

Naperville Community Unit School District 203



2016 Benefits Guide

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Introduction

Naperville Community Unit School District 203 is pleased to offer you a comprehensive suite of benefits to help support the physical and financial health of you and your family. These benefits help you pay for health care and provide financial protection for you and your family.

Please read this guide carefully to fully understand your benefits and how they work to make the best decision for you and your family. Being thoughtful about your benefits is a good thing—it's the first step to ensuring your family has the protection needed to be healthy throughout the year.

Naperville CUSD 203 is excited to introduce several enhancements to the benefits package for 2016, including:

- BCBS Benefit Value Advisor for all Health plans
- Teladoc
- 24/7 access to District Benefits at employeebenefits.naperville203.org

This guide provides highlights of your benefits programs; you may want to keep this with your other important papers so you can refer to it as needed. However, this guide is not a complete description of your benefits. For more detailed information, please refer to your benefit plan certificates.



Enrollment

New Employee Enrollment: As a newly hired employee of Naperville Community Unit School District 203, you are eligible to participate in our benefits programs within 31 days of your effective date.

Existing Employee Enrollment: Annual Benefits Enrollment is held mid-October to mid-November for benefits effective January 1st to December 31st. If you wish to apply for benefits outside of the Annual Enrollment period, you may only do so within 31 days of an IRS recognized life change event, as defined below:

- Employee's legal marital status changes, such as marriage, divorce, separation or the death of a spouse.
- A change in the number of dependents, such as birth, death or adoption.
- Changes in employment status of the employee, spouse or dependents, which affects benefit eligibility status. This includes beginning or ending employment, new or different work hours, a change due to a strike, a change from full-time to part-time status or visa versa, or beginning or ending an unpaid leave of absence.
- A dependent becoming eligible or ineligible for coverage due to age, obtaining other group coverage, or any similar circumstance.

Benefit changes due to a life change event must satisfy a consistency rule. That is, an election of benefits or change in coverage must be on account of, and correspond with, the change in status that affects eligibility for coverage under the medical and dental plan.

Voluntarily terminating existing benefits does not qualify as a life change event. You have the right to terminate your benefits with Naperville CUSD 203 during the Annual Enrollment period. Benefit termination will be effective January 1st; you may not rejoin the plan until the next Annual Enrollment period or if you experience a life change event, as detailed above.

It is your responsibility to notify your Employee Benefits Coordinator in the Business Office within 31 days of the life change event. Any misrepresentations, inaccurate information, or failure to provide information could result in the loss of coverage. If you cover an individual who is not eligible for benefits, you will be required to reimburse the plan for any expenses incurred as a result and further disciplinary actions may be taken.

Enrollment in Naperville CUSD 203's family health care plan requires proof of dependent eligibility. Eligible dependents are spouses, civil union partners, and children (biological, adopted and those for whom you have legal guardianship and accompanying documentation) under age 26. You will be required to provide the following documents (as applicable) to the Employee Benefits Coordinator in the Business Office along with your enrollment form:

- A copy of your Marriage or Civil Union Certificate OR a copy of your most recent joint Federal Tax Return
- A copy of the Birth Certificate for each dependent to be covered under the plan, excluding your spouse, OR Adoption Certificate or Court Order
- Spousal/Civil Union Partner Affidavit

Divorced or legally separated spouses are ineligible for coverage as of the day of the divorce or legal separation. Dependent children are ineligible for coverage as of the end of the month they turn age 26. It is essential to notify the Business Office of ineligibility within a timely manner to ensure your dependent's right to COBRA Continuation.

Your Medical/Rx Plan

Medical insurance is one of your most important benefits. When you enroll in one of the BlueCross BlueShield of Illinois medical plans offered by Naperville Community Unit School District 203 you have peace of mind knowing that you can pay for medical services if you need them for you or your family. Prime Therapeutics (BlueCross BlueShield's prescription partner) administers the Prescription Drug plan, providing you a single ID card for Medical and Prescription Drug coverage.

District 203 is pleased to offer three distinct Medical/Rx plans from BlueCross BlueShield of Illinois for employees to choose from:

Platinum PPO – This traditional PPO plan features a low deductible, co-insurance, and copays for office visits and prescriptions. This plan is Grandfathered so it is not required to comply with all of the features of the Affordable Care Act including covering preventive care without cost sharing and limiting the amount paid out-of-pocket. As such, with the Platinum PPO plan only the first \$500 of preventive care per individual per calendar year is covered at 100% with no deductible or copay, the remainder is subject to 80% after deductible, and there is no limit to Medical and Prescription copay accumulation.

Gold HDHP – This high deductible health plan features the same PPO network as the Platinum plan but with 100% coverage In-Network after the deductible is satisfied. This plan is Non-Grandfathered so it complies with the Affordable Care Act's requirements of In-Network preventive care covered 100% with the deductible waived and annual maximum out-of-pocket limits. This plan includes a Health Savings Account with employer contributions, described further on page 14. In addition, this plan has a lower annual premium than the Platinum PPO.

Silver PPO - This plan combines the conventional deductible, co-insurance, and copay structure of a traditional PPO plan with the claims savings that come from using a narrow network. This plan utilizes the BlueChoice network, instead of the PPO network used by the Platinum and Gold plans, which is smaller but features greater average discounts and lower negotiated fees In-Network. To fully take advantage of this plan, it is important to confirm In-Network status with your provider every time services are rendered. To find a provider in BlueCross BlueShield's BlueChoice Network, visit BCBSIL.com or call 1.800.458.6024. In addition, this plan features a lower premium than the Platinum PPO, equal to that of the Gold HDHP, and like the Gold HDHP is Non-Grandfathered so it complies with the Affordable Care Act's requirements of In-Network preventive care covered 100% with the deductible waived and annual maximum out-of-pocket limits.

The chart on pages 7 and 8 highlights some of each plan's features. Please see the benefit plan certificate for full coverage information.

For further information on any of the Medical/Rx plans, or to find a provider In-Network, visit BCBSIL.com or call 1.800.458.6024.

BlueCross BlueShield of Illinois' Benefits Value Advisor - When you enroll in any one of the District 203 Health Plans, you gain access to BCBSIL's Benefits Value Advisor (BVA), a customer service program to help you improve your quality of care and achieve cost savings.

BVA can assist you:

- Find and compare In-Network providers based on quality, patient reviews and cost
- Compare treatment cost estimates among facilities to access savings
- Obtain preauthorization, schedule appointments, and connect to clinical programs
- Review benefits, claims and coverage guidelines

BlueCross BlueShield of Illinois' Utilization Management Programs - Utilization Management Programs help you maximize the benefits you receive:

Utilization Review Program - Utilization Review assists you in determining the course of treatment that will maximize your benefits. The program requires a review of inpatient hospital, skilled nursing facility, coordinated home care program, and private duty nursing services before they are rendered. Members are required to contact the Utilization Review department at the toll-free telephone number identified on your ID card one business day prior to elective admission or within two business days of an emergency or maternity admission. Failure to receive Preauthorization will result in a \$200 reduction of benefits.

