



This summary is designed to give you an outline of the health benefit programs offered through NDSEC. Contained in the summary are tips for you on using the plans.

Your 2023 Benefit Summary provides information on your district's benefit plans, including:

- BCBS Member Resources
- Medical Options—PPO and HMO
- Dental
- Vision
- Medical Plans Comparison
- Blue365 Discount Programs

## BCBS Member Resources

### Blue Access for Members

To access the many resources available to Blue Cross and Blue Shield members, register to participate in Blue Access for Members at [www.bcbsil.com](http://www.bcbsil.com). To register, click on "Log In" tab located on the right side of the homepage and click on "Register Now" for new users. Be sure to have your BCBS ID card handy.

Blue Access is available 24 hours a day, 7 days a week, 365 days a year.

### Blue Access Features

- Cost Estimator
- Claim status
- View your personal information
- Locate a provider
- Access to health and wellness information
- Compare hospitals and physicians
- Receive email alerts
- Print a temporary ID card or order a replacement card
- View and print Explanation of Benefits (EOB)

### BCBS Global Core

BCBS Global Core provides members with access to doctors and hospitals in nearly 200 countries and territories around the world.

To take advantage of the BCBS Global Core program, contact BCBSIL for coverage details. The BCBS Global Core Service Center is available **24 hours a day, 7 days a week**, toll-free at **800.810.BLUE (2583)** or by calling collect at **804.673.1177**.

### Wellbeing Management

The Wellbeing Management program is designed to help you take charge of your health and provide you with the tools to better manage your benefits. Members have access to a variety of resources through Blue Cross and Blue Shield's secure website and Blue Access for Members.

### 24/7 Nurseline — Around-the-Clock, Toll-Free Support (PPO Members Only)

**The 24/7 Nurseline can help you figure out if you should call your doctor, go to the ER or treat the problem yourself.**

Health concerns don't always follow a 9-to-5 schedule. Fortunately, registered nurses are on call at **800.299.0274** to answer your health questions, wherever you may be, 24 hours a day, 7 days a week.

**Note:** For medical emergencies, call 911 or your local emergency service first.

### Livongo Diabetes and Hypertension Management Simplified (only available to PPO members)

The Livongo for Diabetes and Hypertension management program provides 24/7 personalized coaching, connected blood glucose meter, connected blood pressure monitor and an app to help manage chronic conditions. Services are covered as preventative with no out of pocket costs to members. The program is provided to all PPO members as well as covered family members with diabetes or hypertension.

Join today at [join.livongo.com/EBC/register](http://join.livongo.com/EBC/register) or call **(800) 945.4355**. Use registration code: **EBC**

### Benefits Value Advisor (PPO only)

Call a Benefits Value Advisor to help you compare cost on your next procedure!

The BVA is a personal concierge service that will help you choose doctors, providers, and facilities while helping you to maximize your benefits.

A Benefits Value Advisor can:

- Help you compare costs at different providers near you
- Help you schedule your appointment
- Tell you about online educational tools

Call **800.458.6024** before your next procedure!

### BCBS Member Rewards (PPO only)

Earn **CASH REWARDS** when you choose a low-cost provider for certain services and procedures. The program uses the Provider Finder® —a database of independently contracted providers, which can help members:

- Compare costs and quality for numerous procedures
- Estimate out-of-pocket costs
- Assist in making treatment decisions with their doctors

Using this resource to shop for services based on price and location, as well as quality metrics, allows you to earn cash for selecting lower-cost care. The result puts extra cash in your pocket. **Please note, all rewards are taxable to the member.**

### Seasons of Life

Seasons of Life is an outreach program that provides personalized claims resolution assistance to members and their families who are dealing with the death of a loved one. Seasons of Life ensures that members and their families have compassionate help when they need it.

### Teladoc

Your district offers virtual care, through Teladoc, to you and your dependents enrolled in medical coverage through the district. With Teladoc, members can connect with a doctor in minutes, not hours or days like the ER, urgent care or doctor's office. Plus, you can get care from anywhere in the US: home, office, or on the road!

