time. There is also the anxiety that results from wondering how to take full advantage of these benefits as well as knowing that these are big decisions that can have a significant long-term impact.

This guide is intended to provide you with the basics about employee benefits so that you can understand what your employer is offering to you.



Eligibility and Enrollment

Am I Eligible for Benefits?

Regular, non-seasonal, full-time employees working **30** hours or more per week are eligible for benefits on their date of hire and you have **30** days from that date of hire to make your benefit election decisions.

When Do I Enroll?

Our Annual Benefits Enrollment period begins in November for benefits effective **January 1st annually**. If you wish to change benefits outside of the Annual Benefits Enrollment period, you may only do so within **30** days of an IRS qualifying life event, such as:

- Marriage or Divorce
- Birth, Death, or Adoption of a dependent
- Changes in employment status of the employee, spouse or dependents which affect benefit eligibility status. This includes beginning or ending employment, new or different work hours, or a change in hours
- A dependent becoming eligible or ineligible for coverage due to age, obtaining other group coverage, or other similar circumstances

The above outlines common IRS qualifying life events but is not a full list.

How Do I Enroll?



Orland Fire Protection District now utilizes Paycor for Employee Benefits and Payroll support.



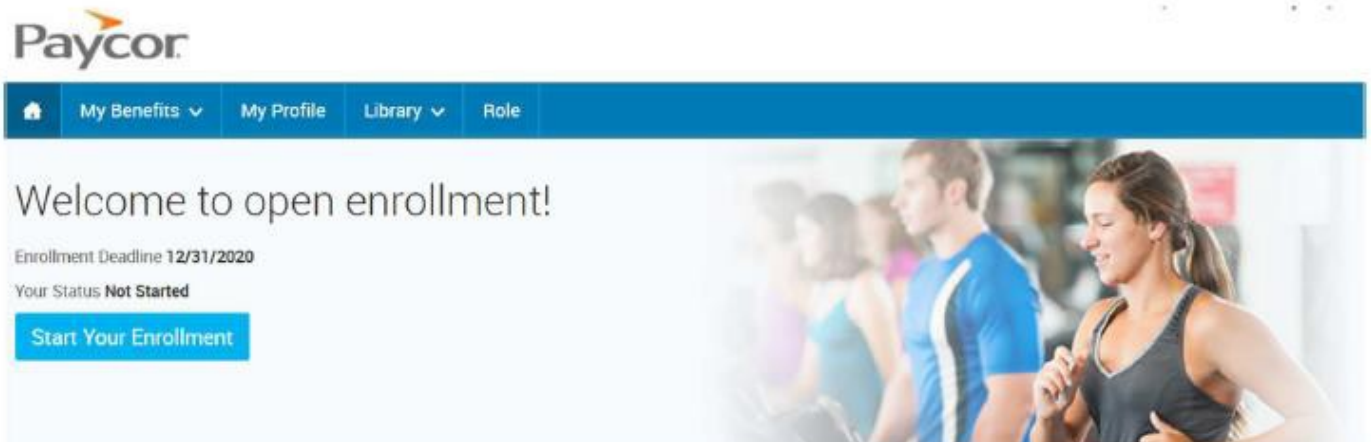
Paycor Benefits Portal

Accessing Your Online Benefits Portal

1. Login to Paycor. Hover over **Me**, and then click **Benefits**.



2. You will then be directed to your Benefits Home screen:



Enrolling in Benefits

- On the home screen, select **Start Your Enrollment** on the message board:

Welcome to open enrollment!

Enrollment Deadline 12/31/2020

Your Status **Not Started**

[Start Your Enrollment](#)





Plan Explanation

HMO-Health Maintenance Organization, is a type of health insurance plan that limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. HMOs are designed to keep costs low and predictable.

HMO members have access to certain doctors and hospitals, called your HMO provider network. Your care is managed by one primary care physician — your personal doctor — who helps make sure you get the right care at the right time and at the right place.

DEDUCTIBLE	IN-NETWORK
Single	\$0
Family	\$0
COINSURANCE	
Member %	100%
OUT OF POCKET MAXIMUM	
Single	\$1,500
Family	\$3,000
COMMONLY USED SERVICES	
Primary Care Physician Office Visit	\$10 Copay / Visit
Specialist Office Visit	\$10 Copay / Visit
Urgent Care	\$10 Copay / Visit
Emergency Room	\$25 Copay / Visit
PREVENTIVE CARE	
Preventive Services	100%
MAJOR MEDICAL EXPENSES	
Outpatient Surgery	Covered in Full
Inpatient Hospitalization / Surgery	Covered in Full
CT scan, PT scan, MRI	Covered in Full
PRESCRIPTION DRUG COVERAGE	
Generic (Tier 1)	\$5 Copay
Brand Name (Tier 2)	\$5 Copay
Non-Preferred (Tier 3)	\$10 Copay
Specialty (Tier 4)	\$10 Copay

Disclaimer

This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage



Plan Explanation

A Preferred Provider Organization (PPO) is a type of managed care medical plan that lets you see primary care physicians and specialists both in and out-of-network without a referral. Managed care plans attempt to reduce the cost of medical care while maintaining quality of care. You will always spend less when utilizing in-network providers.

DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Single	BCO: \$150 / PPO: \$200	\$500
Family	BCO: \$300 / PPO: \$350	\$1,000
COINSURANCE		
Member %	BCO: 90% / PPO: 70%	60%
OUT OF POCKET MAXIMUM		
Single	BCO: \$550 / PPO: \$600	\$1,900
Family	BCO: \$1,100 / PPO: \$1,150	\$3,800
COMMONLY USED SERVICES		
Primary Care Physician Office Visit	\$10 Copay / Visit	60% Coin after Ded
Specialist Office Visit	\$10 Copay / Visit	60% Coin after Ded
Urgent Care	BCO: 90% Coin after Ded / PPO: 70% Coin after Ded	60% Coin after Ded
Emergency Room	\$35 Copay / Visit after Coinsurance	\$35 Copay / Visit after Coinsurance
PREVENTIVE CARE		
Preventive Services	Covered in Full	60% Coin after Ded
MAJOR MEDICAL EXPENSES		
Outpatient Surgery	BCO: 90% Coin after Ded / PPO: 70% Coin after Ded	60% Coin after Ded
Inpatient Hospitalization / Surgery	BCO: 90% Coin after Ded / PPO: 70% Coin after Ded	60% Coin after Ded
CT scan, PT scan, MRI	BCO: 90% Coin after Ded / PPO: 70% Coin after Ded	60% Coin after Ded
Hospital Newborn Delivery	BCO: 90% Coin after Ded / PPO: 70% Coin after Ded	60% Coin after Ded
PRESCRIPTION DRUG COVERAGE		
Generic (Tier 1)	\$5 Copay	\$0
Preferred Brand Name (Tier 2)	\$5 Copay	\$0
Non-Preferred Brand (Tier 3)	\$10 Copay	\$0
Specialty (Tier 4)	\$10 Copay	\$0

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See certificate of coverage for complete policy details.

