



Downers Grove

Sanitary District

2019 Open Enrollment

Open Enrollment for 6/1/19

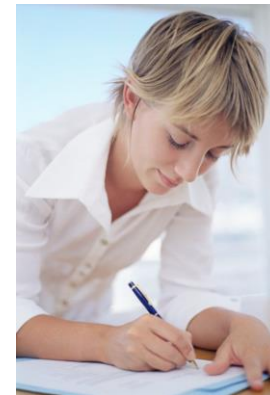
Open Enrollment is the one time of year when you can make a change to your benefit plan without experiencing a qualifying event. Examples of qualifying events are:

- Marriage or divorce
- Birth or adoption of a child
- Involuntary loss of other coverage.

Open Enrollment begins May 1st and ends on May 31st. Enrollment must be completed and submitted by May 31st.

The FSA Enrollment period is April 17 – May 17.

This year the district is offering an online enrollment option. Please see your enrollment memo for additional information on how to complete the online enrollment. See Clay Campbell if you need assistance or if you would prefer to complete a paper enrollment form.



Open Enrollment Changes for 6/1/19

- Medical Insurance will remain with BlueCross BlueShield of Illinois.
 - This year there are three plan options to choose from:
 - **BlueCare Direct Platinum HMO - Advocate**
 - Blue Precision Platinum HMO
 - Blue Options PPO
- Dental Insurance will remain with Principal
 - No Change to plan or rates
- Vision plan will remain with Eyemed
 - No Change to plan or rates
- Life insurance will remain with Kansas City Life, through National Insurance Services
- Flexible Spending Accounts will remain with Mid America



Health Plans



GCG

EMPLOYEE BENEFITS
INSURANCE
RISK MANAGEMENT
WEALTH MANAGEMENT

Plan Options – Things To Think About

Provider Availability

- Will you be able to visit the doctors, hospitals and other facilities you want to?

Your Costs

- How much is going to come out of your paycheck every month? What about for the whole year?

Benefit Payments

- How much will you have to pay out of your pocket for medical expenses?

Medical Services

- Consider your health status and services you expect to use during the year. What has your experience been in past years?

Plan Choice #1— BlueCare Direct Platinum HMO (P506BCH)

- This plan requires you to select a primary care physician who will direct all your care.
- The primary care physicians (and ob/gyn) must be chosen in advance from the BlueCare Direct HMO network. **(Advocate Providers Only)**
- Specialist physician needs are accessed through referrals from the PCP.
- This plan has a six tier pharmacy benefit.

Physician Co-Payment (no deductible)

- PCP \$10
- Specialist \$45

Imaging (MRI, Cat Scan)

- \$250 per visit

Diagnostic test (x-ray, blood work)

- \$45 per test

Hospitalization

- \$150 per visit

Prescription Drugs

- \$0/\$10/\$50/\$100/\$150/\$250

Emergency Room

- \$300 per visit

Urgent Care (through Medical Group)

- \$45 per visit

Plan basics listed above please see SBC for more detailed coverage explanations.

BlueCare Direct Platinum HMO – Medical Benefits

	In-Network	Out-of-Network
Network	BlueCare Direct HMO (BCH)	
Deductible	None	Services received outside of the HMO network, and/or services not referred by your PCP are not covered
Out-of-pocket - Individual	\$1,500	
Out-of-pocket - Family	\$4,500	
Adult & child wellness visit	100% (No Charge)	
Physician office visit	\$10 PCP copay \$45 Specialist copay	
Inpatient hospital services	100% after \$150 copay per visit	
Outpatient surgery	100% after \$100 facility copay and \$45 physician copay	
Outpatient emergency care	\$300 copay	
Prescription copayments	Preferred Generic \$0, Non Preferred Generic \$10, Preferred Brand \$50, Non Preferred Brand \$100 Preferred Specialty \$150, Non Preferred Specialty \$250	

Plan Choice #2— Blue Precision Platinum HMO (P506PSN)

- This plan requires you to select a primary care physician who will direct all your care.
- The primary care physicians (and ob/gyn) must be chosen in advance from the Blue Precision HMO network.
- Specialist physician needs are accessed through referrals from the PCP.
- This plan has a six tier pharmacy benefit.

