

Vision Plans*

| VSP – Choice Network | In-Network Member Cost | Out-of-Network Reimbursement |
|------------------------------------|---|------------------------------|
| Exam with Dilation as Necessary | \$10 copay | Up to \$45 |
| Contact Lens Fit and Follow-Up | Up to \$60 copay | N/A |
| Frames | \$0 copay; \$130 allowance; 80% of charge over \$130 | Up to \$70 |
| Standard Plastic Lenses | | |
| Single Vision | \$25 copay | Up to \$30 |
| Bifocal | \$25 copay | Up to \$50 |
| Trifocal | \$25 copay | Up to \$65 |
| Lenticular | \$25 copay | Up to \$100 |
| Contact Lenses | | |
| Conventional | \$0 copay; \$130 allowance; (in lieu of lenses and frame) | Up to \$105 |
| Medical Necessary | \$25 copay; Paid in full | Up to \$210 |
| Laser Vision Correction | | |
| Lasik or PRK from US Laser Network | 15% off the retail price or 5% off the promotional price | N/A |
| Frequency | | |
| Examination | Once every 12 months | |
| Lenses or Contact Lenses | Once every 12 months | |
| Frame | Once every 24 months | |

Please refer to VSP highlight sheet for further information.

| Employee Contributions (Monthly) | |
|----------------------------------|---------|
| Single | \$4.32 |
| Single + 1 | \$8.03 |
| Family | \$12.93 |

*You must have been eligible to receive vision insurance as an employee to receive it as a retiree (only people who retired beginning in 2018 might be eligible for this benefit).



Benefit Summary

The Who's Who of Your City of Des Plaines' Benefit Plans

- **Blue Cross Blue Shield** offers convenient online tools and personalized telephone services that help support, inform and motivate individuals in their wellness efforts. All employees, spouses, and dependents covered under the City of Des Plaines' medical plan can participate at no charge to you.

HMO:

- **Blue Cross Blue Shield (BCBS)** is the claims administrator for the City of Des Plaines' HMO medical plan.

» Contact BCBS for questions concerning membership, plan benefits, or status of claim payments. HMO Customer Service Representatives can be reached at **800.892.2803**.

Representatives are available Monday through Friday from 7:00 a.m. to 8:00 p.m. CST and Saturday from 8:00 a.m. to 5:00 p.m. CST.

» BCBS's website is both user-friendly and informative. The site allows you to seek answers about BCBS and available HMO doctors and hospitals, view claims, learn about available programs, and to link to vendor sites. Their web address is www.bcbsil.com.

PPO:

- **Blue Cross Blue Shield (BCBS)** is the claims administrator for the City of Des Plaines' PPO medical plans.

» Contact BCBS for questions concerning membership, plan benefits, status of claim payments, and more. PPO Customer Service Health Advocates are available at **877.245.5681**, 24 hours a day, 358 days of the year (closed for major holidays).

» **Health Advocacy Solutions:** Your personal Health Advocate can help you with understanding your benefits, schedule medical appointments, navigate a chronic illness or new diagnosis, prepare for upcoming surgery, get a preauthorization, or save money on your health care. You can also engage via multiple 24/7 communication channels including the BCBSIL mobile app and the My Evive digital member hub – both of which feature live chat and secure messaging with a Health Advocate. The My Evive Hub also offers proactive engagement, mobile-first design connecting you with your other benefit carriers, in addition to your BCBSIL medical plan!

» **The Evive Digital Member Hub** will get you access to BCBSIL's website as well as links to other carrier and vendor websites. Their web address is www.myevive.com.

» **Member Rewards** is a program that offers cash rewards when a lower cost, high-quality provider is selected. This program allows you to minimize your out-of-pocket costs, and gives you a cash reward. Speak with a Health Advocate for more information.

» **MDLIVE:** Call a Health Advocate at **877.245.5681** or download the EVIVE app to access MDLIVE and connect with a board certified doctor 24/7 (Virtual Visit). You will pay your portion of the Virtual Visit based on your medical plan provisions.