Plan Explanation

A High Deductible Health Plan (HDHP) is a health plan product that combines a Health Savings Account (HSA) with traditional medical coverage and a tax-advantaged way to help save for future medical expenses while providing flexibility and discretion over how you use your health care dollars today. With an HDHP, the annual deductible must be met before plan benefits are paid for services other than in-network preventive care services, which are fully covered.

DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Single	BCO: \$3,200 / PPO: \$3,250	\$6,400
Family	BCO: \$6,400 / PPO: \$6,500	\$12,800
COINSURANCE		
Member %	BCO: 100% / PPO: 80%	60%
OUT OF POCKET MAXIMUM		
Single	BCO: \$3,200 / PPO: \$3,250	\$11,400
Family	BCO: \$6,400 / PPO: \$6,500	\$22,600
COMMONLY USED SERVICES		
Primary Care Physician Office Visit	BCO: 100% / PPO: 80% Coin after Ded	60% Coin after Ded
Specialist Office Visit	BCO: 100% / PPO: 80% Coin after Ded	60% Coin after Ded
Urgent Care	BCO: 100% / PPO: 80% Coin after Ded	60% Coin after Ded
Emergency Room	BCO: 100% / PPO: 80% Coin after Ded	60% Coin after Ded
PREVENTIVE CARE		
Preventive Services	Covered in Full	60% Coin after Ded
MAJOR MEDICAL EXPENSES		
Outpatient Surgery	BCO: 100% / PPO: 80% Coin after Ded	60% Coin after Ded
Inpatient Hospitalization / Surgery	BCO: 100% / PPO: 80% Coin after Ded	\$300 Copay / Admission + 60% Coin after Ded
CT scan, PT scan, MRI	BCO: 100% / PPO: 80% Coin after Ded	60% Coin after Ded
Hospital Newborn Delivery	BCO: 100% / PPO: 80% Coin after Ded	60% Coin after Ded
PRESCRIPTION DRUG COVERAGE		
Generic (Tier 1)	100% after Ded	100% after Ded*
Preferred Brand Name (Tier 2)	100% after Ded	100% after Ded*
Non-Preferred Brand (Tier 3)	100% after Ded	100% after Ded*
Specialty (Tier 4)	100% after Ded	100% after Ded*

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage



BlueCross BlueShield of Illinois



BlueCross BlueShield of Illinois

The BCBSIL App!



Stay connected with Blue Cross and Blue Shield of Illinois (BCBSIL) and access important health benefit information wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your member ID card

Available in Spanish

Text* **BCBSILAPP** to **33633** to get the app.

* Message and data rates may apply. Terms and conditions and privacy policy at bcbsil.com/mobile/text-messaging.



bcbsil.com/mobile





BlueCross BlueShield
of Illinois

Blue Access for MembersSM

Get all the advantages your health plan offers



Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Illinois (BCBSIL) secure member website, Blue Access for Members (BAM).

With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one
- Visit [Health Care School](#) to see articles and videos to help you make the most of your benefits

It's easy to get started

- 1 Go to bcbsil.com/member
- 2 Click **Register Now**
- 3 Use the information on your BCBSIL ID card to complete the registration process.



Text* BCBSILAPP to 33633 to get the BCBSIL app that lets you use BAM while you're on the go.

*Message and data rates may apply





BlueCross BlueShield
of Illinois

Find what you need with Blue Access for Members

The screenshot shows the Blue Access member portal for John Smith. The interface includes a top navigation bar with links for Home, My Coverage, Claims Center, My Health, Doctors & Hospitals, and Forms & Documents. A central 'MY COVERAGE' section displays plan details for PPO, including Group Number (0000) and ID Number (XOF00000DEMO). A table lists 'In Network Benefits' such as Medical Copays, Emergency Room Copay (\$300), Lifetime Maximum (\$0 PER LIFETIME), Preauthorization Penalty (\$500), Deductible per Family (\$500), and Deductible per Individual (\$300). Other sections include a Message Center, a 'Stay Updated' section with social media links, and a 'Quick Links' sidebar with options like 'Get a Temporary ID Card' and 'My Blue Community'.

- 1 **My Coverage:** Review benefit details for you and family members covered under your plan.
- 2 **Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 **My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 **Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 **Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 **Message Center:** Learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 **Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 **Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
- 9 **Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
- 10 **Contact Us:** Submit a question and a Customer Service Advocate will respond by phone or through the message center.





BlueCross BlueShield of Illinois

How to Search for Doctors or Hospitals



Log on to bcbsil.com



From the home page, click on **'Find A Doctor'**


Select PPO network, and search by **Provider Name** or **Provider type**

Save or print results

Get directions, and view quality designations including **Blue Distinction Specialty Care**

Try it on your mobile phone!

No registration necessary



BlueCross BlueShield
Last Updated: 08/31/2011
Provider Finder®
Search | Help | FAQs | Company Information | Disclaimers | en Español

Find a Doctor or Hospital with Provider Finder®

*** Required Information**

Select network type.*
Network Type: Search all network types

Select the state you live in*
IL

Select the state you want to search*
IL

Use these additional fields to help you refine your search. For best results, enter only the information you know.

Provider Type
Select provider type, specialty, or both
Type: Search all provider types
Specialty: Search all provider types, Behavioral Health Facilities, Behavioral Health Provider, Blue Distinction Bariatric Centers, Blue Distinction Behavioral Centers, Blue Distinction Cardiac Centers, Blue Distinction Cancer Centers, Blue Distinction Cardiac and Complex C, Blue Distinction Spine Centers, Blue Distinction Transplant Centers, Doctor Or Medical Professional, Hospital Or Other Facility, Immediate Care Centers, Medical Group Or Other Type, Rural Health Clinic

Provider's Name
Enter the name of the doctor, facility, or clinic

Location
Enter the address, city, or ZIP code
Show results within
Travel Distance

Providers with recognitions/certifications Board certified providers **Find**

More Searches

- Find providers outside of the U.S.
- Find labor-savvy providers here
- Find a pharmacy
- Find a dentist
- Find a Vision Provider

Other Provider Searches

- Find laser vision correction procedures/disposable contact lenses
- Find information on discount hearing aids

Quality and Cost

- Learn more about ways to save on your medical costs
- Tips on finding the right hospital

Search Tips

- Check your Benefit Booklet for your Network Type
- Make sure you are searching within your network
- Enter as much information as you know
- Use filters to help narrow your search



Public Site

- Health Care 101
- Shop for Insurance
- Find a Doctor / Hospital
- Blue Access for Members log-in or registration
- Contact Us



Provider Finder® App

- Locate in-network providers
- Link to map and directions, add to contacts
- Locate urgent care facility using phone's GPS location

For iPhone® and Android® phones.





BlueCross BlueShield of Illinois



The Simpler Way To a Healthier You

An advanced blood glucose meter and blood pressure monitor, plus the support you need, 100% paid for by your employer.