Mental Health Unit - The Mental Health Unit assists in the administration of Mental Illness and Substance Abuse Rehabilitation Treatment benefits. The Mental Health Unit requires a review of inpatient hospital, emergency mental illness or substance abuse admission, partial hospitalization and outpatient services before they are rendered. Members are required to contact the Mental Health Unit at 1.800.851.7498 at least one business day prior to non-emergency inpatient hospital admission and outpatient services or within two business days of an emergency admission or partial hospitalization treatment. Failure to receive Preauthorization will result in a \$200 reduction of benefits.

Prescription Prior Authorization - (Platinum & Silver PPO Plans only) Certain medications and drug classes require authorization from Prime Therapeutics for benefits to be provided. To receive prior authorization, your physician must send a letter to Prime Therapeutics explaining the reason for the prescription; you and your physician will be notified of the determination. To review the formulary list of medications and drug classes which require prior authorization, contact your Pharmacy or call the Customer Service toll-free number on your identification card.

Step Therapy - (Platinum & Silver PPO Plans only) Certain medications and drug classes require documented treatment with a generic or brand therapeutic alternative medication prior to coverage of brand name medication. If your Physician prescribes such a medication, they must complete a questionnaire regarding your previous treatment; you and your physician will be notified of the determination. To review the formulary list of medications and drug classes which require prior authorization, contact your Pharmacy or call the Customer Service toll-free number on your identification card.

Plan Feature	Platinum PPO - Group #P10478	
	Participating Provider	Non-Participating Provider
Calendar Year Deductible		
Individual	\$350	\$700
Family	\$350 x 2 = \$700	\$700 x 2 = \$1,400
Medical Out-of-Pocket (excludes Deductible)		
Individual	\$1,000 + Copays	\$1,000
Family	\$1,000 per person + Copays	\$1,000 per person
Prescription Maximum		
Individual	No Limit	No Limit
Family	No Limit	No Limit
Total Out-of-Pocket Maximum		
Individual	\$1,350 + Copays	\$1,700 + Rx
Family	\$2,700 + \$1,000 per Additional Member + Copays	\$3,400 + \$1,000 per Additional Member + Rx
Preventive Care- Immunizations, Pap Smear, Mammogram, Prostate Exam, Routine Physical Exam	First \$500 per individual, per calendar year, covered 100% with no deductible or copay. Remainder subject to 80% after deductible.	First \$500 per individual, per calendar year, covered 100% with no deductible or copay. Remainder subject to 80% after deductible.
Office Visit	\$20 Copay	80% after Deduct.
Inpatient Hospital Services	80% after Deduct.	80% after Deduct.
Outpatient Surgical Care	80% after Deduct.	80% after Deduct.
Outpatient Lab & X-ray	100% Deduct. Waived	80% after Deduct.
Emergency Room Care	80% after Deduct.	80% after Deduct.
Ambulance	80% after Deduct.	80% after Deduct.
Durable Medical Equipment	80% after Deduct.	80% after Deduct.
Rehabilitation Services	80% after Deduct.	80% after Deduct.
Mental Health/Substance Abuse Inpatient	90% Deduct. Waived	80% Deduct. Waived
Mental Health/Substance Abuse Outpatient	80% Deduct. Waived	80% Deduct. Waived
Mental Health/Substance Abuse Office Visit	\$20 Copay	80% after Deduct.
Prescription Drug Coverage	Retail / Mail Order	Retail
Level One	\$5 / \$7.50 Copay	\$5 Copay + 25%
Level Two	\$20 / \$30 Copay	\$20 Copay + 25%
Level Three	\$40 / \$60 Copay	\$40 Copay +25%
OTC Program (Select Antihistamines and Proton Pump Inhibitors):	\$0 Copay / Not Applicable	Not Applicable

Gold HDHP - Group #PA1618		Silver PPO - Group #0M9915	
Participating Provider	Non-Participating Provider	Participating Provider	Non-Participating Provider
\$2,600	\$2,600	\$1,000	\$2,000
\$2,600 x 2 = \$5,200	\$2,600 x 2 = \$5,200	\$1,000 x 2 = \$2,000	\$2,000 x 2 = \$4,000
\$0	\$0	\$2,000	\$9,000
\$0	\$0	\$2,000 x 2 = \$4,000	\$9,000 x 2 = \$18,000
Not Applicable	Not Applicable	\$1,500	No Limit
Not Applicable	Not Applicable	\$3,000	No Limit
\$2,600	\$5,200	\$4,500	\$9,000 + Rx
\$5,200	\$10,400	\$9,000	\$18,000 + Rx
100% Deductible Waived	70% after Deduct.	100% Deductible Waived	60% after Deduct.
100% after Deduct.	70% after Deduct.	\$35 Copay	60% after Deduct.
100% after Deduct.	70% after Deduct.	80% after Deduct.	60% after Deduct.
100% after Deduct.	70% after Deduct.	80% after Deduct.	60% after Deduct.
100% after Deduct.	70% after Deduct.	80% after Deduct.	60% after Deduct.
100% after Deduct.	100% after Deduct.	80% after Deduct.	80% after Deduct.
100% after Deduct.	100% after Deduct.	80% after Deduct.	80% after Deduct.
100% after Deduct.	70% after Deduct.	80% after Deduct.	60% after Deduct.
100% after Deduct.	70% after Deduct.	80% after Deduct.	60% after Deduct.
100% after Deduct.	70% after Deduct.	80% after Deduct.	60% after Deduct.
100% after Deduct.	70% after Deduct.	80% after Deduct.	60% after Deduct.
100% after Deduct.	70% after Deduct.	\$35 Copay	60% after Deduct.
Retail / Mail Order	Retail	Retail / Mail Order	Retail
100% after Deduct.	70% after Deduct.	\$5 / \$7.50 Copay	\$7.50 Copay
100% after Deduct.	70% after Deduct.	25% Copay: \$20 / \$30 Min; \$150 / \$225 Max	\$20 Copay + 25%
100% after Deduct.	70% after Deduct.	25% Copay: \$40 / \$60 Min; \$150 / \$225 Max	\$40 Copay + 25%
Not Covered	Not Covered	\$0 Copay / Not Applicable	Not Applicable

Your Dental Plan

When you enroll in one of Naperville Community Unit School District 203's Medical/Rx plans you are automatically enrolled in the dental plan through Delta Dental. Regular dental checkups are important to your overall health and can reveal early indications of serious conditions like osteoporosis and cardiovascular disease. An oral exam can help keep your teeth and gums healthy throughout your life.



Delta Dental's PPO Plan allows you to see any dentist. However, you will maximize your benefits by visiting a dentist in Delta Dental's PPO Network or Premier Network. Payment to Delta Dental PPO Providers is based on pre-set reduced fees; payment to Premier providers is based on maximum plan allowances. With either network you are only responsible for your deductible and coinsurance and will not be responsible for charges exceeding the reduced fee or maximum plan allowance. To find a dentist in Delta Dental's PPO or Premier Network, log on to DeltaDentalIL.com or call 1.800.323.1743.