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 center for a non-emergency issue
- On a vacation, on a business trip, or away from home
- For short-term prescription refills when medically necessary

Set up your account by going to [Teladoc.com](http://Teladoc.com), calling **1.800.Teladoc** or downloading the Teladoc mobile app. Once you register your account and complete your medical history, you will have access to speak with a doctor by phone or video on your mobile device, computer, or phone.

\*Copay for PPO/HMO members is \$0\*



## Your Medical Options

### Blue Cross and Blue Shield of Illinois

**Blue Cross and Blue Shield of Illinois (BCBSIL)** is the claims administrator for your district's medical plan(s).

Contact Blue Cross for questions regarding:

- Eligibility
- Plan benefits
- Status of claim payments

Please remember to present your insurance ID card to your healthcare provider at your appointment. This informs providers where they need to send your claims and identifies you as a Blue Cross member.

### PPO Medical Plan

To find a contracting doctor or hospital, just go to [www.bcbsil.com](http://www.bcbsil.com) and use the Provider Finder.

PPO Customer Service: **800.458.6024** (8:00 a.m. to 6:00 p.m., Monday through Friday).

IL Network Provider Search: **800.458.6024** (8:00 a.m. to 6:00 p.m., Monday through Friday) or [www.bcbsil.com](http://www.bcbsil.com).

### PPO RX Information

Prime Therapeutics is the administrator of the PPO prescription drug program. They oversee the retail and mail order prescriptions under this plan. Your medical ID card also serves as your prescription ID card. PPO members utilize the Balanced Drug List. To find a participating retail pharmacy or for more information on the Balanced Drug List, log into Blue Access for Members and click on the Prescription Drug link or visit [myprime.com](http://myprime.com).

### Prescription Drug Inquiry Unit

Phone: **800.423.1973** (Available 24 Hours Per Day, 7 Days Per Week) | Website: [myprime.com](http://myprime.com)

### Home Delivery Customer Service

through Express Scripts  
Phone: **833.715.0942** | Website: [express-scripts.com/rx](http://express-scripts.com/rx)

### Specialty Customer Service

through Accredo Pharmacy  
Phone: **833.721.1619** | Website: [accredo.com](http://accredo.com)

### HMO Medical Plan

When you join one of the HMOs of Blue Cross and Blue Shield of Illinois, you choose a contracting medical group within your network and then a family practitioner, internist or pediatrician from your chosen medical group to serve as your primary care physician (PCP).

To find a medical group and PCP in either network, go to [www.bcbsil.com](http://www.bcbsil.com) and use the Provider Finder.

HMO Customer Service: **800.892.2803** (8:00 a.m. to 6:00 p.m., Monday through Friday).

Your HMO ID number is located on your ID Card (Blue Cross and Blue Shield of IL).

### HMO RX Information

Prime Therapeutics is the administrator for the HMO prescription drug program. Your HMO medical card serves as your prescription ID card. HMO members utilize the Performance Drug List. To find a participating retail or mail-order pharmacy and for more information visit [myprime.com](http://myprime.com). Or, log into BlueAccess for Members and click on the Prescription Drugs link.

### Prescription Drug Inquiry Unit

Phone: **800.423.1973** (Available 24 Hours Per Day, 7 Days Per Week) | Website: [myprime.com](http://myprime.com)

### Hearing Aid Benefit Coverage

Benefits will be provided for Hearing Aids for covered persons when a Hearing Care Professional prescribes a Hearing Aid to augment communications. Some related services are included, such as audiological examinations and selection, fitting and adjustment of ear molds to maintain optimal fit when Medically Necessary; Hearing Aid repairs will be covered when deemed Medically Necessary.

## Dental Plan

### Delta Dental Coverage

Your district offers both a dental PPO and dental HMO plan through **Delta Dental Plan of Illinois**. Dental PPO members are free to use any dentist; however, additional discounts will be realized if a dentist that participates in the Delta network is used. Dental HMO members must go to a Delta network dentist in order to receive benefits. Please visit the Delta website at [www.deltadentalil.com](http://www.deltadentalil.com) to conduct a provider search or contact Customer Service. Additionally, you can call Delta Customer Service at **800.942.3772**.