COST-FREE PROGRAMS



ADVANCED TECHNOLOGY



ENCOURAGING COACHING



Diabetes Management

- Unlimited strips & lancets
- Connected blood sugar meter
- Personalized insights & more

Blood Pressure Management

- One-on-one coaching
- Connected monitor
- Real-time tips & more

GET STARTED



Text **"GO WELL-BCBSIL"** to **85240** to learn more & join

You can also join by visiting get.livongo.com/WELL-BCBSIL/register or call **(800) 945-4355** and use registration code: **WELL-BCBSIL**

The program is provided to you and your family members with coverage through Blue Cross and Blue Shield of Illinois (BCBSIL).

Solamente el programa Livongo para Diabetes esta disponible en Español

Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al (800) 945-4355 o visite bienvenido.livongo.com/WELL-BCBSIL.

Members must have primary insurance coverage through the Blue Cross and Blue Shield of Illinois plan offering the Livongo program.

Program includes trends and support on your secure Livongo account and mobile app but does not include a tablet or phone.





BlueCross BlueShield
of Illinois

Blue365

A Discount Program for You



Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Illinois (BCBSIL) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at blue365deals.com/bcbsil, weekly "Featured Deals" will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

EyeMed® | Davis Vision®

You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

TruHearing® | Beltone™ | Start Hearing

You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Dental SolutionsSM

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

Jenny Craig® | Sun Basket | Nutrisystem®

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

See all the Blue365 deals and learn more at blue365deals.com/bcbsil.





BlueCross BlueShield
of Illinois



Virtual Visits: Good Mental Health Starts Early

Growing up is a challenge. Surveys report that kids and young adults are suffering increased levels of anxiety and depression caused by academic and peer pressures, social media exposure and isolation caused by the COVID-19 pandemic.

Whatever your age, good mental health is as important as good physical health, and Virtual Visits is here to help.

The Virtual Visits behavioral health benefit from MDLIVE® and offered through Blue Cross and Blue Shield of Illinois (BCBSIL) connects you and your dependents ages 10 and up* with independent board-certified doctors and licensed therapists.

Appointments are on your schedule either online, by phone or through the MDLIVE app. No need to miss work or school. College students can get treatment at home or on campus. Virtual Visit doctors can also send e-prescriptions to local pharmacies.

Services are available in both English and Spanish with translation services available in other languages.

First, contact your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSIL benefit, please call the number on the back of your ID card.

It's okay to ask for help. Take the next step with Virtual Visits.

Virtual Visits can help with:

- Depression
- Anxiety
- Stress
- Grief and loss
- Eating disorders
- Parenting issues

Visit MDLIVE.com/bcbsil or call 888-676-4204 to activate your account and schedule a consultation.

* The MDLIVE Medical Benefit is open to covered dependents of all ages. Only the Behavioral Health benefit is limited to covered dependents ages 10 and up.

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
an Equal Opportunity Employer, a National Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Powered by
MDLIVE

248997.0723





BlueCross BlueShield
of Illinois



It's Okay to Need Help

Take care of your mental health to cope with what life brings your way.

If you struggle with thoughts or feelings that make it harder to get through your day, you're not alone. About half of people in the U.S. will experience a mental health concern at some point in their lives.¹

Care from a mental health expert can help you manage your emotions and deal with challenges.

Mental health is just as important as physical health.

Your health plan includes access to mental health care like therapy and medicines that might help. You and your family members can get support for issues such as:

- Depression
- Anxiety and panic attacks
- Substance use
- Attention deficit (ADHD/ADD)
- Autism
- Bipolar
- Eating disorders

Your journey is one-of-a-kind.

Whether you need support to get through everyday life or a major crisis, seeking help is the first step to getting better.

Find a provider who can help get you where you want to be. Many offer phone or video visits for your convenience.

1. Go to bcbsil.com.
2. Then, click Find Care.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association





BlueCross BlueShield
of Illinois



BlueCross BlueShield of Illinois



A home delivery (mail order) pharmacy service you can trust.

Express Scripts® Pharmacy delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

Savings and Convenience

- Express Scripts® Pharmacy delivers up to a 90-day supply of long-term medicines.¹
- Prescriptions are delivered to the address of your choice, within the U.S., with free standard shipping.
- You can order from the comfort of your home — through your mobile device, online or over the phone. Your doctor can fax, call or send your prescription electronically to Express Scripts® Pharmacy.
- Tamper-evident, unmarked packaging protects your privacy.

Support and Service

- You can receive notices by phone, email or text — your choice — when your orders are placed and shipped. You will be contacted, if needed, to complete your order. To select your notice preference, register online at [express-scripts.com/rx](https://www.express-scripts.com/rx) or call 833-715-0942.
- 24/7 access to a team of knowledgeable pharmacists and support staff.
- Choose to receive refill reminder notices by phone or email.
- Multiple pharmacy locations are located across the U.S., for fast processing and dispensing.



Medicines may take up to 5 business days to deliver after Express Scripts® Pharmacy receives and verifies your order.



Accredo, your
specialty pharmacy.

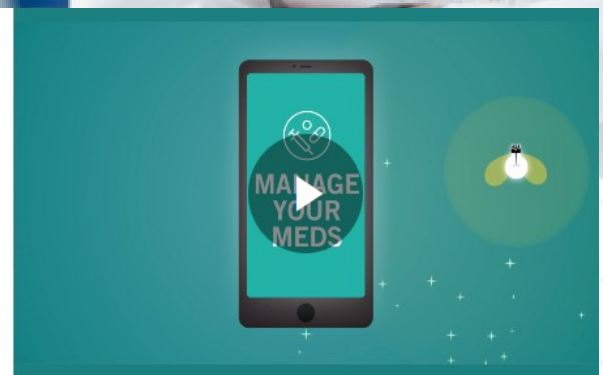
We are here for you.

Accredo Mobile App

Manage your specialty medications on the go with the Accredo mobile app. You can even set up dose reminders to help you remember to take your medication!



This app is for Accredo patients. You must have an Accredo prescription number to register for an account.



Text "Start" to [877-222-7336](tel:877-222-7336)

We are making enrolling in text alerts easier than ever. To get started with texting, you will need:

- Your phone number
- Date of Birth
- Active Accredo prescription number

Our specialty pharmacy texting program allows you to receive prescription refill reminders, medication order updates and more all via text! For some eligible prescription medications you can even order prescription refills by text. It's never been this easy to keep up with your specialty medication orders.



Health Savings Account

Plan Explanation

A Health Savings Account (HSA) is a type of personal savings account you can set up to pay certain health care costs. An HSA allows you to put money away and withdraw it tax free, as long as you use it for qualified medical expenses, like deductibles, copayments, coinsurance, and more. (Generally, insurance premiums aren't considered qualified medical expenses.)