The information below highlights some of the plan features for In-Network services. Please refer to your benefit plan certificate for full coverage information.

Plan Feature	PPO Network Provider	Premier Provider
Calendar Year Deductible	\$50 per Member	\$50 per Member
Annual Maximum	\$2,500 per Member	\$2,500 per Member
Preventive Services	80% of reduced fee, after Deduct.	80% of maximum plan allowance, after Deduct.
Basic Services	80% of reduced fee, after Deduct.	80% of maximum plan allowance, after Deduct.
Major Services	50% of reduced fee, after Deduct.	50% of maximum plan allowance, after Deduct.
Orthodontic Services (children under age 19)	50% of reduced fee, after Deduct.	50% of dentist's usual fee, after Deduct.
Orthodontia Lifetime Maximum	\$2,000 per Member	\$2,000 per Member

Preventive Services include: oral examinations (two per calendar year), x-rays, cleanings (two per calendar year), topical fluoride treatment (one per benefit year for children under age 15), and space maintainers

Basic Services include: fillings, oral surgery, sealants, TMJ, general anesthesia (in conjunction with oral surgery), periodontics, and endodontics (root canals)

Major Services include: crowns, fixed/removable bridges, partial/full dentures, and implants

Please note: Out-of-Network providers are paid on the same schedule as Premier Providers but can bill you for charges above Delta Dental's maximum plan allowances and may require you to pay the entire bill in advance and wait for reimbursement.

Your Vision Plan

When you enroll in one of Naperville Community Unit School District 203's Medical/Rx plans, you are given the option to enroll in a vision care plan through Humana Vision. Vision health impacts your overall health. Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis. It is recommended that you have an eye exam once every 12 months.



To find a provider In-Network or download an out-of-network claim form, visit HumanaVisionCare.com or call 1.866.537.0229.

The Information below highlights some of your plan features. Please refer to your benefit plan certificate for full coverage information.

Plan Feature	Participating Provider	Non-Participating Provider
Eye Examinations (1x every 12 months)	\$10 Copay	\$40 allowance
Lenses (1x every 12 months)		
Single	\$20 Copay	\$25 allowance
Bifocal	\$20 Copay	\$40 allowance
Trifocal	\$20 Copay	\$60 allowance
Contact Lenses (1x every 12 months)		
Elective (conventional & disposable)	\$130 allowance, 15% discount on professional services	\$130 allowance
Medically Necessary	100%	\$210 allowance
Frames (1x every 24 months)	\$50 wholesale allowance	\$80 retail allowance

Please note: Members receive additional fixed copays on lens options including anti-reflective and scratch-resistant coatings. Members also receive a 20% retail discount on a second pair of eyeglasses within 12 months of a covered eye exam through the vision care provider who sold the initial pair. If member prefers contact lenses, the plan provides an allowance in lieu of all other benefits (including frames).

Humana Vision has contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by in-network providers. The locations listed below offer the following prices (per eye):

In-Network Provider	Conventional/Traditional	Custom
TLC designated locations only- 888.358.3937	\$895	\$1,295-\$1,895
LasikPlus- 866.757.8082	\$695-\$1,395	\$1,895
QualSight LASIK- 855.456.2020	\$895-\$1,295	\$1,320-\$1,995

Payroll Contributions

As an employee of Naperville Community Unit School District 203, you have a variety of benefits. You share the cost of your Medical/Rx, Dental, and Vision benefits with Naperville Community School District 203, as illustrated in the chart below. Life Insurance and Long Term Disability are provided to you at no cost.

Naperville Community Unit School District 203 withholds premium contributions on a pre-tax basis by use of an Internal Revenue Code Section 125 Premium Conversion Plan. Pre-tax premiums are not subject to Federal, FICA, and in some instances, state taxes. You may request premium contributions to be deducted post-tax by contacting your Employee Benefits Coordinator in the Business Office. Premium contributions for a Civil Union Partner, however, are subject to federal income taxes, and as such, may only be withdrawn through a post-tax payroll deduction.

	Employee Only*			Family*		
	Monthly Premium	26 Pays Contribution	20 Pays Contribution	Monthly Premium	26 Pays Contribution	20 Pays Contribution
Medical/Rx Platinum PPO	\$600.26	\$41.56	\$54.02	\$1,795.64	\$124.31	\$161.61
Medical/Rx Gold HDHP	\$480.21	\$33.25	\$43.22	\$1,436.52	\$99.45	\$129.29
Medical/Rx Silver PPO	\$480.21	\$33.25	\$43.22	\$1,436.52	\$99.45	\$129.29
Dental	\$44.47	\$3.08	\$4.00	\$108.26	\$7.50	\$9.74
Vision	\$5.31	\$0.37	\$0.48	\$13.35	\$0.92	\$1.20

*Please note the contribution amounts listed above assume:

- **Full Time Status** - Employee contribution amounts are increased for employees who do not work Full Time. These employees should refer to their union contracts or contact the Employee Benefits Coordinator in the Business Office for their specific contribution amounts.
- **Wellness Program Participation** - If you, or your spouse or civil union partner under the family plan, decline to participate in the wellness program, your total yearly contribution will increase \$300.00 for the employee only plan or \$600.00 for the family plan. Employee premium contributions will be adjusted to reflect participation in the wellness program on the first payroll in January.
- **Spousal/Civil Union Partner Surcharge Exemption** - If your spouse or civil union partner is eligible for medical coverage through his/her employer that meets the Affordable Care Act's essential benefits, minimum value, and affordability requirements and is enrolled in one of the District 203's Medical/Rx plans, you will be assessed a surcharge of \$175 per month (\$80.77 per payroll based on 26 pays and \$105.00 per payroll based on 20 pays). The surcharge applies regardless if the District 203 coverage is primary or secondary but does not apply to spouses/civil union partners with non-company sponsored health plans such as COBRA, Medicare, Veteran's Affairs, or Sole Proprietorship.

Your Wellness Plan

Wellness begins with awareness and Naperville Community Unit School District 203 continues to take proactive steps to promote overall well-being. District 203 encourages you, and your spouse or civil union partner, if applicable, to participate in the wellness screening to receive a bigger picture of your overall health and to help identify any early warning signs of disease.

Optum Inc. will be on-site to administer the screening, which includes a simple questionnaire, blood pressure and body mass index reading, and a blood draw. Each participant will receive their own confidential summary report that provides an overview of their results, written in non-medical language for easy interpretation.

The wellness screening is offered at no cost to eligible employees and spouses or civil union partners covered under District 203's Medical/Rx Plan. To receive the discount on the Medical/Rx Plan's monthly contribution, both the employee and covered spouse or civil union partner must complete the screening.

