

2025
BENEFITS GUIDE



HORTON

A Marsh & McLennan Agency LLC Company

The Village of Park Forest Benefits Guide

Our Promise

We are committed to providing our greatest assets – our people – with comprehensive and affordable benefits. Our 2025 Employee Benefits offerings deliver maximum options and flexibility. This guide will help you understand the full range of health and wellness benefits that will be available. After reading through the enclosed information, be sure to use this guide as a benefits resource you can reference throughout the year.

This guide includes a quick reference directory of telephone numbers and websites for all of our providers. We encourage you to access these sites to learn more about the plans and make the best choices possible.

Protect your **Health, Life & Well-Being**

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Medical Insurance



About the Medical Insurance

Choosing the right health insurance plan is important for you and your family. The following are some of the basic reasons you should obtain health coverage.

- Health insurance gives you a sense of security knowing that a sudden illness or serious injury will not drain your bank account, or worse, your retirement savings. Health insurance protects your financial future by helping pay for expensive doctor visits and treatments.
- Seeing doctors who are in-network with your health insurance plan also gives you the advantage of receiving care with lowered costs. When doctors are in-network, you have access to lower rates negotiated by the insurance company, meaning you owe less than if you did not have insurance.
- Health insurance covers many preventative services without you having to pay a deductible or copayment. Preventative care is intended to prevent or catch diseases and other health problems before they become serious. Preventative services that are covered in full include various health screening and immunizations
- Having health insurance will also help you pay for prescription drugs through reduced fees or copays.

Who is Eligible?

Full-time employees who work a minimum of 30 hours and their family members are eligible to enroll in the benefits described in this guide. *Children can remain covered up to age 26 for all lines of coverage.*

When are you Eligible?

Newly Eligible Employees:

Medical, Dental, FSA – date of hire

Vision and Voluntary Benefits – on the first day of the month following date of hire

Annual Open Enrollment:

You may make changes to your benefit elections during your open enrollment period in May for an effective date of July 1st.

Please note: FSA elections need to be made in December for a January 1st effective date.

Qualified Change in Status:

You may make benefit changes **within 30 days** of a qualified event. Qualified events include marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death, and change in residence due to an employment transfer for you or your spouse or changed in spouse's benefits, or employment status.

Note: Employee is responsible for notifying Human Resources of any changes within 30 days.

Medical Insurance

BlueCross BlueShield of Illinois

COVERAGE	HMO MHHB106*	BluePrint PPO MPP72326*		BlueEdge HSA MPEQ1Z0725**	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Blue Advantage	PPO		PPO	
Annual Deductible					
Individual	\$0	\$500	\$1,000	\$3,300	\$5,200
Family	\$0	\$1,500	\$3,000	\$6,600	\$10,400
Out-of-Pocket Maximum					
Individual	\$1,500	\$1,500	\$3,000	\$3,300	\$10,400
Family	\$3,000	\$4,500	\$9,000	\$6,600	\$20,800
Coinsurance	0%	10%	30%	0%	20%
Physician & Services					
Primary Care Physician	\$20 Copay	\$20 Copay	30% after Ded.	No Charge after Ded.	20% after Ded.
Specialist Care Physician	\$40 Copay (referral required)	\$40 Copay	30% after Ded.	No Charge after Ded.	20% after Ded.
Preventative Care	No Charge	No Charge	30% after Ded.	No Charge	20% after Ded.
Urgent Care	No Charge (referral required)	10% after Ded.	30% after Ded.	No Charge after Ded.	20% after Ded.
Hospital Services					
Inpatient	No Charge (referral required)	10% after Ded.	\$300 Copay; then 30% after Ded.	No Charge after Ded.	\$300 Copay; then 20% after Ded.
Outpatient	No Charge (referral required)	10% after Ded.	30% after Ded.	No Charge after Ded.	20% after Ded.
Emergency Room	\$150 Copay (copay waived if admitted)	\$150 Copay (copay waived if admitted)		No Charge after Ded.	
Retail & Mail Order (In-Network Only)					
RX Out-of-Pocket Maximum	Individual: \$1,000 Family: \$3,000	Individual: \$1,000 Family: \$3,000		Included in Medical	
Retail (Preferred)	\$10 / \$40 / \$60 / Covered	\$10 / \$40 / \$60 / Covered		No Charge after Ded.	
Retail (Non-Preferred) up to 30 days	N/A	\$15 / \$50 / \$70		N/A	
Mail Order (up to 90 days)	\$20 / \$80 / \$120 / Covered	\$20 / \$80 / \$120 / Covered		No Charge after Ded.	