All employees enrolled in the HDHP HSA Medical Plan are automatically enrolled in the HSA plan with the fire district contributions listed below:

HSA Contributions 202			
Tiers	Employer Contributions	Employee Contribution Limits	IRS HSA Limitation (Combined Employer + Employee Contributions)
Employee Only	\$2,450	\$1,700	\$ 50
Employee + Spouse	\$4,900	\$3,400	\$
Employee + Child	\$4,900	\$3,400	\$ 0
Employee + Children	\$4,900	\$3,400	\$
Employee + Family	\$4,900	\$3,400	\$ 0

Annual Contributions are evenly distributed based on the employee's pay frequency

HSA Contributions 202			
Tiers	Employer Contributions	Employee Contribution Limits	IRS HSA Limitation (Combined Employer + Employee Contributions)
Employee Only	\$2,550	\$1,750	\$4,
Employee + Spouse	\$5,100	\$3,450	\$8
Employee + Child	\$5,100	\$3,450	
Employee + Children	\$5,100	\$3,450	
Employee + Family	\$5,100	\$3,450	

Annual Contributions are evenly distributed based on the employee's pay frequency



What is an HSA?

A Health Savings Account is a tax-exempt account which you use to pay qualified medical expenses for you and your family.

Who is Eligible for an HSA?

To be eligible and qualify for an HSA, you must meet the following requirements:

- You are covered under a high-deductible health plan (HDHP) on the first day of that month;
- You are not covered under another type of health plan that is not an HDHP (certain exceptions apply);
- You are not enrolled in Medicare (generally, are under 65 yrs. old); and
- You may not be claimed as a dependent on another individual's tax return.

Why Choose an HSA?

- The HDHP generally costs less than traditional health care coverage. Money saved on the insurance premium can be put into the HSA.
- Contributions to your HSA are tax deductible.
- After age 65, HSA funds can be used for non-qualified expenses without penalty. Only income tax is assessed.
- Use the pre-tax funds in your HSA to pay for current medical expenses or expenses that your insurance may not cover including dental expenses, vision care, Medicare expenses, and long term care. See [publication 502](#) on the IRS website for a complete list of qualified expenses.





Plan Explanation

Orland Fire Protection District offers 3 (three) types of FSAs-Flexible Spending Accounts to cover eligible everyday expenses on a pre-tax basis:

- Full Scope Healthcare FSA
- Limited Purpose FSA
- Dependent Care FSA

Please refer to the chart below to determine which plan is right for you:

FSA-Flexible Spending Account Options

FAQs	Limited Purpose FSA	Full Scope Healthcare FSA	Dependent Care FSA
May I contribute to an FSA if I am also enrolled in the BCBSIL HSA plan?	Yes	NO	Yes
Who can the FSA contributions be used for?	You, your spouse, and or your dependent children	You, your spouse, and or your dependent children	Any dependents under the age of 13 and or a disabled spouse or other tax-qualified dependent.
What kind of expenses are covered?	Copays, deductibles, and other Out-of-Pocket expenses related to Dental and Vision Care services	Copays, deductibles, and other Out-of-Pocket Medical, Dental, and or Vision Care Expenses	Expenses such as day care, before and after school programs, summer day camp, and or adult day care.
How much can I contribute?	2024: \$3,200 2025: \$3,350*	2024: \$3,200 2025: \$3,350*	2024: \$3,200 / \$5,000 2025 : \$3,350 / \$6,700
When must the expenses be incurred?	During the plan year	During the plan year	During the plan year

** These amounts are subject to change based off IRS Rules and Regulations.*



Limited Purpose FSA

Dental Care

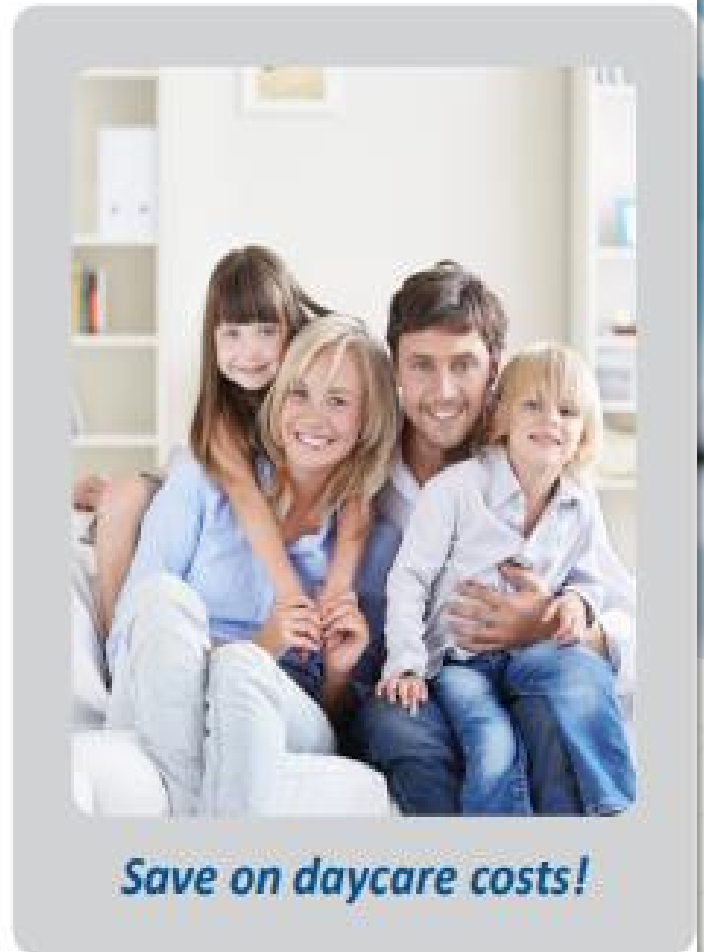
- ✓ Dental Exams and Cleanings
- ✓ Fillings, Root Canals and Crowns
- ✓ Dentures and Bridges
- ✓ Orthodontia

Vision Care

- ✓ Eyeglasses
- ✓ Contact Lenses
- ✓ Contact Lens Solution
- ✓ Laser Vision Correction

Dependent Care FSA

- ✓ Day Care Centers
- ✓ Preschool Charges
- ✓ Before- and After-School Care
- ✓ Summer Day Camp
- ✓ In- and Out-of-Home Care for Children or the Elderly



Your Convenient Way to Pay

The Flex Card is a simple way to pay for qualified expenses without having to pay anything out-of-pocket. Best of all, one debit card can provide access to all Flex Accounts – FSA, HSA, HRA and Commuter.*

How it Works

Your Flex Card gives you easy access to the funds in your Flex Account by swiping the card at the point of sale. The card can be used at any qualified service provider that accepts MasterCard, and funds are automatically transferred from the benefit account directly to qualified providers. There are no out-of-pocket costs to you and no need to file a claim for reimbursement.

In the event that you have multiple benefit accounts, you only need one Flex Card. Our technology understands which purchases should be applied to any one of your accounts. It's one smart card!