The wellness screening complies with all current HIPAA requirements and is strictly confidential. District 203 will receive a general report that combines the entire company's health screening results to assist in continued wellness initiatives; however Optum Inc. will not share any specific individual results.

In preparation for the health screening, it is recommended to fast 10-12 hours before testing. You cannot eat, but may drink black coffee or tea (no cream or sugar) during the fast, and should drink two glasses of water two hours prior to the screening. If you are diabetic or hypoglycemic, please consult your physician for fasting instructions.

Most medications can be taken prior to your screening and will not affect your results. Please consult your physician if you have a question about any medication you are currently using. Those taking insulin should call their doctor regarding their insulin dose the morning of the screening.

The wellness screening takes less than 30 minutes. Screening dates and locations will be coordinated by District 203's Business Office and will be posted in all buildings. Employees, spouses and civil union partners must present their insurance card and employee number at the time of the screening.



Your Flexible Spending Accounts

The Flexible Spending Accounts (FSAs) are optional plans offered by Naperville Community Unit School District 203 that allow you to save money by using pre-tax dollars to pay for your out-of-pocket health care and dependent care expenses. The amount you select will be deducted biweekly on a pre-tax basis from your pay (based on 26 or 20 pays). Historically, the FSA plan year has run October 1st to September 30th. Beginning in 2015 the FSA plan year aligned with the calendar year, running January 1st to December 31st.

Health Care Flexible Spending Account (HFSA)

The HFSA allows you to pledge pre-tax money for qualified health care expenses that you, your spouse and/or your dependent children incur throughout the plan year. You do not need to be enrolled in medical, dental or vision coverage through the District to enroll in the HFSA.

- You may contribute up to \$2,500 to your HFSA for the 2016 plan year.
- Your share of expenses which are not reimbursed by a health care plan, such as co-pays, deductibles, and out-of-pocket expenses, are eligible to be claimed from the HFSA plan.
- Effective January 1, 2011, Over-the Counter Medications are no longer eligible under HFSA plans, unless prescribed by a doctor. This does not impact bandages or other health devices.

The IRS and Naperville Community Unit School District 203 allow you to claim any unused HFSA amounts at the end of the plan year for expenses incurred during the first 2 1/2 months of the new plan year. All claims, including those incurred during the grace period, must be submitted within 3 months of the end of the plan year. The "Use It or Lose It" rule still applies to any funds left in your HFSA account after the grace period has expired.

Dependent Care Flexible Spending Account (DCA)

The DCA allows you to pledge pre-tax money for qualified dependent care expenses you incur throughout the plan year. Eligible dependents are those whom you are entitled to claim as dependents on your federal tax return, are under age 13, and/or a disabled spouse or other disabled tax-qualified dependent who spends at least eight hours a day in your home. If you are married, your spouse must also work, be a full-time student or be disabled.

- You may contribute up to \$5,000 to your DCA for the 2016 plan year if you are single, or if you are married and file a joint return.
- You may contribute up to \$2,500 to your DCA for the 2016 plan year if you are married and file separate income tax returns.
- Expenses such as day care, before- and after-school programs, summer day camp and adult day care are eligible to be claimed from the DCA plan.

There is no grace period for the DCA. All DCA expenses must be incurred during the plan year and submitted by March 31, 2017. The "Use It or Lose It" rule applies to any DCA funds left in your account at the end of the plan year.

Your Health Savings Account

If you enroll in the Gold HDHP Medical/Rx plan offered by Naperville Community School District 203, you may be eligible to open a Health Savings Account (HSA) with BMO Harris Bank to help you save pre-tax dollars to pay for out-of-pocket health care expenses. The funds in your HSA belong to you and may be used tax-free for current or future IRS qualified medical expenses or may be left to accumulate for use during retirement. The funds deposited into the account and the earnings are tax-deferred; funds withdrawn for IRS qualified medical expenses are tax-free.

To be eligible to open or contribute to an HSA, you must be:

- Covered by a qualified HDHP
- Not enrolled in Medicare
- Not listed as a dependent on another person's income tax return
- Not covered by another non-HSA qualified medical plan - including an HFSA

Your spouse's non-HSA qualified coverage does not affect your ability to contribute to an HSA as long as it does not cover you. However, if you or your spouse participates in a Health Flexible Spending Account (HFSA), you are considered "covered" by a non-HSA qualified plan and as such cannot contribute to an HSA, unless the FSA is limited-purpose and applies only to dental and/or vision expenses.

Contributions to an HSA may be made by an employee using pre-tax payroll deductions, bank deposits, or a one-time rollover from an IRA, as well as through contributions made by District 203. HSA contributions are limited by the U.S. Internal Revenue Service based on the calendar year. The maximum amount that can be contributed to an HSA for 2016 (employee and employer contributions combined) is \$3,350 for employee only coverage and \$6,750 for family coverage. Individuals over age 55 may make an additional "catch-up" contribution of \$1,000 yearly.

For 2016, District 203 has committed to contributing to the BMO Harris Bank HSA of each eligible employee who enrolls in the Gold HDHP. District 203 will contribute \$1,000 for employee only coverage and \$2,000 for family coverage, deposited in equal installments beginning with the first payroll of the calendar year. Contributions will be prorated for employees not eligible for an HSA for the entire year.

You may withdraw funds from your HSA for any purpose at any time. However, funds withdrawn for reasons other than for IRS qualified medical expenses will be taxed and, for those under age 65, subject to a penalty. Funds for IRS qualified medical expenses may be withdrawn tax- and penalty-free as long as the expenses are incurred after the HSA was established. You may even use HSA funds tax- and penalty-free for the qualified medical expenses of your IRS-defined tax dependents even if they are not covered under the HDHP. Qualified medical expenses are defined under Section 213 of the IRS Code (see IRS Publication 502).

If at any point you no longer meet the eligibility requirements for an HSA, you may no longer make contributions. However, the balance of your HSA will not be affected and you may use any existing funds in your account to pay for IRS qualified medical expenses tax-free (even if you no longer have HDHP coverage) or continue to save the funds with tax-free interest until used. If you are not HSA eligible for the entire tax year, it is generally prudent to prorate your contributions.

Your Life and AD&D Plan

Planning your financial security is a challenging task under the best of circumstances, but what happens if you die or are sidelined due to a lengthy illness or injury? How will your family pay the monthly bills? That's where your income protection benefits come into play. One of those benefits is life insurance.

Naperville Community Unit School District 203 provides basic life insurance and accidental death and dismemberment (AD&D) insurance through Reliance Standard Life Insurance at no cost to you. The information below highlights some of the plan features. Please refer to your benefit plan certificate for full coverage information.