Physician Co-Payment (no deductible)

- PCP \$10
- Specialist \$45

Imaging (MRI, Cat Scan)

- \$250 per visit

Diagnostic test (x-ray, blood work)

- \$45 per visit

Hospitalization

- \$150 per visit

Prescription Drugs

- \$0/\$10/\$50/\$100/\$150/\$250

Emergency Room

- \$300 per visit

Urgent Care (through Medical Group)

- \$45 per visit

Plan basics listed above please see SBC for more detailed coverage explanations.

Blue Precision Platinum HMO – Medical Benefits

	In-Network	Out-of-Network
Network	Blue Precision HMO (BAV)	
Deductible	None	Services received outside of the HMO network, and/or services not referred by your PCP are not covered
Out-of-pocket - Individual	\$1,500	
Out-of-pocket - Family	\$4,500	
Adult & child wellness visit	100% (No Charge)	
Physician office visit	\$10 PCP copay \$45 Specialist copay	
Inpatient hospital services	100% after \$150 copay per visit	
Outpatient surgery	100% after \$100 facility copay and \$45 physician copay	
Outpatient emergency care	\$300 copay	
Prescription copayments	Preferred Generic \$0, Non Preferred Generic \$10, Preferred Brand \$50, Non Preferred Brand \$100 Preferred Specialty \$150, Non Preferred Specialty \$250	

Plan Choice #3 — Blue Options Gold PPO (G506OPT)

- This plan is for the employee who wants to have the large PPO network from which to choose their physicians.
- There are lower deductibles and copayments if you utilize providers in the Blue Choice network.
- There are no referrals needed to access any network or non-network physician.
- This PPO plan includes copays for physician visits and prescription drugs.
- **The coinsurance for the Blue Choice providers has changed to 80%.**

Physician Co-Payment

- Blue Choice \$20/\$40
- PPO \$50/\$100

Deductible

- Blue Choice Providers:
 - \$700 Individual/\$2,100 Family
- PPO Providers:
 - \$1,500 Individual/\$4,500 Family
- Out of Network
 - \$3,000 Individual/\$9,000 Family
- **80/70/50 Coinsurance**

Prescription Drugs (Preferred Pharmacy)

- \$0/\$10/\$35/\$75/\$150/\$250

Emergency Room

- Deductible, **20%** plus \$400 per visit

Plan basics listed above please see SBC for more detailed coverage explanations.

Blue Options Gold PPO – Medical Benefits

	In-Network	In-Network	Out of Network
Network	Blue Choice	PPO	
Deductible – Individual	\$700	\$1,500	\$3,000
Deductible - Family	\$2,100	\$4,500	\$9,000
Out of Pocket – Ind.	\$4,200	\$6,000	Unlimited
Out of Pocket - Family	\$12,600	\$14,700	Unlimited
Adult & Child Wellness	100% (No Charge)	100% (No Charge)	Deductible/50%
Physician office visit	\$20 PCP \$40 Specialist	\$50 PCP \$100 Specialist	Deductible then 50% coinsurance
Inpatient hospital services	Deductible/ 20% Plus \$250 copay per visit	Deductible/30% Plus \$500 copay per visit	Deductible/50% Plus \$600 copay per visit
Outpatient surgery	Deductible/ 20% Plus \$200 per occurrence	Deductible/30% Plus \$400 per occurrence	Deductible/50% Plus \$500 per occurrence
Emergency Care	Deductible/ 20% plus \$400 per visit \$75 urgent care copay for Blue Choice and PPO Providers		

Blue Options Gold PPO – Prescription Drug Copays

Category	Preferred Pharmacy Copay	Non Preferred Pharmacy Copay
Preferred Generic	\$0	\$10
Non Preferred Generic	\$10	\$20
Preferred Brand	\$35	\$55
Non Preferred Brand	\$75	\$95
Preferred Specialty	\$150	\$150
Non Preferred Specialty	\$250	\$250

Preferred Pharmacy Network – Walgreens and Osco Drug List – 2019 Non-HMO Drug List



Formulary Lists can be found on www.bcbsil.com, under Member Services/Prescription Drug Plan Information.