Easy as 1 – 2 – 3

1. Check your account balance

You can view your transaction history, current balance, claim status and more by logging in to myflexaccount.com or via our convenient mobile app

2. Swipe your Flex Card

Swipe the card at the point-of-sale for eligible products and services

3. Keep all your receipts

In some instances, Flex will notify you that we need additional documentation to confirm that your purchase was eligible. It's very important that you save your documentation and submit the information right away when necessary.

The Flex Card eliminates the hassles of claims submission and waiting for a reimbursement check.

* Check with your employer for the Flex account available to you.

Visit myflexaccount.com for more information about using your Flex card.



My Flex Account Mobile App

Learn how to make better healthcare spending and saving decisions with the My Flex Account Mobile App.

Introducing the My Flex Account Mobile App

When it comes to your Health Benefit Account(s), the My Flex Account Mobile App takes the guesswork out of your healthcare spending and saving decisions. It includes a personalized, real-time and self-guided experience that ensures you have access to not only powerful self-service capabilities such as viewing and managing your Health Benefit Account(s), submitting claims, and accessing account alerts but also actionable insights that lead you down a path to better healthcare spending and saving behaviors.

The My Flex Account Mobile App combines health and wealth in one location, giving you personalized low-cost, high-quality healthcare options – making you a smarter consumer of healthcare by spending less now and saving more for the future.

What you can expect from the My Flex Account Mobile App

- **A personalized experience** that helps you navigate your unique health and wealth journey
- **Access to real-time information** so you always have up-to-the-minute data and insights about your Health Benefit Account(s) available at your fingertips
- **A modern, easy-to-use mobile experience** with powerful self-service capabilities
- **Data driven tools**, including a personalized Smart Score, that guide you to make informed decisions about where to best spend and save your healthcare dollars
- **Cost and quality insights** that allow you to better search for procedures and providers
- **A virtual medicine cabinet** for managing your monthly drug costs
- **Long-term savings recommendations** based on known chronic conditions
- **Personalized recommendations** to help you maximize account value



Say Goodbye to Paper Claims with CrossTech

Tired of looking for receipts and filling out claim forms? Sign up for CrossTech® and all of your medical, prescription and dental claims through Blue Cross® and Blue Shield® of Illinois (BCBSIL) PPO plans will be submitted automatically to your Flex Account.* The portion of the claim that you have to pay out-of-pocket will be automatically reimbursed to you from your Flex Account.

Benefits of CrossTech

- ✓ No claim paperwork to complete
- ✓ Guaranteed secure information transfer between BCBSIL and Flex
- ✓ Simple, automated claims process

CrossTech
**eliminates the
hassles** of claims
submission!

You Should Not Enroll in CrossTech if:

- ✓ You are on an HMO plan or any other plan that is not a BCBSIL PPO health plan
- ✓ Your or your dependents are covered under another health plan with coordination of benefits
- ✓ You are covering a domestic partner who is not your covered dependent for income tax purposes
- ✓ You do not want your out-of-pocket expenses automatically submitted to your Flex Account

*Check with your employer for the Flex Account available to you.





Plan Explanation

Dental insurance helps pay for all—or a portion—of the costs associated with dental care, from routine cleanings to root canals. Most dental insurance divides dental care into three service categories: preventive, basic, and major. The service category determines the percentage of the cost insurance covers. For example, insurance may pay 80% of the cost of a service considered basic care, and the patient would pay for the remaining 20% of the cost.

DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Single	\$50	\$50
Family	\$150	\$150
MAXIMUM THE CARRIER WILL PAY		
Annual Maximum	\$1,500	\$1,500
FREQUENCIES		
Cleaning		100%
Exam		100%
DENTAL COVERAGE		
Cleanings	100%	100%
Exams	100%	100%
X-Rays	100%	100%
Sealants	100%	100%
Fillings	80%	80%
Simple Extractions	80%	80%
Root Canal	80%	80%
Periodontal Gum Disease	80%	80%
Oral Surgery	80%	80%
Crowns	50%	50%
Dentures	50%	50%
Bridges	50%	50%
Implants	50%	50%
Orthodontia	50%	50%
Orthodontia Lifetime Maximum		\$1,500
Orthodontia Maximum Age		19

OUT OF NETWORK EXPLANATION
 Your insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist, which may result in a balance bill.

Disclaimer
 This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

 Contracting providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. Non-contracting providers do not accept the Schedule of Maximum Allowances as payment in full. For services received from a non-contracting provider, member will be liable for the difference between the dentist's charge and covered benefits



BlueCross BlueShield
of Illinois

This Plan is offered by your Employer as one of the benefits of your employment. The benefits provided are intended to assist you with many of your dental care expenses for Dentally Necessary services and supplies. Coverage under this Plan is provided regardless of your race, color, national origin, disability, age, sex, gender identity or sexual orientation. There are provisions throughout this Benefit Booklet that affects your dental care coverage. It is important that you read the Benefit Booklet carefully so you will be aware of the benefits and requirements of this Plan.

The defined terms in this Benefit Booklet are capitalized and shown in the appropriate provision in the Benefit Booklet or in the **DEFINITIONS** section of the Benefit Booklet. Whenever these terms are used, the meaning is consistent with the definition given. Terms in italics may be section headings describing provisions or they may be defined terms.

The terms “you” and “your” as used in this Benefit Booklet refer to the Employee.

Benefits available under the Plan are explained in the **COVERED DENTAL SERVICES** section. The benefits available to you are indicated on the Dental Schedule of Coverage in this Benefit Booklet.

You are covered only for those benefit categories of services selected by your Employer and shown on your Dental Schedule of Coverage.

The benefit percentage to be applied to each category of service is shown on your Dental Schedule of Coverage.

Important Contact Information

Resource	Contact Information	Accessible Hours
Dental Customer Service Helpline	1-800-538-8833	Monday – Friday 8:00 a.m. – 6:00 p.m. (hours are subject to change)
Website	www.bcbsil.com	24 hours a day 7 days a week

Dental Customer Service Helpline

Dental Customer Service Representatives can:

- Give you information about Contracting Dentists;
- Distribute claim forms;
- Answer your questions on claims;
- Assist you in identifying a Contracting Dentist (but will not recommend specific Dentists);
- Provide information on the features of the Plan.

BCBSIL Website

Visit the BCBSIL website at www.bcbsil.com for information about BCBSIL, access to forms referenced in this Benefit Booklet, and much more.





HOW THE PLAN WORKS

Allowable Amount

The Allowable Amount is the maximum amount of benefits the Claim Administrator will pay for Eligible Dental Expenses you incur under the Plan. The portion of the charges by your Dentist that exceeds the Allowable Amount of the Claim Administrator will be your responsibility to pay to your Dentist, except when you have used a Contracting Dentist. You will also be responsible for charges for services, supplies, and procedures limited or not covered under the Plan and any applicable Deductibles and Coinsurance Amounts.