- **Life Insurance:** See chart below for benefits. The amount of benefit will be reduced to 65% at age 70 and will be further reduced to 50% at age 75.
- **Accidental Death or Dismemberment (AD&D):** Your beneficiary will receive 100% of benefit upon your death or if you lose two of the following: hand, foot and/or eye. 50% of benefit will be paid for loss of one hand, one foot or sight of one eye.
- **Accelerated Benefit (Living Benefit):** If you have been diagnosed with a terminal illness and life expectancy is 24 months or less, you can receive 75% of the life benefit. Please note: your death benefit would be reduced by the amount taken through the accelerated benefit upon your death (\$37,500 provided through Living Benefit and \$12,500 provided upon death for a total benefit of \$50,000).
- **Convertible:** You may convert your policy to an individual whole life policy within 31 days of termination of employment without submitting evidence of insurability.

Eligibility	Life Benefit	AD&D Benefit
Each active, Full Time Teacher, Custodian, Bus Driver, Clerical Staff and Teacher's Aid - unions - NUEA, NESPA, NTA and NUMA, except any person employed on a temporary or seasonal basis	\$50,000	Same as life amount

Please note: In the event of Total Disability, it is your responsibility to file a Waiver of Premium with Reliance Standard to extend your life insurance coverage. You must submit proof of Total Disability within one year from the date the disability began, and resubmit annual proof thereafter, to continue to extend your benefits an additional 12 months until retirement or up to 12 months past age 65.

Your Long Term Disability Plan

Long Term Disability (LTD) is another income protection benefit offered to you at no cost by Naperville Community Unit School District 203. Long Term Disability replaces a portion of your earnings if you are disabled for an extended period of time due to illness or injury. All Full Time active employees are eligible for Long Term Disability coverage through Reliance Standard Life Insurance.

The information below highlights some of the plan benefits. Please refer to your benefit plan certificate for detailed information.

- Benefits begin after 60 consecutive days of disability or the day allotted/accrued sick time is exhausted, whichever is greater.
- Pays 60% of basic monthly income up to a maximum of \$7,500 per month.
- Benefits continue until you reach your normal retirement age under Social Security, as long as you continue to be disabled.
- Benefits available for working on a Part Time basis while disabled.
- Survivor benefit equal to 3 times the Insured's last monthly benefit if death occurs after 180 consecutive days of Total Disability.

Please note: Definition of disabled changes after 60 months of disability. For the first 60 months, you are considered disabled if unable to perform the material duties of your regular occupation. After that time, you are considered disabled if you are unable to perform the material duties of any occupation for which you are suited by education, training, or experience.



Your Voluntary Life Insurance Plan

Should you feel the need to increase coverage on yourself or your dependents, Naperville Community Unit School District 203 provides all eligible employees with the opportunity to purchase additional life insurance at group rates through Reliance Standard Life Insurance. You pay the full cost of this coverage through after-tax payroll deductions. The information below highlights some of the plan features, please refer to your benefit plan certificate for full coverage information.

Insured	Benefit	Guaranteed Issue Amount
New Employee	Option of \$10,000 to \$500,000 in increments of \$10,000	Under Age 60: \$100,000 Age 60 - 70: \$10,000
Current Employee	Option of \$10,000 to \$500,000 in increments of \$10,000	\$20,000 Annually
Spouse/Civil Union Partner	Option of \$10,000 to \$500,000 in increments of \$10,000	Under Age 60: \$10,000
Dependent Children	14 days up to 6 months: \$1,000 6 months up to Age 20: Choice of \$10,000 or \$20,000	\$20,000

Employees eligible for supplementary life insurance are active employees working 25 or more hours per week, except those working on a temporary or seasonal basis. Legal spouses of eligible employees, and domestic or civil union partners where required by law, are eligible under age 75 but must be under age 70 on the date of application.

Employee & Spouse/Civil Union Partner Rate per Person per \$10,000 per Month

Age	Non-Tobacco User	Tobacco User
Under 30	\$0.54	\$0.91
30 - 34	\$0.57	\$1.15
35 - 39	\$0.87	\$1.82
40 - 44	\$1.47	\$3.16
45 - 49	\$2.56	\$5.52
50 - 54	\$4.47	\$9.42
55 - 59	\$7.95	\$14.94
60 - 64	\$9.69	\$15.99
65 - 69	\$14.37	\$21.27
70+	\$26.53	\$36.34

Eligible children are unmarried, financially dependent natural, adopted, foster or stepchildren in the custody of an eligible employee. An employee or spouse/civil union partner must be insured through this supplementary policy for a dependent child to be insured. One rate applies for all eligible dependent children in the family, regardless of number. Coverage for dependent children terminates at age 26 but is extended up to age 30 if dependent child is an Illinois resident honorably discharged from the armed forces. Children beyond age 26 will continue to be covered if they are incapable of self-sustaining employment by reason of intellectual disability or physical handicap and are chiefly dependent on the eligible employee for support and maintenance.

Dependent Children Rate Per Month

	Option 1	Option 2
Coverage Amount from age 14 days to 6 months	\$1,000	\$1,000
Coverage Amount from age 6 months to 20 years	\$10,000	\$20,000
Rate	\$1.62	\$3.22

All employee and spouse/civil union partner premium rates are age-banded and based on the age at last birthday. Rates are guaranteed until December 31, 2016, but the insured's age-band may change on January 1st of each year, as applicable based on the insured's last birthday. To comply with the Age Discrimination in Employment Act (ADEA), the following reduction formula applies to insured employees (spouses/civil union partners are ineligible as of age 75):

Age	Amount of Coverage Reduces to:
75 - 79	60.0% of the amount in force at age 74
80 - 84	35.0% of the amount in force at age 74
85 - 89	27.5% of the amount in force at age 74
90 - 94	20.0% of the amount in force at age 74
95 - 99	7.5% of the amount in force at age 74
100 and over	5.0% of the amount in force at age 74

- Guaranteed Issue:** Benefit issue amounts are guaranteed to a certain level without regard to health status if enrollment occurs within 31 days of your effective date. The guaranteed issue amount is up to \$100,000 for new employees under age 60 and \$20,000 for current employees. Spouses/civil union partners under age 60 are guaranteed an issue of up to \$10,000 and dependent children are guaranteed an issue of up to \$20,000. Enrollment for supplementary insurance occurs within 31 days of your effective date. If you apply for benefits above the guaranteed issue amounts, you may be subjected to evidence of insurability and a health screening prior to coverage approval.
- Accelerated Benefit (Living Benefit):** If you are under age 75 and have been diagnosed with a terminal illness and life expectancy is 24 months or less, you can receive 50% of the life benefit. You can utilize this money for expenses incurred that are not covered by other insurance for your care. Please note: your death benefit would be reduced by the amount taken through the accelerated benefit upon your death.
- Portability:** Coverage can continue if the insured no longer meets the employment eligibility requirements for reasons other than over-all termination of the group policy. Premiums charged will be based on the prevailing rate charged to all insured who continue coverage under this provision and will be billed directly to the insured.