Premium Contributions (Deduction Per Check)

Hourly	Employee	Employee Plus Spouse	Employee Plus Child(ren)	Family
Option 1 HMO (P506BCH)	\$11.02	\$44.10	\$38.58	\$60.63
Option 2 HMO (P506PSN)	\$14.70	\$58.80	\$51.45	\$80.85
Option 3 PPO Options (G506OPT)	\$16.30	\$65.20	\$57.05	\$89.65

Premium Contributions (Deduction Per Check)

Supervisors	Employee	Employee Plus Spouse	Employee Plus Child(ren)	Family
Option 1 HMO (P506BCH)	\$11.94	\$47.77	\$41.80	\$65.69
Option 2 HMO (P506PSN)	\$15.93	\$63.70	\$55.74	\$87.59
Option 3 PPO Options (G506OPT)	\$17.65	\$70.63	\$61.80	\$97.12

Health Reimbursement Account Option

- Do you or your spouse have access to other coverage?
- This year, employees and/or spouses who obtain health insurance through a non-district plan will be eligible to obtain a reimbursement through a Health Reimbursement Account.
- The district will reimburse \$100 per month for a spouse who obtains their coverage through a non-district plan. The district will also reimburse \$100 per month for an employee who obtains coverage through a non-district plan.
- Mid America will administer the plan and you will need to provide supporting documentation.
- Most plans will not allow mid year changes so you may have to wait until your spouses open enrollment to make a change.

Summary of Benefits and Coverage

Be sure to review the SBC for each medical plan. The SBC's are available online.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: [See Instructions] Coverage for: _____ Plan Type: _____

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need immediate medical attention	Emergency room services Emergency medical transportation Urgent care			
If you have a hospital stay	Facility fee (e.g., hospital room) Physician/surgeon fee			
If you have mental health, behavioral health, or substance abuse needs	Mental/behavioral health outpatient services Mental/behavioral health inpatient services Substance use disorder outpatient services Substance use disorder inpatient services			
If you are pregnant	Prenatal and postnatal care Delivery and all inpatient services Home health care			
If you need help recovering or have other special health needs	Rehabilitation services Skilled nursing care Durable medical equipment Hospice services			
If your child needs dental or eye care	Eye exam Glasses Dental check-up			

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check _____)

Questions: Call 1-800-[insert] or visit us at [www.\[insert\]](http://www.[insert]).
If you aren't clear about any of the underlined terms used in this form, see the Glossary at [www.\[insert\]](http://www.[insert]) or call 1-800-[insert] to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: [See Instructions] Coverage for: _____ Plan Type: _____

Important Questions:

- Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Coinsurance** is your share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 30% would be \$300. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network provider charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use _____ providers by charging you _____ amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness Specialist visit Other practitioners office visit Preventive care/screening/immunization	
If you have a test	Diagnostic test (x-ray, blood work) Imaging (CT/PET scans, MRIs)	
If you need drugs to treat your illness or condition	Generic drugs Preferred brand drugs Non-preferred brand drugs	
More information about prescription drug coverage is available at www.[insert]	Specialty drugs	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees	

Questions: Call 1-800-[insert] or visit us at [www.\[insert\]](http://www.[insert]).
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.\[insert\]](http://www.[insert]) or call 1-800-[insert] to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: [See Instructions] Coverage for: _____ Plan Type: _____

Important Questions:

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.\[insert\]](http://www.[insert]) or by calling 1-800-[insert].

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$	
Are there other deductibles for specific services?	\$	
Is there an out-of-pocket limit on my expenses?	\$	
What is not included in the out-of-pocket limit?		
Is there an overall annual limit on what the plan pays?		
Does this plan use a network of providers?		
Do I need a referral to see a specialist?		
Are there services this plan doesn't cover?		

OMB Control Number 1545-0047, and 0938-1146
Revised on May 11, 2012

Questions: Call 1-800-[insert] or visit us at [www.\[insert\]](http://www.[insert]).
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.\[insert\]](http://www.[insert]) or call 1-800-[insert] to request a copy.

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How to Find a Provider

Login to Blue Access for Members and click the Doctors & Hospitals tab, then select Find a Doctor or Hospital. Or, download the BCBSIL App.

The screenshot shows the Blue Access website interface. The top navigation bar includes links for Home, My Coverage, Claims Center, My Health, Doctors & Hospitals (selected), and Forms & Documents. The 'Doctors & Hospitals' section is active, displaying 'DOCTORS & HOSPITALS - Find a Doctor'. Below this, there's a 'Provider Finder' section with instructions on how to use the tool. A 'Find a Doctor or Hospital' button is prominent. To the right, a sample BlueCross BlueShield ID card is shown with fields for Subscriber Name, Identification Number, Group Number, and Effective Date. Below the ID card, there's a 'Find a Cost' section with a magnifying glass icon and a link to estimate costs. The left sidebar contains 'Related Links' such as 'Blue Distinction Centers for Specialty Care', 'Virtual Visits', 'Blue Distinction Total Care', and 'Preferred Specialty Pharmacy Network'. At the bottom left, there's a 'Health Care School' link.