Delta Dental PPO Plan		
Benefit	PPO Network	Premier and Out-of-Network
<b>Deductibles</b> (calendar year)	\$50 Individual \$150 Family	\$75 Individual \$225 Family
<b>Type I: Preventive Services</b> (diagnostic exams, cleanings, fluoride treatment, space maintainers)	100% (deductible waived)	80% (deductible waived)
<b>Type II: Basic Services</b> (sealants, amalgam fillings, general anesthesia, endodontics, nonsurgical periodontics, oral surgery)	80%	80%
<b>Type III: Major Restorative*</b> (surgical periodontics, inlays, onlays, partial/full dentures, bridgework)	50%	50%
<b>Type IV: Orthodontics</b>	No coverage	No coverage
<b>Annual Maximum Benefit</b>	\$1,000	\$1,000
DeltaCare Plan 285		
<b>Deductible</b>	None	
<b>Office Visit</b>	\$0 copay	
<b>Diagnostic</b>	\$0 copay	
<b>Preventive</b>	\$0 copay	
<b>Restorative</b>	\$11–\$135 copay for various services	
<b>Cast Restorations</b>	\$8–\$394 copay for various services	
<b>Endodontic Benefits</b>	\$8–\$465 copay for various services	
<b>Surgical and Nonsurgical Periodontic Benefits</b>	\$45–\$330 copay for various services	
<b>Prosthodontic Benefits</b>	\$18–\$420 copay for various services	
<b>Oral Surgery</b>	\$18–\$170 copay for various services	
<b>Orthodontic Services</b>		
Consultation	\$25	
2-Year Treatment for Dependents Under Age 19	\$2,125	
2-Year Treatment for Adults	\$2,625	

\*12 month waiting period

## Vision Care Option

Coverage from an EyeMed Doctor		
To see a list of participating providers near you, go to <a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a> or call 866.299.1358		
Services	Member Cost	Out-of-Network Allowance
Exam with Dilatation as necessary	\$10 copay	Up to \$30
Exam Options		
Standard Contact Lens	Up to \$55	N/A
Premium Contact Lens	10% off retail price	N/A
Frames	\$130 allowance; 20% off balance over \$130	Up to \$65
Standard Plastic Lenses		
Single Vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$60
Lenticular	\$25 copay	Up to \$60
Standard Progressive	Up to \$90	Up to \$40
Premium Progressive	See schedule	Up to \$60
Contact Lenses (allowance covers materials only)		
Conventional	\$130 allowance; 15% off balance over \$130	Up to \$104
Disposables	\$130 allowance; plus balance over \$130	Up to \$104
Medically Necessary	\$0 copay, Paid in Full	Up to \$210
Laser Vision Correction (Lasik or PRK from U.S. Laser Network)	15% off retail price OR 5% off promotional pricing	N/A
Frequency		
Exam	Once every 12 months	
Frames	Once every 24 months	
Lenses or Contact Lenses	Once every 12 months	

## NDSEC Medical Plans Comparison

	Blue Cross and Blue Shield PPO Plan		Blue Cross and Blue Shield Blue Advantage HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible*</b>				
Individual	\$2,500	\$5,000		N/A
Family	\$7,500	\$15,000		N/A
<b>Out-of-Pocket Limit*</b> (deductible included)				
Individual	\$4,500	\$9,000	\$1,500 in copays	N/A
Family	\$11,100	\$22,200	\$3,000 in copays	N/A
<b>Covered Expenses</b>				
<b>Hospital</b>				
Inpatient Services	80%	60% after \$300 deductible	100%	No coverage
Outpatient Surgery	80%	60%	100%	No coverage
Emergency Room	100% after \$150 copay (waived if admitted)		100% after \$150 copay (waived if admitted)	
<b>Physician</b>				
Inpatient Services	80%	60%	100%	No coverage
Outpatient Surgery	80%	60%	100%	No coverage
Office Visits	100% after \$30 copay	60%	100% after \$30 copay	No coverage
Specialist Office Visit	100% after \$50 copay	60%	100% after \$50 copay	No coverage
<b>Other</b>				
X-ray and Lab	80%	60%	100%	No coverage
Therapy-Speech, occupational or physical therapy	80%	60%	100% (60 visits combined per calendar year)	No coverage
Mental/Nervous-Inpatient	80%	60% after \$300 per admission deductible	100%	No coverage
Mental/Nervous-Outpatient	100% after \$30 copay	60%	100% after \$30 copay	No coverage
Substance Abuse-Inpatient	80%	60% after \$300 per admission deductible	100%	No coverage
Substance Abuse-Outpatient	100% after \$30 copay	60%	100% after \$30 copay	No coverage
Wellcare	100%	60%	100%	No coverage
<b>Prescription Drugs</b>	<b>Prime Therapeutics</b>		<b>Prime Therapeutics</b>	
Retail Pharmacy 34-day supply	\$15 Generic \$30 Formulary Brand \$50 Non-Formulary Brand		\$10 Generic \$40 Formulary Brand \$60 Non-Formulary Brand	
Mail Order 90-day supply	\$30 Generic \$60 Formulary Brand \$100 Non-Formulary Brand		\$20 Generic \$80 Formulary Brand \$120 Non-Formulary Brand	
RX Out-of-Pocket Limit	Individual \$2,100 Family \$2,100		Individual \$5,100 Family \$10,200	