NOTE: When using an out-of-network provider, you may be subject to balance billing.

*For Non-Participating drug provider you are responsible for 25% of the eligible amount after copayment.

**For Non-Participating drug provider you are responsible for 50% of the eligible amount after copayment.

See Certificate of Coverage for full policy details including limits and exclusions - for a copy see Human Resources. To identify an in-network provider go to www.bcbsil.com.

2025 Medical Contributions



Rates are Monthly

2025 Medical Monthly Contributions WITH WELLNESS	HMO	PPO	HSA
Employee Only	\$167.16	\$249.72	\$224.46
Employee + Spouse	\$336.50	\$502.66	\$451.80
Employee + Child(ren)	\$322.92	\$482.38	\$433.56
Employee + Family	\$499.62	\$746.32	\$670.80

2025 Medical Monthly Contributions WITHOUT WELLNESS	HMO	PPO	HSA
Employee Only	\$250.76	\$349.60	\$314.24
Employee + Spouse	\$504.74	\$703.74	\$632.52
Employee + Child(ren)	\$484.38	\$675.34	\$607.00
Employee + Family	\$749.42	\$1,044.86	\$939.12

Blue Cross Blue Shield of IL Value Adds

BCBS of IL provides several additional perks, just for being a member on the health plan! For more information visit www.bcbsil.com and login to your Blue Access for Members Portal (BAM).

BCBSIL Member Services

Blue Access for Members

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

Scan the QR Code



[Click here to view flyer](#)

BCBSIL Blue Access for Members Dashboard

Get information about the cost of procedures, find a doctor or request an ID card.

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BCBSIL Go Digital App

Go digital and share how you want us to communicate with you. Prefer texting? Sign up for claims and benefit information, health tips and prescription reminders.

Scan the QR Code



[Click here to view flyer](#)

BCBSIL Provider Finder

Use provider finder to help make more informed health care choices by checking costs before your appointment and comparing doctors and facilities in your area.

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BCBSIL Provider Finder

Provider finder from BCBSIL is a fast easy-to-use tool that improves members' experience when they're looking for in-network health care providers. Plus, it can help manage their out-of-pocket costs.

Scan the QR Code



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Blue365

BCBS of IL members have access to Blue365, a discount program exclusively for Blue Cross Blue Shield members. With this program, you can save money on health and wellness products and services that are not covered by insurance. There are no claims to file and no referrals or pre-authorizations. Get started today at www.Blue365Deals.com/register.

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Blue Cross Blue Shield of IL Value Adds

BCBS of IL provides several additional perks, just for being a member on the health plan! For more information visit www.bcbsil.com and login to your Blue Access for Members Portal (BAM).

BCBSIL Member Services

Member Rewards—

Available to PPO & HSA Members Only

BCBS IL provides Member Rewards, a program administered by Sapphire Digital that offers cash rewards when a lower-cost, quality option is selected for specific services. With Member Rewards you can reduce your cost and take more control of your health care financial decisions. Login to your BAM account for more details.

Scan the QR Code



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BCBSIL Member Rewards Program—

Available to PPO & HSA Members Only

Compare costs and you earn cash with member rewards. This program is administered by Sapphire Digital that offers cash rewards when a lower-cost, quality option is selected.

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BlueCard—Available to PPO & HSA Members ONLY

Through the Blue Card PPO Program, BCBS plans work together to help ensure you receive reliable, affordable health care when you need it while traveling in the U.S. You have access to an established PPO network of doctors, hospital and other health care providers throughout the country. To find a provider near you, call BlueCard Access at 800-810-2583 or

Scan the QR Code



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Virtual Visits

24/7 MDLIVE Virtual Visits—

Available to PPO & HSA Members Only

Virtual visits is a great alternative when your medicine isn't working, you suffer from another health condition or when your only other options are the doctor's office, emergency room or urgent care center. Visit BAM or www.MDLIVE.com/bcbsil to request a virtual visit to speak with a doctor. Or, you may request a consult by phone at 888-676-4204.

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Behavioral Health Care MDLIVE Virtual Visits—

Available to PPO & HSA Members Only

Your BCBSIL benefit includes behavioral health care visits with MDLIVE board-certified doctors and licensed therapists.

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Blue Cross Blue Shield of IL Value Adds

BCBS of IL provides several additional perks, just for being a member on the health plan! For more information visit www.bcbsil.com and login to your Blue Access for Members Portal (BAM).