Your Voluntary Critical Illness Plan

Critical Illness Insurance helps you reduce the potential financial impact of serious illness by providing a lump-sum cash payment upon diagnosis of a covered condition. Naperville Community Unit School District 203 is pleased to offer employees the ability to purchase Critical Illness coverage for themselves and their dependents at group rates through Reliance Standard. You pay the full cost of this coverage through convenient after-tax payroll deductions. The information below highlights some of the plan features, please refer to your benefit plan certificate for full coverage information.

Insured	Benefit	Guaranteed Issue Amount
Employee	Option of \$5,000 to \$50,000 in increments of \$1,000	\$15,000
Spouse/Civil Union Partner	Option of \$5,000 to \$50,000 in increments of \$1,000	\$15,000
Dependent Children	25% of Employee's Benefit limited to \$12,500 maximum	\$12,500

Employees eligible for Critical Illness Insurance are active employees working 25 or more hours per week, except those working on a temporary or seasonal basis. Legal spouses of eligible employees, and domestic or civil union partners where required by law, are eligible under age 75 but must be under age 70 on the date of application. Employees must be enrolled in the Critical Illness plan to extend coverage to their spouses/civil union partners and/or dependent children.

Employee & Spouse/Civil Union Partner Rate per Person per \$1,000 per Month

Age	Rate	Age	Rate
Under 30	\$0.338	60 - 64	\$4.898
30 - 34	\$0.537	65 - 69	\$6.975
35 - 39	\$0.699	70- 74	\$8.938
40 - 44	\$1.073	75 - 79	\$11.98
45 - 49	\$1.716	80 - 84	\$14.922
50 - 54	\$2.577	85+	\$23.902
55 - 59	\$3.482		

All employee and spouse/civil union partner premium rates are age-banded and based on the age of the employee at last birthday. Rates are guaranteed until December 31, 2016, but the insured's age-band may change on January 1st of each year, as applicable based on the employee's last birthday. The benefit amount for employees and spouses/civil union partners will reduce 50% upon the employee's attainment of age 70.

Eligible children are unmarried, financially dependent natural, adopted, foster or stepchildren under age 26 in the custody of an eligible employee. Coverage for dependent children terminates at age 26 but is extended up to age 30 if the child is an Illinois resident honorably discharged from the armed forces. Children beyond age 26 will continue to be covered if they are incapable of self-sustaining employment by reason of intellectual disability or physical handicap and are chiefly dependent on the eligible employee for support and maintenance.

Dependent Children Rate per \$1,000 per Month

	Rate
All eligible dependent children in family, regardless of number	\$0.247

Covered Critical Illnesses fall into one of three categories:

- **Cancer Related** - Life Threatening Cancer; Carcinoma in situ
- **Cardiovascular Related** - Heart Attack; Stroke; Coronary Artery Bypass
- **Other** - Kidney (Renal) Failure; Major Organ Transplant

Plan Feature	Benefit
Diagnosis of Heart Attack, Life Threatening Cancer, Stroke, Major Organ Transplant, or Kidney (Renal) Failure	Basic: 100% of amount in force
Diagnosis of Coronary Artery Bypass or Carcinoma in situ	Partial: 25% of amount in force
Recurrence (Same Category) diagnosis must be separated by at least 18 months	50% of Basic or Partial Benefit
Subsequent Occurrence (Differed Category) diagnosis must be separated by at least 6 months	100% of Basic or Partial Benefit
Lifetime Maximum Benefit per Category	200% of amount in force
Completion of Wellness / Health Screening	\$50 per 12 month period

- **Guaranteed Issue:** Benefit issue amounts are guaranteed to a certain level without regard to health status if enrollment occurs during the Annual Enrollment period for 2016 or within 31 days of first becoming eligible. The guaranteed issue amount is up to \$15,000 for employees and spouses/civil union partners and \$12,500 for dependent children. If you apply for benefits above the guaranteed issue amounts, or apply outside your initial eligibility or the Annual Enrollment period for 2016, you may be subjected to evidence of insurability and a health screening prior to coverage approval.
- **Pre-Existing Conditions:** For the first 12 months of coverage, benefits will not be paid for any pre-existing condition, whether specifically diagnosed or not, that began during the 12 months prior to your effective date.
- **Waiting Period:** There is a 30 day waiting period after your effective date. No benefit will be paid for any condition diagnosed before or during the waiting period.
- **Portability:** After coverage has been in affect for at least 12 months, coverage can continue if the insured no longer meets the employment eligibility requirements for reasons other than retirement or overall termination of the group policy. Premiums charged will be based on the prevailing rate charged to all insured who continue coverage under this provision and will be billed directly to the insured.

Your Voluntary Accident Plan

Accidents are unexpected and can put a sudden strain on your budget. Accident Insurance can help lessen your financial burden by providing a lump-sum cash payment upon accidental injury. Naperville Community Unit School District 203 is pleased to offer employees the ability to purchase Accident coverage for themselves and their dependents at group rates through Reliance Standard. You pay the full cost of this coverage through convenient after-tax payroll deductions.

The information below highlights some of the plan features, please refer to your benefit plan certificate for full coverage information.

	Plan A	Plan B	Plan C
Wellness Screening	\$50	\$75	\$100
Ambulance	\$100	\$150	\$200
Emergency Treatment	\$150	\$200	\$250
Diagnostic Examination	\$100 per CT/MRI Scan	\$200 per CT/MRI Scan	\$400 per CT/MRI Scan
Hospital Admission	\$500	\$1,000	\$1,500
ICU Hospital Admission	\$1,000	\$1,500	\$2,250
Hospital Confinement	\$200/day 365 day max	\$250/day 365 day max	\$350/day 365 day max
ICU Confinement	\$400/day 30 day max	\$500/day 30 day max	\$700/day 30 day max
Non-Surgical Fracture (2x benefit for surgical repair)	Up to \$2,500	Up to \$3,750	Up to \$5,000
Non-Surgical Dislocation (2x benefit for surgical repair)	Up to \$1,600	Up to \$2,400	Up to \$3,200
Transfusion	\$200	\$300	\$400
2nd Degree Burn (8x benefit for 3rd Degree Burn)	Up to \$800	Up to \$1,600	Up to \$3,200
Concussion	\$100	\$150	\$200
Exploratory Surgery	\$100	\$150	\$200
Knee Cartilage Surgery	\$300	\$450	\$800
Abdominal/Thoracic Surgery	\$1,000	\$1,500	\$2,000
Ruptured Disc Surgery	\$500	\$750	\$1,000
Physical Therapy	\$25/session, 6 max	\$35/session, 6 max	\$50/session, 6 max
Accidental Death - Employee	\$25,000	\$50,000	\$100,000
Accidental Death - Spouse	\$12,500	\$25,000	\$50,000
Accidental Death - Children	\$5,000	\$10,000	\$20,000
Dismemberment - One Member	50% of Death Benefit	50% of Death Benefit	50% of Death Benefit
Dismemberment - Two or more Members	100% of Death Benefit	100% of Death Benefit	100% of Death Benefit

Employees eligible for Accident Insurance are active employees under age 70 at application, working 25 or more hours per week, except those working on a temporary or seasonal basis. Employees must be enrolled in the Accident plan to extend coverage to their spouses/civil union partners and/or dependent children. Eligible spouses are the legal spouses of eligible employees, and domestic or civil union partners where required by law, who are under age 70 at application. Eligible children are unmarried, financially dependent natural, adopted, foster or stepchildren under age 26 in the custody of an eligible employee. Coverage for dependent children terminates at age 26 but is extended up to age 30 if the child is an Illinois resident honorably discharged from the armed forces. Children beyond age 26 will continue to be covered if they are incapable of self-sustaining employment by reason of intellectual disability or physical handicap and are chiefly dependent on the eligible employee for support and maintenance.