Doctors & Hospitals

Find a Doctor

Find a Pharmacy

Related Links

- Blue Distinction Centers for Specialty Care
- Virtual Visits
- Blue Distinction Total Care
- Preferred Specialty Pharmacy Network

ID Card

BlueCross BlueShield

Subscriber Name: JOHN SMITH
Identification Number: BCS0123456789
Group Number: 7890123
Effective Date: 04/01/14

Find a Cost

Are you planning to visit your doctor or hospital for a specific medical service? Estimate your cost for common procedures and treatments.

Find a Doctor or Hospital

Use the Provider Finder® to search for doctors and hospitals within a plan network. You can look up a provider's address and phone number. Find an urgent care center and see a map with directions. You can also view a full list of providers. Just click on the "Find a Doctor or Hospital" button below.

Make sure you receive the highest level of benefits – always confirm that the doctor or hospital you choose is in your plan network.

Find a Provider outside the U.S.

Network Code
(Individual Members)

Plan
Blue Pref SLV PPO

Network Code
(Group Members)

Plan Name
(Individual Members)

The screenshot shows the BCBSIL App interface. The top status bar displays 'AT&T', '2:14 PM', and '70%' battery. The app has a 'Cancel' button and a 'Find Care' button. Below these is a map icon and the text 'Find care with our Provider Finder'. A message says 'Find In Network care near you.' and 'This link will navigate you to our mobile website outside of this app.' At the bottom, there's a 'Continue to Provider Finder' button.

Cancel Find Care

Find care with our Provider Finder

Find In Network care near you.

This link will navigate you to our mobile website outside of this app.

Continue to Provider Finder

Other Ways To Find A PPO Provider



From your computer or mobile device, log on to bcbsil.com and click on **Provider Finder[®]**



Call the Customer Service number on the back of your ID card

800-541-2768 (PPO)

800-892-2803 (HMO)

Call BlueCard[®] Access – available 24/7


800-810-BLUE (2583)



Talk with your provider's office

Provider Finder – Select the Correct Network

Option Number	Name	Network Name
1	BlueCare Direct Platinum HMO	BlueCare Direct (BHD)
2	Blue Precision Platinum HMO	Blue Precision HMO (BAV)
3	Blue Options Gold	Blue Options/Blue Choice Options (BCO) Participating Provider Organization (PPO)



BlueCross BlueShield of Illinois

Insurance Basics

FIND A DOCTOR OR HOSPITAL

- Know Your Network
- Find a Doctor
- Find a Hospital
- Blue Distinction®

Quick Links

- Get a Quote »
- Find a Doctor »
- Why Choose Us »

Find a Doctor or Hospital

Find an In-Network Provider
Tell us about yourself, and we'll help you find a provider so you can get the care you need.

How do you get insurance?
Through my employer or my spouse's employer

Are you a member or are you shopping for an insurance plan?
I am a member

Select the type of care you are looking for
Medical

Where do you live?
Illinois

Select Plan / Network

Select Network or Plan

Choose your plan network (or plan name) from the choices below.

[Which network covers your plan?](#)

☒ Plan Networks ☐ Individual & Family Plans

Select from the list below

- Blue Choice PPO [BCS]
- Blue Options or Blue Choice Options [BCO]
- Blue Precision HMO [BAV]
- BlueAdvantage HMO [ADV]
- Community Participation Options [CPO]
- HMO Illinois [HMO]
- Participating Provider Organization [PPO]

Prescription Drug List Information

BlueCross BlueShield of Illinois

Ask IVY™ our virtual assistant

Search

Insurance Basics Shop Plans & Products Find a Doctor or Hospital Member Services Log In

MEMBER SERVICES

Why Choose Us?