HMO & PPO:

» **Well onTarget®** is a program that can give you the support you need to make healthy choices while rewarding you for your hard work. **Blue Points** is a program that rewards you for engaging in healthy activities including filling out a Health Assessment,

syncing a fitness device, and more. Join the low cost Fitness Program with access to more than 10,000 fitness locations nationwide. **HMO Members** use www.wellontarget.com. **PPO Members** can access Well onTarget through EVIVE at www.myevive.com.

» **Wondr** assists you in losing weight and improving your health at no cost to you! Wondr is a digital behavioral change program that teaches skills to help you create a healthy relationship with food, lose weight, sleep better, lower stress, and improve your overall quality of life without counting calories, restricting foods, or giving up the foods you love.

- **Express Scripts** manages the prescription drug benefit for the City of Des Plaines. Retail and mail-order prescription services for the medical programs are administered through Express Scripts.

» Express Scripts member service representatives can be reached at **800.711.0917**, 24 hours a day, 7 days a week (except Thanksgiving and Christmas). Contact Express Scripts for questions regarding orders, account information, or to refill prescriptions.

» Or you can visit Express Scripts online at www.express-scripts.com to order refills, check order status, compare medication costs, find potential lower-cost options, receive time-sensitive alerts and reminders, print forms, and much more. If you are a first time visitor to our site, take a moment to register. Please have your member ID number and a recent prescription number available.

- **Express Scripts Smart90 Program:** If you take maintenance medications (long-term medications), be sure to obtain a 90-day/3-month supply from Walgreens, CVS or through Express Scripts home delivery to avoid paying the full cost of the prescription. Call **800.294.7041** or visit www.express-scripts.com/90day for more information.

- **Delta Dental** is the administrator of dental benefits for you and your family. Delta Dental offers you both telephonic and web access to your personal information to assist you in managing your dental benefits.

» **Telephonic:** A Delta Dental customer service representative can be reached at **800.323.1743**, Monday through Thursday from 7:00 a.m. to 7:00 p.m. CST and Friday from 7:00 a.m. to 6:00 p.m. CST. Here you can verify eligibility status, review plan benefits, check on the status of a claim, get claim forms, and order a customized directory.

» **Web:** Employees can access their benefits at www.deltadentalil.com. This website offers you the ability to view claims status and eligibility information, view a summary of your dental benefits, as well as locate a dentist in your area.

- **VSP** is the City of Des Plaines' vision benefit administrator. You can review your benefit information, as well as, find the right eye care provider by visiting www.vsp.com. Members can also call VSP Member Services any time at **800.877.7195** or access their automated benefits information system to check eligibility or find a network provider. VSP Member Services is available Monday through Saturday from 6:00 a.m. to 5:00 p.m. (PST).