Mental Health Services

Digital Mental Health—Learn to Live

Self-paced private and confidential coaching available 24/7 at no cost to you and your family. Online programs and clinical assessments based on the proven principles of Cognitive Behavioral Therapy including Stress, Anxiety and Worry, Social Anxiety, Insomnia, and Substance Abuse. Must be aged 13 and older to participate.

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Preventive Services

BCBSIL Preventive Drug List

Your health plan may include certain prescription and over-the-counter (OTC) preventive medicines, as a benefit of membership, at no cost to you when you use a pharmacy or doctor in your health plan's network.

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BCBSIL Preventive Care Services Contraception

Your health plan may provide certain contraceptive coverage as a benefit of membership, at no cost to you when you use a pharmacy or doctor in your health plan's network.

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BCBSIL Maternity Preventive Care Services

Maternity services and screenings at no additional cost to you. Preventive check-ups and screens can find illnesses and medical problems early and help keep you and your baby healthy.

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Wellbeing Management Services

BCBSIL Special Beginnings Maternity Program— *Available to PPO & HSA Members ONLY*

Each pregnancy can be different, bringing new experiences and questions. The Special Beginnings maternity program is available to you from early pregnancy until six weeks after delivery, at no extra cost.

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Blue Cross Blue Shield of IL Value Adds

BCBS of IL provides several additional perks, just for being a member on the health plan! For more information visit www.bcbsil.com and login to your Blue Access for Members Portal (BAM).

Wellbeing Management Services

Wellbeing Management Empower for Members— *Available to PPO & HSA Members ONLY*

Use your health and wellness programs to help you live better. Go to www.bcbsil.com, register for Blue Access for Members and click on the Wellness tab.

Scan the QR Code



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BCBSIL Tobacco Cessation Coverage— *Available to PPO & HSA Members ONLY*

Take advantage of tools and support from your health plan. Use of counseling or medicine—or using them together—can be part of an effective plan to quit tobacco use.

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Well onTarget Health Assessment Tool

Answer a few questions to get your wellness report. Discover your healthiest habit along with top risks and strengths.

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Well onTarget AlwaysOn Wellness Mobile App

The AlwaysOn Wellness mobile app has a wide variety of easy-to-use, features that allow you to take a health assessment, set personal health and wellness goals and connect with a wellness coach through secure messaging.

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Well onTarget Digital Program

Well onTarget offers Digital Self-Management Programs to help you develop a healthier lifestyle. Easy to access through the Well onTarget Member Wellness Portal at wellontarget.com

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Well onTarget Fitness Program

Well onTarget offers personalized tools and resources to help you – no matter where you may be on the path to health and wellness. For more information, call 888-762-2583.

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Blue Cross Blue Shield of IL Value Adds

BCBS of IL provides several additional perks, just for being a member on the health plan! For more information visit www.bcbsil.com and login to your Blue Access for Members Portal (BAM).

Prescription & Pharmacy

Specialty Medications

Specialty medications for complex and/or chronic conditions can be filled through Accredo. To start using Accredo, call **833-721-1619** and an a representative will work directly with your doctor on the rest.

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Mail Order Pharmacy

Express Scripts Pharmacy delivers your long-term (or maintenance) medicines right to your home. No driving to the pharmacy or waiting in line for your prescription to be filled. Register online at express-scripts.com/rx or call **833-715-0942**