- Advantages of Membership
- Blue Care Connection®
- BlueCare Dental Connection™
- The BlueCard® Program

Prescription Drug Plan Information

- Pharmacy and Prescription Plan Information
- Prescription Drug Lists
- Generic Drug Information
- Search Drug Lists and Find a Pharmacy
- What You Should Know About Dispensing Limits

Members

Pharmacy Programs for Non-HMO Members

Additional Resources

Managing Your Health Plan

- Making Your Insurance Work for You
- How to Make a Payment

Quick Links

- Log In »
- Find a Doctor »
- Form Finder »

LOG IN TO MY ACCOUNT

RENEW YOUR CURRENT HEALTH PLAN

FIND A DOCTOR WITH PROVIDER FINDER®

HOW CAN I PAY MY MONTHLY PREMIUM?

WHERE YOU GO FOR CARE MATTERS

IMPORTANT BILLING CHANGES THAT MAY AFFECT YOU

We are updating our systems and the look of your billing statement. These changes will affect your invoice, automatic payments and your account.

PRESCRIPTION DRUG LISTS

Find all of the forms and helpful information you need to get the most from your prescription drug coverage.

UNDERSTANDING MY EXPLANATION OF BENEFITS (EOB)

Watch a video about how to read EOB documentation.

ADVANTAGES OF MEMBERSHIP

Learn about all the programs available to you and all the Advantages of Membership included with Blue Cross and Blue Shield of Illinois plans.

Find prescription drug information by logging on to bcbsil.com/members

BlueCross BlueShield of Illinois

Ask IVY™ our virtual assistant

Search

Insurance Basics Shop Plans & Products Find a Doctor or Hospital Member Services Log In

MEMBER SERVICES

Why Choose Us?

- Advantages of Membership
- Blue Care Connection®
- BlueCare Dental Connection™

Blue365® Discount Program

Prescription Drug Plan Information

- Pharmacy and Prescription Plan Information
- Prescription Drug Lists
- Generic Drug Information
- Search Drug Lists and Find a Pharmacy
- What You Should Know About Dispensing Limits
- Pharmacy Programs for HMO Members
- Pharmacy Programs for Non-HMO Members

PHARMACY AND PRESCRIPTION PLAN INFORMATION

Prescription drugs are a vital part of your health care coverage. If you have prescription drug coverage through Blue Cross and Blue Shield of Illinois (BCBSIL), this information can help you and your doctor get the most from your prescription drug coverage.

If you are a BCBSIL member, log in to your **Blue Access for Members™ (BAM™)** account to learn more about your prescription drug benefits. Be sure to review your benefit materials for details. If you have any questions about your prescription drug benefits, call the Pharmacy Program number on the back of your member ID card.

PRESCRIPTION DRUG LIST

A drug list, also known as a formulary, is a list of drugs that are covered under your prescription drug benefit. How much you pay out of pocket is determined by whether your drug is on the list and at what coverage level, or tier. A generic drug is often at the lower tier. See if your drug is covered.

If your drug is not on the drug list, call the number on the back of your ID card to see if the drug may be covered. Based on your benefit plan, you may have to pay more for a drug that is not on the drug list.

NEARBY PHARMACIES AND HOME DELIVERY

BCBSIL has a broad network of contracting pharmacies. To use your benefits, simply find a local contracting pharmacy and show your member ID card.

Quick Links

- Log In »
- Find a Doctor »
- Form Finder »

Preferred Pharmacy Network (PPN)

- Some members may have a Preferred Pharmacy Network

Find a PPN

- See the full list of preferred pharmacies (S).

90-Day Supply

Based on your benefit:

Prescription Drug List Information

PRESCRIPTION DRUG LISTS

A drug list, is a list of drugs available to Blue Cross and Blue Shield of Illinois (BCBSIL) members. How much you pay out-of-pocket for prescription drugs is determined by whether your medication is on the list. These prescription drug lists have different levels of coverage, which are called "tiers". Generally, if you choose a drug that is a lower tier, your out-of-pocket costs for a prescription drug will be less. Your doctor should consult the Drug List when prescribing drugs for you. This may help lower your out-of-pocket costs.

If you are a BCBSIL member, log in to your [Blue Access for MembersSM](#) account to learn more about your prescription drug benefits. Be sure to review your benefit materials for details. If you have any questions about your prescription drug benefits, call the Pharmacy Program number on the back of your member ID card.