Review the definition of Allowable Amount in the **DEFINITIONS** section of this Benefit Booklet to understand the guidelines used by BCBSIL.

Course of Treatment

Your Dentist may decide on a planned series of dental procedures which a dental exam shows you need. In cases where there is more than one professionally acceptable covered procedure or Course of Treatment, benefits will be covered for the least costly covered procedure or Course of Treatment, as determined by the Plan. If the Participant requests or accepts the more costly service, the person is responsible for expenses that exceed the amount covered for the least costly service.

Current Dental Terminology (CDT)

The most recent edition of the manual published by the American Dental Association (ADA) entitled “*Current Dental Terminology and Procedure Codes (CDT)*” is used when classifying dental services.

The Allowable Amount for an Eligible Dental Expense will be based on the most inclusive procedure codes.

Freedom of Choice

<i>Each time you need dental care, you can choose to:</i>	
See a Contracting Dentist	See a Non-Contracting Dentist
<ul style="list-style-type: none"> Your out-of-pocket cost will generally be the least amount because Contracting Dentists have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses; You are not required to file claim forms; You are not balance billed for costs exceeding the Claim Administrator’s Allowable Amount for Contracting Dentists. 	<ul style="list-style-type: none"> Your out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with the Claim Administrator to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses; You are required to file claim forms; You may be balanced billed by Non-Contracting Dentists for costs exceeding the Claim Administrator’s Allowable Amount.

In each event as described above, you will be responsible for the following:

- Any applicable Deductibles;
- Coinsurance Amounts;
- Services that are limited or not covered under the Plan.





Plan Explanation

Vision insurance can encourage necessary eye care and help supplement costs for vision needs. In addition, regular eye doctor visits can identify otherwise unknown medical problems, helping to lower costs and improve treatment when those problems are caught early on.

VISION COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	10 Copay	Up to \$30
Single Vision Lens	\$25 Copay	Up to \$25
Lined Bi-Focal Lens	\$25 Copay	Up to \$40
Lined Tri-Focal Lens	\$25 Copay	Up to \$55
Lenticular Lens	\$25 Copay	Up to \$55
Contact Lens Allowance	Elective: \$130 Allowance / Medically Necessary: Covered in Full	Elective: Up to \$104 / Medically Necessary: Up to \$210
Frame Allowance	Up to \$130 Allowance	Up to \$65
FREQUENCIES		
Exam Frequency	Once every 12 months	
Lens Frequency	Once every 12 months	
Frame Frequency	Once every 24 months	
OUT OF NETWORK EXPLANATION		
While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you.		

Disclaimer

This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage



PLAN 8: 12/12/25/\$130

MS 300 V

Frequency

Examination	Once every 12 months
Lenses or contact lenses	Once every 12 months
Frame	Once every 24 months
Contact lens eval/fitting	N/A

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with dilation as necessary	\$10 copay	Up to \$30
Contact lens fit and follow-up	Up to \$40 for standard; 10% off retail price for premium	N/A

Frames

Any available frame at provider location	\$0 copay, \$130 allowance, 20% off balance over \$130	Up to \$65
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Standard Lenses

Single vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$55
Lenticular	\$25 copay	Up to \$55
Standard progressive lens	\$90 copay	Up to \$40
Premium progressive lens	See table on page 2.	Up to \$40

Lens Options

Tint (solid and gradient)	\$15	N/A
Scratch resistant coating	\$0	Up to \$5
Polycarbonate lenses	\$0 kids; \$40 adults	Up to \$5 kids
Ultraviolet coating	\$15	N/A
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photochromic/transitions plastic	\$75	N/A

Other

Laser vision correction	15% retail price or 5% off promotional price	N/A
Additional pairs benefit	40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used	N/A
Amplifon hearing discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A





Summary of Benefits Continued

Progressive Price List ²	Member Cost In-Network
Standard progressive	\$90 copay
Premium Progressives ³ as follows:	
Tier 1	\$110 copay
Tier 2	\$120 copay
Tier 3	\$135 copay
Tier 4	\$90 copay 80% of charge less \$120 allowance
Anti-Reflective Coating Price List ²	Member Cost In-Network
Standard anti-reflective coating	\$45
Premium anti-reflective ³ coatings as follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
Photochromic	\$75
Polarized	80% of charge

Plan Exclusions

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses
2. Medical and/or surgical treatment of the eye, eyes or supporting structures
3. Any eye or vision examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
5. Plano (non-prescription) lenses and/or contact lenses
6. Non-prescription sunglasses
7. Two pair of glasses in lieu of bifocals
8. Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
9. Services or materials provided by any other group benefit plan providing vision care
10. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

For a complete list of in-network providers near you, visit:

www.eyemedvisioncare.com/bcbsilvis

or call #800-362-5539

For LASIK Providers, call 877-5LASER6.





Mobilize Your Vision Plan

Vision Benefit App, Powered by EyeMed

The EyeMed member app was the first of its kind. But innovation—like your life—never stops. Your vision benefit is powered by EyeMed, which means you are able to download the EyeMed member app to access ahead-of-the-game resources wherever you are—before, during and after your eye appointment.

Here's How to Access the EyeMed Member App



1. DOWNLOAD

Search "EyeMed Members" in your App store, iTunes or Google Play.



2. OPEN

You can use some features right away; others unlock once you register.



3. REGISTER

You'll need your member ID or the last four digits of your Social Security number.



4. LOG IN

It's that easy!

	Ready when you download	Unlocked when you register
Find nearby network providers	<input checked="" type="checkbox"/>	
On-the-fly appointment scheduling	<input checked="" type="checkbox"/>	
Turn-by-turn directions and map	<input checked="" type="checkbox"/>	
Eye exam and contact lens reminders		<input checked="" type="checkbox"/>
Electronic ID card for office visits		<input checked="" type="checkbox"/>
Save vision prescriptions		<input checked="" type="checkbox"/>
Benefit plan details		<input checked="" type="checkbox"/>
Answers to common questions	<input checked="" type="checkbox"/>	
Direct line to member support	<input checked="" type="checkbox"/>	

Get a Clear View

Download the EyeMed member app now and register to access your vision benefit information on the go!





Plan Explanation

Vision insurance can encourage necessary eye care and help supplement costs for vision needs. In addition, regular eye doctor visits can identify otherwise unknown medical problems, helping to lower costs and improve treatment when those problems are caught early on.

VISION COVERAGE	IN-NETWORK
Single Vision Lens	100% of the provider's charge up to a maximum \$75
Lined Bi-Focal Lens	100% of the provider's charge up to a maximum \$75
Lined Tri-Focal Lens	100% of the provider's charge up to a maximum \$75
Lenticular Lens	100% of the provider's charge up to a maximum \$75
Contact Lens Allowance	100% of the provider's charge up to a maximum \$75
Frame Allowance	100% of the provider's charge up to a maximum \$75
Exam Frequency	
Lens Frequency	
Frame Frequency	
While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you.	