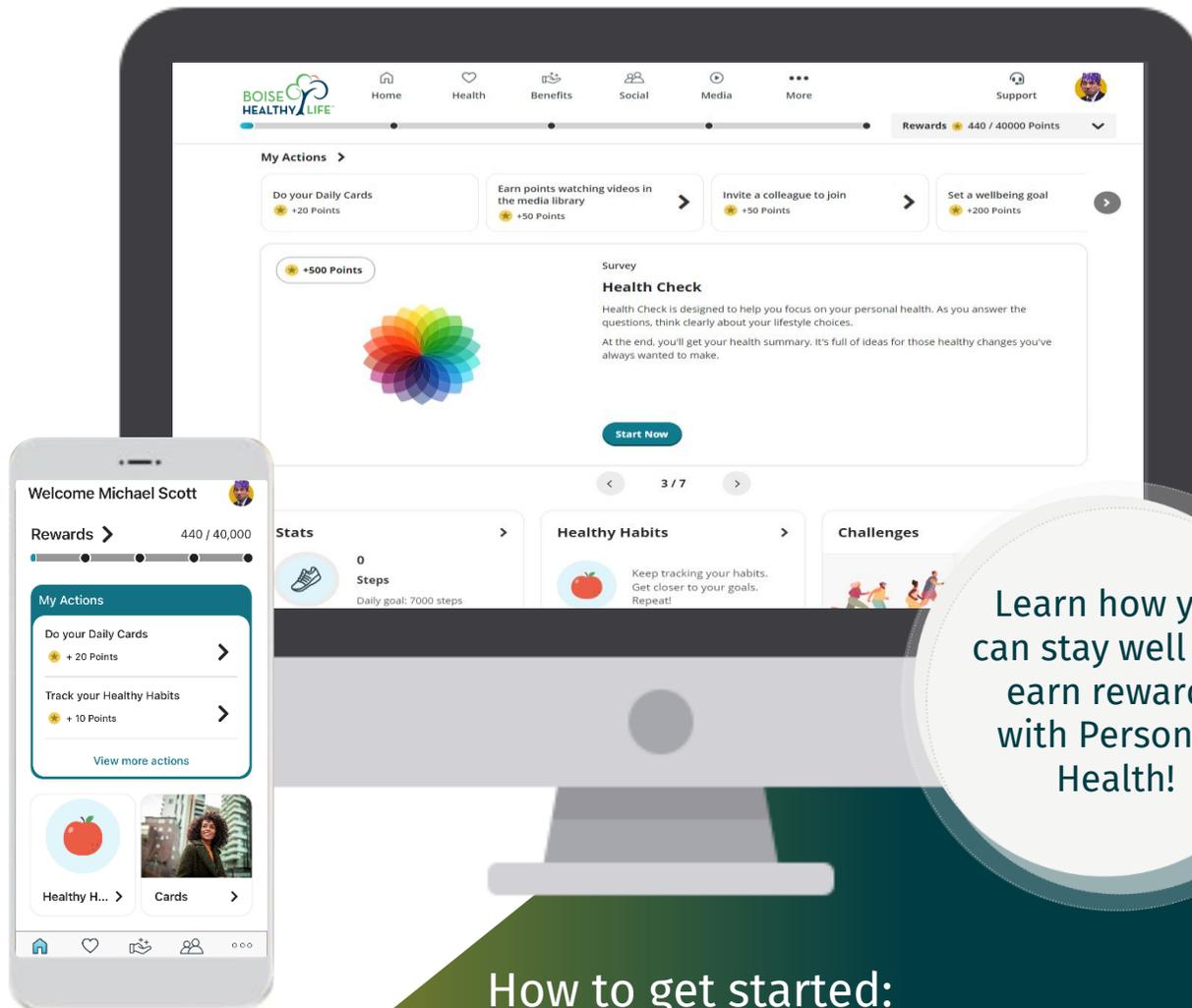
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IT'S YOUR TIME TO THRIVE.

The Personify Health wellbeing program gives you the tools to get active, get healthy, and get rewarded.



Learn how you can stay well and earn rewards with Personify Health!

How to get started:

- ➔ **Register for your Personify account** at join.personifyhealth.com/parkforest
 - ➔ **Download the Personify mobile app** for iOS and Android. Plus, the first time you log in you'll earn bonus points!
 - ➔ **Connect an activity tracker** to get credit for your steps, active minutes, and sleep. We sync with many devices and apps (Max Buzz, Fitbit, Apple Health, S Health, etc.)
 - ➔ **Upload a profile picture and add friends.**
- Set your interests** to get personalized daily tips to help you eat healthy, get active, reduce stress, sleep well, and more.

Your Rewards

It's easy to earn points by making healthy decisions. You'll have the opportunity to earn 3 different types of rewards this year by participating in the program, earning points, and achieving levels! Here is how your points will translate into rewards:



Earn up to \$500 Rewards Cash Per Year!

	Level 1	Level 2	Level 3	Level 4
POINTS	10,000	20,000	45,000	70,000
REWARDS	\$25 Rewards Cash	\$125 Rewards Cash	\$175 Rewards Cash	\$175 Rewards Cash

How to Earn Points

go to your Reward page to see all of the ways to earn points

Activity

Upload steps from your activity tracker (Max Go, Fitbit, Apple Health, S Health, Google Fit, etc.)