\*Deductible and Out-of-Pocket amounts accumulate based on the benefit period of Jan 1 to Dec 31.

Dependent Age: to 26 for all married or unmarried dependents and to age 30 for all unmarried military dependents who are Illinois residents.

Note: This is an outline of the benefit schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

NDSEC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 630.894.4653.

UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 630.894.4653.





## Blue365 Discount Programs

### Fitness Program

The Fitness Program is a four-tier membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 11,000 participating gyms on hand, you can work out at any place or at any time. Choose a gym close to home and one near your office. To search for a gym, please log in to Blue Access for Members or call **888.762.2583**.

Other program perks are:

- No long-term contract required. Membership is month to month.
- Enroll in a tier that fits your budget and preferences with a one time **\$19 enrollment fee**.
  - Base:** \$19/month
  - Core:** \$29/month
  - Power:** \$39/month
  - Elite:** \$99/month
- Automatic withdrawal of monthly fee.
- Online tools for locating gyms and tracking visits.
- Earn bonus Blue Points for joining the Fitness Program. Rack up more points with weekly visits.

### Vision Program

PPO and HMO members can receive discounts on glasses, contact lenses, laser vision correction services, examinations and accessories through Davis Vision and EyeMed providers. HMO members receive their vision exam benefit via EyeMed only. For a list of providers near you, go to [www.eyemed.com](http://www.eyemed.com), click *Find a Provider*, then choose the "Select Network" for HMO members and "Advantage Network" for PPO Members.

Davis Vision: **888.897.9350** | HMO EyeMed (Select Network): **866.273.0813** |  
PPO EyeMed (Advantage Network): **866.273.0813**

**For more discount programs, sign up on the Blue365 website at [www.blue365deals.com/BCBSIL](http://www.blue365deals.com/BCBSIL)**

## Well onTarget®

### A Dynamic Wellness Program

Wellness is more than diet and fitness. It involves making healthy choices that enrich your mind, body and spirit. Well onTarget is designed to give you the tools and support you need to make these choices, while rewarding you for your hard work.

#### Well onTarget features:

##### Well onTarget Member Wellness Portal

The heart of Well onTarget is the member portal. It uses the latest technology to offer you an enhanced online experience. This engaging portal links to a suite of innovative programs and tools including self-directed courses, health and wellness content, tool and trackers, and the Blue Points program.

##### Blue Points

With the Blue Points program, you will be able to earn points by regularly participating in a range of healthy activities. You can then redeem your points for popular health and wellness merchandise and services.

## Navigate

### Wellbeing Solutions

Your physical, financial, and emotional wellbeing are extremely important. In order to support, and offer you resources all in one place, the EBC has partnered with Navigate Wellbeing Solutions to provide a unified wellbeing engagement platform. Through the secure site, you will have access to group challenges, e-learning opportunities, health resources including workout videos and healthy recipes, and information on free programs the district provides, even if you are not enrolled in benefits. Visit [ebcwellbeing.com](http://ebcwellbeing.com) to use these comprehensive online resources and step toward your healthiest, happiest self.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.