[Prescription Drug Lists for Metallic Individual Plans](#)

[Prescription Drug Lists for Grandfathered & Transitional Individual Plans](#)

[Prescription Drug Lists for Employer-offered Plans: Large Group \(51 or more\)](#)

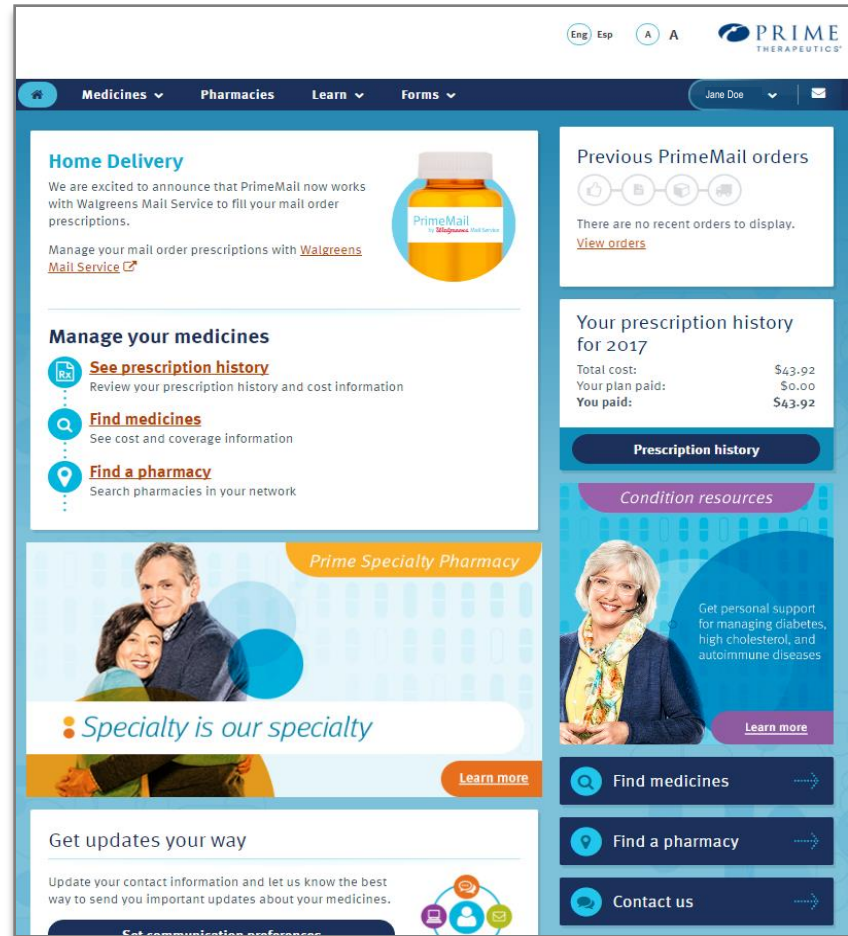
[Prescription Drug Lists for Employer-Offered Metallic Plans: Small Group \(1–50\)](#)

[Prescription Drug Lists for Employer-offered Non-Metallic Plans: Small Group \(1–50\)](#)

MyPrime.com

Directly connect to MyPrime.com from Blue Access for Members to:

- Locate a pharmacy
- Find drugs/drug list
- View prescription claim history
- Create personal drug list
- Learn about specific drugs
 - RX cost calculator
 - Health information





Dental Benefits



Dental

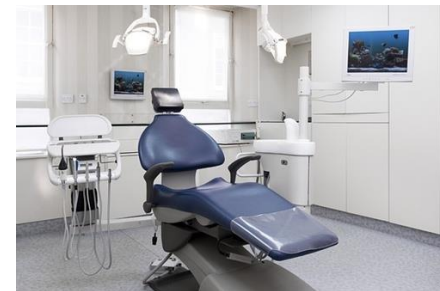
	Principal PPO	
	In-Network	Out-of-Network
Deductible - - Individual - Family	\$50 \$150	
Preventive Services	100%	80%
Basic Services	Ded then 80%	Ded then 60%
Major Services	Ded then 50%	Ded then 50%
Annual Plan Max	\$1,500	
Orthodontics	50%	50%
Ortho Lifetime Max - Dependent children 18 years or younger	\$1,000	