Monthly Rates

	Plan A	Plan B	Plan C
Employee Only	\$18.91	\$27.19	\$37.92
Employee and Spouse/Civil Union Partner	\$29.59	\$42.62	\$58.88
Employee and Child(ren)	\$37.78	\$54.25	\$73.62
Family	\$49.17	\$70.66	\$96.05

Rates are guaranteed until December 31, 2016.

- **Accidental Death & Dismemberment:** The AD&D benefit reduces to 50% for employees and spouses/civil union partners at age 65 and to 25% at age 70.
- **Limitations:** No benefit will be paid for loss to due to sickness, disease, self-infliction, or intoxication. Benefits are only paid if the insured sustains an injury due to a covered accident and meets all of the requirements defined for payment under a specific benefit.
- **Portability:** After coverage has been in affect for at least 12 months, coverage can continue if the insured no longer meets the employment eligibility requirements for reasons other than retirement or overall termination of the group policy. Premiums charged will be based on the prevailing rate charged to all insured who continue coverage under this provision and will be billed directly to the insured.

Your Retirement Plan

Do you imagine a comfortable, secure retirement for yourself? At some point, each of us would like to retire to do the things we didn't have time to do while working. Naperville Community Unit School District 203 offers employees the opportunity to save for retirement by participating in a 403(b) retirement plan.

A 403(b) plan allows you to contribute a portion of your compensation on a pre-tax basis in order to save for your retirement. The pre-tax contributions are made to the plan by payroll deduction and grow tax-free until they are withdrawn. This means you are lowering your taxable income now, and will potentially lower the amount of income tax you will pay on your retirement funds at the time of withdrawal, as you may be in a lower tax bracket then.



All employees are eligible to make contributions to a 403(b) plan. In order to participate, you must determine how much of your compensation you wish to defer to the 403(b) plan and where you want to invest your contributions. A list of approved investment providers and their contact information is located in the Business Office and on the [Inside Naperville 203 Business Office](#) site. You will need to set up an account with the financial advisor representing your selected investment provider(s) first, and then file a Salary Reduction Agreement with the Business Office. If you wish to increase or decrease your 403(b) plan contributions, you may do so by contacting your investment provider(s) and filing an amended Salary Reduction Agreement with the Business Office.

In 2016, you may contribute up to \$18,000 to your 403(b) plan. If you will be age 50 or older in the 2016 calendar year, you are eligible to contribute an additional contribution of \$6,000, for a maximum contribution of \$24,000 in the 2016 calendar year. These contribution limits are subject to change per IRS regulations.

If you have completed at least 15 years of employment with Naperville Community Unit School District 203, you may be eligible to contribute up to an additional \$3,000 a year to your 403(b) plan. This additional contribution may be made yearly until your cumulative additional contributions total \$15,000. Employees who are eligible for both the age 50 catch-up contribution and the 15 years of service contribution are required to complete the 15 years of service contribution first.

This information is for educational purposes only and is not intended as tax or legal advice. Neither your employer nor the investment providers offering retirement savings products can provide you with tax or legal advice. Employees are encouraged to contact their financial representative or tax professional with any questions.

Your Employee Assistance Program

Everyone needs a little help now and then dealing with stress, work or family issues, or personal concerns. Naperville Community Unit School District 203's Employee Assistance Program (EAP) provides confidential services through a network of licensed counselors and professionals to help you get your life back in balance. The EAP is offered at no cost and is available to all employees and their families. To access the EAP, please call 888.933.1327 or visit www.cadencehealth.org.

The EAP provides in-person or over-the-phone support with short term counseling, referrals to service providers within your insurance network and local area and 24-hour emergency access to licensed professionals on a wide range of issues including but not limited to:

- Marital/Family/Relationship Issues
- Stress
- Depression/Anxiety
- Addiction or Substance Abuse Problems
- Work-Related Conflicts
- Grief and Loss
- Financial Problems
- Legal Difficulties
- Child Care or Elder Care Needs

Participation in the EAP is strictly confidential. All records and discussions between you and an EAP counselor remain confidential unless you authorize disclosure in writing. EAP records are not included in your personnel file.



Teladoc

Starting in 2016, Naperville Community Unit School District 203 is offering all benefit eligible employees that select one of our Health Insurance plans access to Teladoc. Teladoc is the first and largest provider of Telehealth medical consults in the United States, giving you 24/7/365 access to quality healthcare through phone and video consults. Teladoc has board certified doctors in internal medicine, family practice and pediatrics. They are committed to offering our employees quality healthcare options. Teladoc is healthcare made simple. Request a consult anytime and anywhere online, by phone, or visit Teladoc.com to setup your consult. You will talk with a physician within one hour of setting up your account and calling for a consult. The physician will conduct a medical consult and assess your medical needs.

When can I use Teladoc?

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

What can the Doctor treat you for?

Teladoc Doctors can treat many conditions, including:

- Cold & Flu Symptoms
- Allergies
- Bronchitis
- Urinary Tract Infection
- Respiratory Infection
- Sinus Problems
- And More!

Who are the Doctors at Teladoc?

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medical physicians
- Average 15 years of experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA Standards

What does it cost for a consult with Teladoc?

- Silver and Platinum plan members pay \$5.00 per consult
- Gold Plan members pay \$40 per consult

www.Teladoc.com

1-800-Teladoc (835-2362)

Important Notice Regarding Medicare

If you are considering joining a Medicare drug plan, please read this notice carefully:

Medicare prescription drug coverage became available to everyone with Medicare in 2006. You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th or within a two month Special Enrollment Period if you lose your current creditable prescription due to no fault of your own. You can get coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

The prescription drug plan offered by Naperville Community Unit School District 203 is, on average for all plan participants, expected to cover as much as a standard Medicare Prescription Drug Plan and is therefore considered Creditable Coverage. As such, if you decide to enroll in a Medicare Prescription your current coverage may be affected. If you do decide to join a Medicare Prescription Drug Plan and drop the Naperville Community Unit School District 203 plan, be aware that you and your dependents will only be able to re-enroll in District 203's health plan under Open Enrollment or within 31 days of an IRS recognized change.