Plan Explanation

Vision insurance can encourage necessary eye care and help supplement costs for vision needs. In addition, regular eye doctor visits can identify otherwise unknown medical problems, helping to lower costs and improve treatment when those problems are caught early on.

VISION COVERAGE	IN-NETWORK
Eye Exam	Up to \$50
Single Vision Lens	Up to \$50
Lined Bi-Focal Lens	Up to \$70
Lined Tri-Focal Lens	Up to \$100
Lenticular Lens	Up to \$105
Contact Lens Allowance	Up to \$100
While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you.	





PLAN EXPLANATION

Life insurance isn't a fun thing to think about, and it may seem like an unnecessary expense. But, if you have people who depend on you for financial support, then life insurance is really about protecting them in case something happens to you. At Orland Fire Protection District, we care about employees and that's why we purchase a Group Life Insurance policy on all eligible employees.

Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Orland Fire Protection District.

Eligibility

Definition of a Member	You are a member if you are an active employee of Orland Fire Protection District and regularly working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	Class 1 - Active Sworn Members
Eligibility Waiting Period	You are eligible on the date you become a member.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$100,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 70 and to 50 percent at age 75.

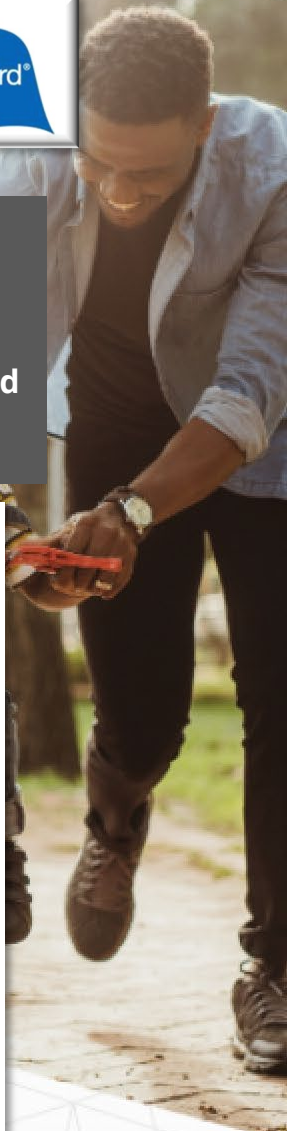
Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium





CLASS 2-Active Non-Sworn Members



PLAN EXPLANATION

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Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident. The cost of this insurance is paid by Orland Fire Protection District.

Eligibility

Definition of a Member	You are a member if you are an active employee of Orland Fire Protection District and regularly working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	Class 2 - Active Non-Sworn Members
Eligibility Waiting Period	You are eligible on the date you become a member.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$100,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 70 and to 50 percent at age 75.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium





AD&D Insurance

The benefit is paid if you are seriously injured or pass away as a result of a covered accident.

What Does My AD&D Benefit Provide?

For You:

If you elect AD&D insurance coverage, the benefit amount is the same as the Additional Life insurance benefit.

Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

Annual Enrollment

During Orland Fire Protection District's Annual Enrollment Period

For You. If you are currently enrolled in Additional Life insurance for an amount less than \$110,000, you may elect to increase your coverage by \$10,000 annually, up to, but not to exceed, the guarantee issue amount of \$110,000 without having to answer health questions. If you are not currently enrolled in Additional Life insurance, you may elect \$10,000 of coverage without having to answer health questions.

If you were previously declined coverage by The Standard, you will need to submit a medical history statement in order to apply for any amount of coverage during the Annual Enrollment period. Visit www.standard.com/mhs to complete and submit a medical history statement online.

Additional Feature

Life Insurance

Accelerated Benefit

If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.





How Much Does Voluntary Life/AD&D Insurance Coverage Cost?

Your Basic Life/AD&D Insurance is paid for by **Orland Fire Protection District**. However, if you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your Voluntary Life and AD&D insurance premiums deducted directly from your paycheck.

How much your premium costs depends on several factors such as your age and the benefit amounts chosen.

Use the formula below and the rates found on pages #48 & #49 to calculate your premium payments:

Enter the amount of coverage you are requesting	÷ by \$1,000	Enter your rate from the rate table	= Your monthly premiums
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then

Your monthly premiums	× by 12	÷ by 26	= Your payroll deductions
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EMPLOYEE: BASIC LIFE

Tiers	Monthly Rate per \$1,000
0-29	\$.077
30-34	\$.088
35-39	\$.107
40-44	\$.158
45-49	\$.256
50-54	\$.387
55-59	\$.648
60-64	\$.745
65-69	\$1.925
70-74	\$4.928
75-79	\$8.259

EMPLOYEE: AD&D

Rate per \$1,000 of Benefit	\$.070
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SPOUSE: AD&D

Tiers	Monthly Rate per \$1,000
0-29	\$.070
30-34	\$.080
35-39	\$.097
40-44	\$.144
45-49	\$.233
50-54	\$.352
55-59	\$.589
60-64	\$.677
65-69	\$1.750
70-74	\$4.480
75-79	\$7.508

CHILD: BASIC LIFE AND AD&D

Monthly Rate	\$2.00
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Life Insurance

The Life Services Toolkit

Resources and Tools to Support You and Your Beneficiary



Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Morneau Shepell to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

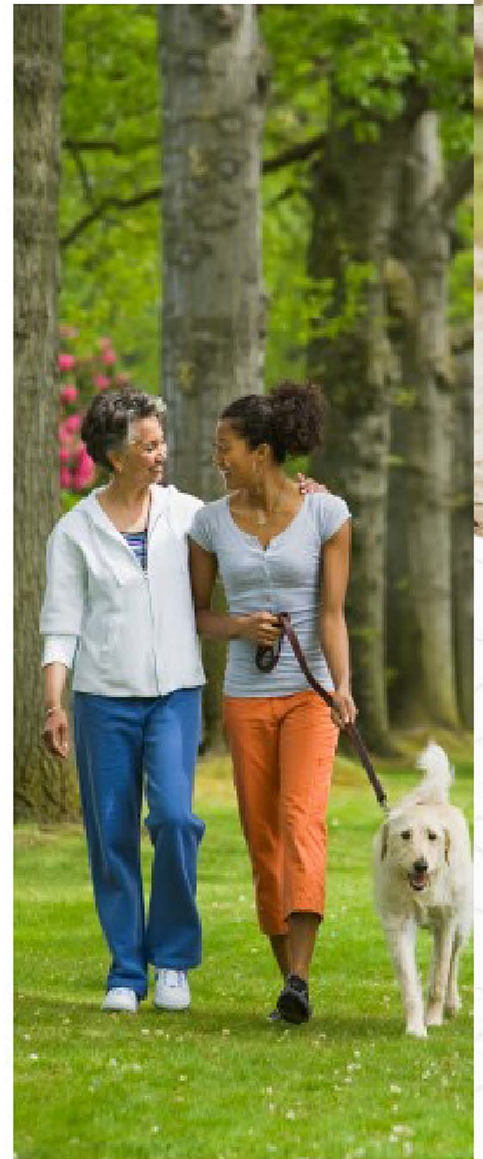
The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