ACA required pediatric dental benefits provided through Blue Cross

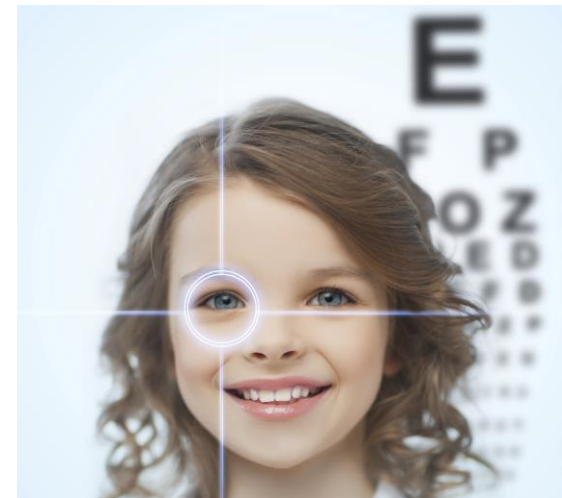
How To Find A Principal PPO Provider

- Visit www.principal.com/dentist
- Click Continue
- Select the State (Illinois)
- Select the Network (Principal Plan PPO)
- Enter the last name of the dentist or the zip code of the area you want to search
- Select the distance you want to search (5-60 miles)
- If you wish, you can search by specialty (general dentistry, orthodontist, periodontist).
- If your dentist is not in the network, you may nominate your dentist for inclusion in Principal's network.
- Submit the dentist's name, address, phone and specialty by calling 1-800-832-4450.
- You can also submit a referral through the website at www.principal.com/refer-dental-provider.





Vision Benefits



Vision Benefits

	In-network	Out-of-network
Routine exam - Once every 12 months	\$10 Copay	Up to \$30 reimbursement
Lenses - Single, Bifocal or Trifocal - Once every 12 months	\$10 Copay	\$25, \$40 or \$60 allowance depending on lens type
Frames - Once every 12 months	\$0 Copay, \$130 Allowance	Up to \$65 reimbursement
Contact lenses	Up to \$40 Reimbursement	n/a





Life Insurance and Flex Spending



GCG

EMPLOYEE BENEFITS
INSURANCE
RISK MANAGEMENT
WEALTH MANAGEMENT

Group Life/AD&D Insurance

Life insurance is provided by Kansas City Life, through National Insurance Services. If you have had any changes in the past year, be sure to complete a new beneficiary form.

Eligibility	All Full-Time Employees
Benefit Amount	\$50,000*

* Benefit reduction at age 65

Flexible Spending Account—FSA

Your Flexible Spending Account (FSA) program is administered by Mid America

FSAs are payroll deducted pre-tax dollars set aside for qualified dependent care and health care expenditures. **You must re-enroll every year. The deadline for enrollment is May 17th.**

Two Different Accounts:

FSA for Dependent Care

- Annual maximum of \$5,000 (\$2,500 if single IRS filer)
- Child daycare; Adult dependent daycare centers or services
- Preschool charges – public or private school
- Before- and after-school care
- Summer camp (not overnight camps)



FSA for Healthcare

- Annual maximum of \$2,700
- Pays for Medical, Dental, and Vision qualified expenses
- Pay for services not paid for under the group health plan over the course of the year via pre-tax payroll deductions.
- Full amount of your election available on June 1.
- Be conservative with your elections as FSA's are "use it or lose it"

Eligible FSA Expenses

Health Care

- Deductibles and co-pays
- Glasses, contacts, Lasik eye surgery
- Dental, including braces
- Prescription drug co-payments and non-covered prescription medication
- Over-the-counter supplies*
 - Over-the-counter medications are only eligible for reimbursement if you have a prescription.

As we approach the end of the plan year, check to see if you have unused flex spending dollars. Claims must be incurred on or before August 14, 2019 and submitted by October 27, 2019.

Next Steps – Enrollment Begins Now!

- All employees must complete the election process.
- Individuals who select the HMO plans must select a PCP for yourself and all covered dependents.
- Any election made during open enrollment is binding for the year unless you have a change in status recognized by the IRS.
- **Call me or email me with questions:**
Amy Abell, GCG Financial
847-457-3099
amy.abell@gcgfinancial.com
- **I will be here on Thursday, May 9th for individual questions**
10am – 11am – MSB Lunchroom
11am -12 noon – Admin Center

Enrollment must be completed Friday, May 31st.

- *Please Note: If you are making a plan change and wish to have your id card before June 1st, it is recommended you complete your enrollment as soon as possible.*