When enrolling in Medicare, if you have surpassed 63 continuous days without Creditable Prescription Drug Coverage your premium may increase by at least 1% per month, for every month that you did not have coverage, with a maximum penalty of 19%. For example, if you go twelve months without Creditable Coverage, your premium may be consistently at least 12% higher than the Medicare base beneficiary premium. You may have to pay this higher premium, as a penalty, as long as you have a Medicare Prescription Drug Plan.

Because your existing coverage offered by Naperville Community Unit School District 203 is Creditable Coverage you can keep this benefit and not pay a higher premium if you join a Medicare Prescription Drug Plan at a later date. However, if you drop the Naperville Community Unit School District 203 benefit plan and do not join a Medicare Prescription Drug Plan within 63 continuous days after your coverage ends, you may pay a higher premium when you do join.

For more detailed information about Medicare plans that offer prescription drug coverage, refer to the "Medicare & You" handbook mailed directly to you every year after you qualify for Medicare. You may also visit www.medicare.gov, call 1.800.MEDICARE (1.800.633.4227, TTY users call 1.877.486.2048), or contact the Employee Benefits Coordinator in the Business Office for further information.

If you have limited income and resources, extra help paying for a Medicare Prescription Drug Plan is available. For information about this extra assistance, visit www.socialsecurity.gov/ or call 1.800.772.1213 (TTY users call 1.800.325.0778).

Notice of Platinum PPO Grandfather Status

If you are considering enrolling, or are already enrolled in, the Platinum PPO, please read this notice carefully:

This group health plan believes this coverage is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your policy may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your Employee Benefits Coordinator. You may also visit www.dol.gov/ebsa/healthreform which has a table summarizing which protections do and do not apply to grandfathered health plans.

Notice of Employer Contributions to HSAs

Naperville Community Unit School District 203 provides contributions to the Health Savings Account (HSA) of each current employee who is enrolled in the District’s Gold HDHP (“eligible employee”). If you are an eligible employee, you must do the following in order to receive an employer contribution:

- (1) Establish a BMO Harris HSA account on or before the last day in February of 2017 and;
- (2) Notify your Employee Benefits Coordinator of your HSA account information (BMO Harris account number) on or before the last day in February of 2017 in writing or by e-mail.

If you establish your HSA on or before the last day of February in 2017 and notify District 203 of your HSA account information, you will receive your HSA contributions, plus reasonable interest, for 2016 by April 15, 2017. If, however, you do not establish your HSA or you do not notify us of your HSA account information by the deadline, then we are not required to make any contributions to your HSA for 2016.

If you have any questions about this notice, you can contact your HSA Administrator:

Andi Pevitz (630) 420-6327; apevitz@naperville203.org

Health Care Terms

To help you understand how your health plans work, please review the following terms and definitions.

Calendar Year Deductible: The amount a member pays out-of-pocket for services before plan co-insurance is applied.

Co-Insurance: The percentage of medical costs that a member shares with the insurance company after deductibles are met.

Copay: The amount a member pays for specific treatment or prescription drug. This is usually payable at the time of service and does not apply toward the deductible.

Emergency Room vs. Urgent/Immediate Care: Emergency rooms are meant for life threatening illnesses or emergency accidents. They are for things like chest pain, breathing problems, and excessive bleeding. If you need to be seen by a doctor for something other than an emergency and can't wait for an appointment with your regular physician, try using an Urgent/Immediate Care Center. These centers are designed to treat you in an office visit setting. The cost to you will be less than using an emergency room.

Generic Drugs: Generic drugs have the same active ingredients as their brand name counterparts with no compromise in quality, yet they are 40% to 60% less expensive. Generic drugs cost less because they don't require the same costly research, development and sales expenses associated with brand name drugs.

In-Network: You are considered to be in-network if you visit providers that participate with your health plan. In-network coverage means the plan will pay a higher percentage of benefits and you have lower out-of-pocket costs. Participating providers have signed contracts to accept discounted or negotiated fees as payment in full.

Medical Out-of-Pocket: The total a member will pay in co-insurance and medical copays in the calendar year excluding deductible.

Out-of-Network: You are considered to be out-of-network if you visit providers that have chosen not to participate with your health plan (non-participating providers). Non-participating providers do not have contractual arrangements with the insurance carrier and can bill for charges in excess of your plan's maximum allowable fee. These charges are in addition to the higher deductibles and co-insurance amounts that apply to your out-of-network benefits.

Plan Year: The benefit plan year is January 1st through December 31st.

Preventive Services: Physicals and eligible non-diagnostic tests, well baby/child exams, eligible immunizations, and wellness visits as defined by the plan (Platinum PPO) or U.S. Preventive Services Task Force (Gold HDHP & Silver PPO).

Total Out-of-Pocket Maximum: The maximum amount a member could pay for the calendar year, including deductible, copays and co-insurance but excluding premiums, balanced billed charges out-of-network, and health care the plan doesn't cover.

Federal Notices

Newborn & Mother's Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health & Cancer Rights Act

These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery/reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis;
- Physical complication during all stages of mastectomy, including lymph edemas.

The plan may not:

- Interfere with a woman's right under the plan to avoid these requirements;
- Offer inducements to the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and co-insurance requirements consistent with other coverage provided under the plan.

Contact Information

If you have questions about plan benefits, claims, or other information covered in this packet, or if you need a form or assistance filling out a form, please contact your Employee Benefits Coordinator:

For Certified Staff & Administrators:

Kathleen Barak

Phone: 630.420.6325

Email: kbarak@naperville203.org

For Non-Certified Staff:

Andi Pevitz

Phone: 630.420.6327

Email: apevitz@naperville203.org

Carrier Contact Information	Phone	Website
Medical Carrier		
BC/BS IL Members	1.800.458.6024	http://bcbsil.com/
Prime Therapeutics - Prescription Drugs	1.800.423.1973	http://www.bcbsil.com/provider/pharmacy/pharmacy_index.html
Utilization Review	Call the number on the back of your ID card	
Dental Carrier		
Delta Dental PPO Members	1.800.323.1743	http://www.deltadentalil.com/
Vision Carrier		
Humana Vision Members	1.866.537.0229	http://humanavisioncare.com/
Flexible Spending Account		
PayFlex Systems, USA, Inc.	1.800.284.4885	http://www.healthhub.com/
Health Savings Account		
BMO Harris Bank N.A.	1.800.642.2657	https://www.bmoharris.com/
Life Insurance Carrier		
Reliance Standard Life Insurance	1.800.351.7500	https://customercare.rsli.com/
Long Term Disability Carrier		
Reliance Standard Life Insurance	1.800.351.7500	https://customercare.rsli.com/
Voluntary Life/Critical Illness/Accident Carrier		
Reliance Standard Life Insurance	1.800.351.7500	https://customercare.rsli.com/
Employee Assistance Program		
Cadence Health (Central DuPage Hospital)	1.888.933.1327	www.cadencehealth.org
Teladoc		
Teladoc.com	1.800.835.2362	http://www.teladoc.com/