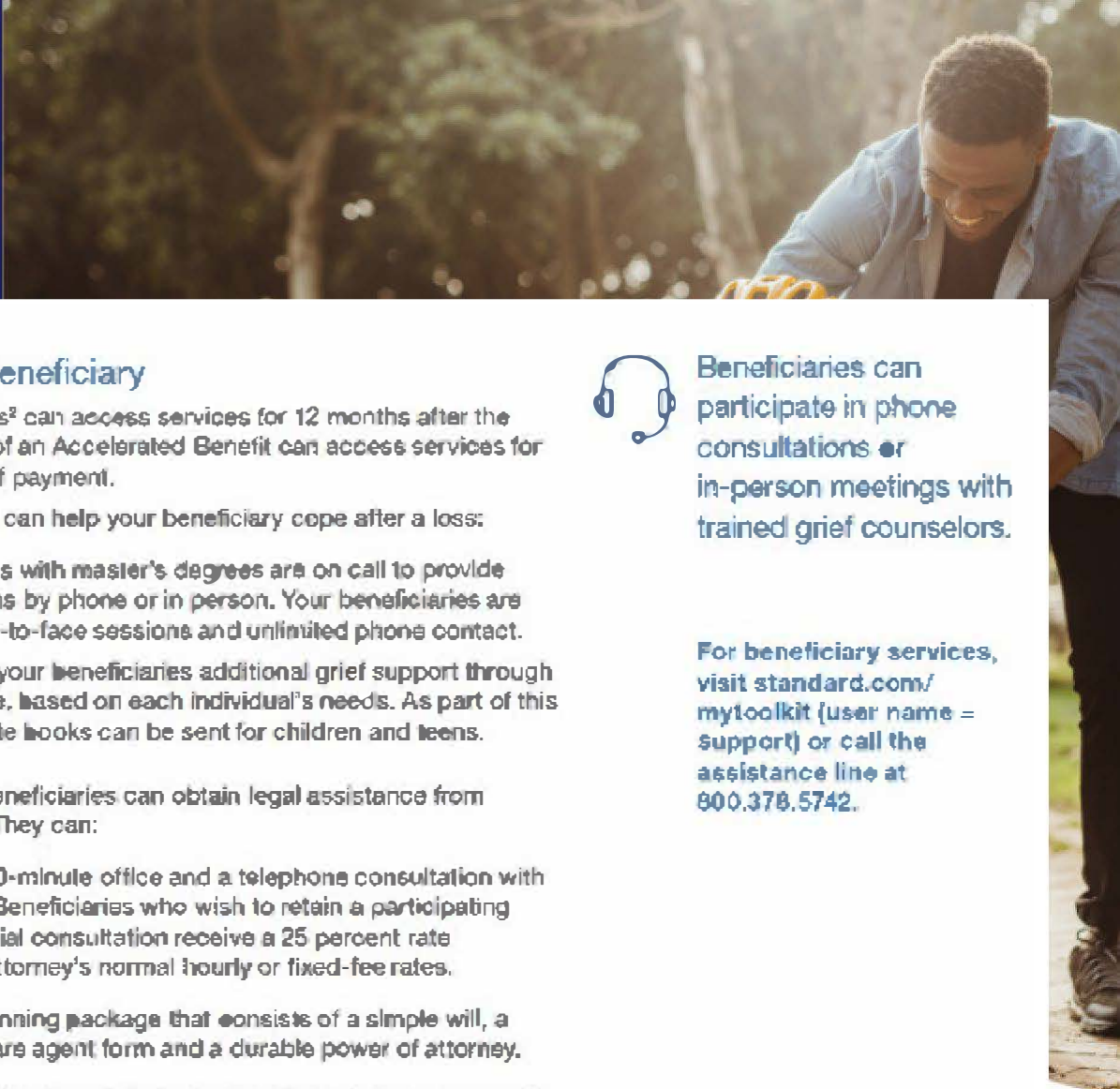
Services to Help You Now

Visit the Life Services Toolkit website at standard.com/mytoolkit and enter user name "assurance" for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and health care agent forms.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Benefit,¹ you may access the services for beneficiaries outlined on the next page.





Services for Your Beneficiary

Life Insurance beneficiaries² can access services for 12 months after the date of death. Recipients of an Accelerated Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Clinicians with master's degrees are on call to provide confidential grief sessions by phone or in person. Your beneficiaries are eligible for up to six face-to-face sessions and unlimited phone contact. Our clinicians may offer your beneficiaries additional grief support through books sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.
- **Legal Services:** Your beneficiaries can obtain legal assistance from experienced attorneys. They can:
 - Schedule an initial 30-minute office and a telephone consultation with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25 percent rate reduction from the attorney's normal hourly or fixed-fee rates.
 - Obtain an estate-planning package that consists of a simple will, a living will, a health care agent form and a durable power of attorney.
- **Financial Assistance:** Your beneficiaries have unlimited phone access to financial counselors who can help with issues such as budgeting strategies, and credit and debt management, including hour-long sessions on topics requiring more in-depth discussion.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. Work-life advisors can guide them to resources to help manage household repairs and chores; find child care and elder care providers; or organize a move or relocation.
- **Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit standard.com/mytoolkit (user name = support) or call the assistance line at 800.378.5742.





Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains³



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda

Everywhere else
+1.609.986.1234

Text:
+1.609.334.0807

Email:
medservices@assistamerica.com

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-6201



Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

² Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

³ Must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Travel Assistance EE
(8/20)

SI 14684



Important Agency Contacts

AGENCY CONTACTS	COMPANY	PHONE	EMAIL	WEBSITE
Member Advocacy Program - Benefits and Claims Questions	Gaylord Insurance Agency	708-575-4640	Orlandhealth@gaylordinsurance.com	
INSURANCE CARRIER CONTACTS				
HMO Insurance Plan Customer Service	BlueCross BlueShield of IL	800-892-2803		www.bcbsil.com
PPO & HSA Insurance Plan Customer Service	BlueCross BlueShield of IL	800-828-3116		www.bcbsil.com
Prescriptions Customer Service	BlueCross BlueShield of IL	833-715-0944		www.expressscripts.com/rx
Specialty Pharmacy Customer Service	Accredo	866-725-2546		www.accredo.com
Dental Insurance Customer Service	BlueCross BlueShield of IL	800-367-6401		www.bcbsil.com
Vision Insurance Customer Service	BlueCross BlueShield of IL	855-362-5539		www.bcbsil.com
Life Insurance Customer Service	800-628-8600			www.standard.com
VENDOR CONTACTS				
Flexible Spending Account	FlexBenefits	888-345-7990		www.myflexaccount.com



Employee Benefits Package 2025 Plan Year