Medical Plans

| Major Medical Coverage | Blue Cross Blue Shield of Illinois PPO Option 2 – P14926 | Blue Cross Blue Shield of Illinois PPO Option 3 – P14930 | Blue Cross Blue Shield of Illinois HMO Option 1 – H15040 |
|--|--|--|--|
| Lifetime Maximum | Unlimited | Unlimited | N/A |
| Coinsurance | | | |
| Network | 80%, after deductible | 90%, after deductible | 100% |
| Non-Network | 60%, after deductible | N/A | N/A |
| Deductible | | | |
| Network | \$500 individual / \$1,500 family | \$300 individual / \$900 family | N/A |
| Non-Network | \$1,500 individual / \$4,500 family | N/A | N/A |
| Out-of-Pocket (includes deductible) | | | |
| Network | \$2,000 individual / \$6,000 family | \$2,300 individual / \$6,900 family | \$1,500 individual / \$3,000 family |
| Non-Network | \$6,000 individual / \$18,000 family | N/A | No coverage |
| Office Visit (primary or specialist) | | | |
| Network | Deductible applies, then 80% | Deductible applies, then 90% | \$10 primary / \$10 specialist |
| Non-Network | Deductible applies, then 60% | N/A | No coverage |
| Inpatient and Outpatient Services | | | |
| Network | Deductible applies, then 80% | Deductible applies, then 90% | 100% |
| Non-Network | Deductible applies, then 60% | N/A | No coverage |
| Hospital Emergency Care | | | |
| Network | \$150 copay, waived if admitted | 100% | \$50 copay, then 100% |
| Non-Network | | | |
| Preventive Services | | | |
| Network | 100% | 100% | 100% |
| Non-Network | Deductible applies, then 60% | N/A | No coverage |
| Vision Coverage | | | |
| Annual Vision Exam | N/A | N/A | 100% with EyeMed Provider |
| Annual Vision Materials | N/A | N/A | 35% off retail frame price, lenses \$50 - \$135 w/ EyeMed Provider (see HMO Vision Care Program highlight sheet for details) |
| Prescription Drug | Administered by Express Scripts | Administered by Express Scripts | Administered by Express Scripts |
| Retail (30-day supply) | \$15 generic / \$25 brand name formulary / \$45 brand name non-formulary | \$15 generic / \$25 brand name formulary / \$45 brand name non-formulary | \$10 generic / \$15 brand name formulary / \$30 brand name non-formulary |
| Mail Order (90-day supply) via ESI mail order, CVS/ Walgreens retail | \$20 generic / \$35 brand name formulary / \$50 brand name non-formulary | \$20 generic / \$35 brand name formulary / \$50 brand name non-formulary | \$10 generic / \$15 brand name formulary / \$30 brand name non-formulary |
| Prescription Drug Out-of-Pocket Maximum (network) | \$5,150 individual / \$8,300 family | \$4,850 individual / \$7,400 family | \$5,650 individual / \$11,300 family |
| Employee Contributions (Monthly) | | | |
| Single Retiree | \$871.68 | \$848.19 | \$702.51 |
| Single + 1 Retiree | \$1,695.74 | \$1,648.01 | \$1,432.58 |
| Family Retiree | \$2,445.39 | \$2,429.73 | \$2,073.54 |

Dental Plan

| Benefits | Delta Dental of Illinois | | |
|---|--------------------------|----------------------|-------------------------------|
| | PPO Network | Premier Network | Out-of-Network |
| Annual Deductible | | | |
| Individual | \$0 | \$0 | \$0 |
| Family | \$0 | \$0 | \$0 |
| Annual Benefit Maximum | \$1,500 | \$1,500 | \$1,500 |
| Type A - Preventive Services Cleanings, fluoride treatment, exams, x-rays, sealants | Reimbursed at 100%* | Reimbursed at 100%** | Reimbursed at 100% of MPAs*** |
| Type B - Diagnostic/Basic Services Amalgam fillings, oral surgery, non-surgical periodontics, endodontics | Reimbursed at 100%* | Reimbursed at 100%** | Reimbursed at 80% of MPAs*** |
| Type C - Major Services Ceramic restorations (repairs of inlays, onlays, crowns) partial/full dentures, repair of fixed partial dentures, fixed/removable bridges, denture relines/repair | Reimbursed at 50%* | Reimbursed at 50%** | Reimbursed at 50% of MPAs*** |
| Type D Orthodontia (to age 19) | Reimbursed at 75%* | Reimbursed at 75%** | Reimbursed at 75%*** of MPAs |
| Orthodontia Lifetime Maximum | \$4,800 | \$4,800 | \$1,000 |

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

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

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

To Locate Participating Dental Providers

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

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

Maximum Plan Allowances or MPAs: The highest dollar amount Delta Dental pays for a covered service. Participating dentists agree not to charge enrollees the difference (if any) between the MPA and the dentist's fee for covered services.

| Employee Contributions (Monthly) | |
|----------------------------------|----------|
| Single Retiree | \$36.51 |
| Single + 1 Retiree | \$73.41 |
| Family Retiree | \$142.35 |

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

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