Frequency	Requirement	Points
DAILY (up to 140 Points/day)	Per 1,000 steps	10 Points
	15 or more active minutes	70 Points
	30 or more active minutes	100 Points
	45 or more active minutes	140 Points
MONTHLY	20-Day Triple Tracker (moderate activity)	400 Points
	20-Day Triple Tracker (high activity)	500 Points

Nutrition & Sleep

Frequency	Requirement	Points
DAILY	Calorie Tracking	20 Points
	Track sleep manually	10 Points
	Track sleep nightly via a device	20 Points
	Sleep > 7 hours in a night	50 Points

Self Tracking

Frequency	Requirement	Points
DAILY	Track your healthy habits (up to 30 Points/Day)	10 Points
MONTHLY	Track healthy habits 10 days in a month	200 Points
	Track healthy habits 20 days in a month	300 Points

Cards

Frequency	Requirement	Points
DAILY	Complete daily tip card (2/day)	20 Points
MONTHLY	Complete 10 daily cards in a month	100 Points
	Complete 20 daily cards in a month	200 Points

Challenges

Frequency	Requirement	Points
MONTHLY	Create a personal challenge	50 Points
	Join a personal challenge	100 Points
	Join the Company Challenge	100 Points

Journeys

Frequency	Requirement	Points
DAILY	Complete a step	15 Points
QUARTERLY	Complete a Journey	250 Points

More!

Frequency	Requirement	Points
ONE-TIME	Complete registration	100 Points
	Add a profile picture	100 Points
	Connect activity device	200 Points
	First 5 friends	250 Points
	First login to mobile app	250 Points
YEARLY	Complete the Health Check Survey	500 Points
	Complete the Tobacco Requirement	250 Points
	Set a wellbeing goal	200 Points

➔	QUARTERLY	Set interests	100 Points
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Sign up now at join.personifyhealth.com/parkforest
 Already a member? Login at member.personifyhealth.com
Questions? Contact Member Services at 888-671-9395



Dental Insurance

Delta Dental of Illinois

For complete coverage details, please refer to the Summary Plan Description (SPD). Members are required to pay the difference between the plan payment and the provider's actual fee for covered services. Therefore, the out-of-pocket expenses may be lower if services are provided by a Participating Provider.

Coverage	Delta Dental PPO Plus Premier		
	Delta Dental PPO Network	Delta Dental Premier Network	Non-Network
Annual Deductible—Does Not Apply to Preventive Services			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Calendar Year Maximum	\$1,500 per person		
Preventive Care Services			
Oral Exams	No Charge*	No Charge**	No Charge***
Cleanings	No Charge*	No Charge**	No Charge***
X-Rays	No Charge*	No Charge**	No Charge***
Fluoride Treatment	No Charge*	No Charge**	No Charge***
Basic Services			
Fillings	20%*	20%**	20%***
Oral Surgery	20%*	20%**	20%***
Endodontics	20%*	20%**	20%***
Major Services			
Crowns / Jackets	50%*	50%**	50%***
Partial / Full Dentures	50%*	50%**	50%***
Fixed and Removable Bridges	50%*	50%**	50%***
Orthodontics Lifetime Maximum (up to age 19 and Adults)	50% up to a lifetime Maximum of \$1,000*	50% up to a lifetime Maximum of \$1,000**	50% up to a lifetime Maximum of \$1,000***

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

**You will not be "balance billed" for charges exceeding Delta's Maximum Plan Allowances (MPAs).

***You are responsible for charges exceeding MPAs.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.deltadentalil.com.

2025 Dental PPO Monthly Contributions	
Employee Only	\$8.58
Employee + 1	\$16.66
Employee + 2 or more	\$26.74

Voluntary Vision Insurance

BlueCross BlueShield of Illinois

Vision care plans provide coverage for the nonsurgical improvement of eyesight, including coverage for eyeglasses and contact lenses. Coverage typically is limited and is subject to applicable copayments or scheduled cash allowances.

Plan Feature	Frequency	In-Network	Out-of-Network
Network		EyeMed Insight	
Eye Examination	12 Months	No Charge after \$10 Copay	Reimbursement up to \$30
Standard Lenses			
Single Vision	12 Months	No Charge after \$25 Materials Copay	Reimbursement up to \$25
Bifocal			Reimbursement up to \$40
Trifocal			Reimbursement up to \$55
Frames	24 Months	\$0 Copay; 20% off balance over \$130 allowance	Reimbursement up to \$65
Contact Lens—In lieu of eyeglasses			
Standard Contact Lens (fitting and evaluation)	12 months	Up to \$40 for standard; 10% off retail price for premium	N/A
Conventional		\$0 Copay; 15% off balance over \$130 allowance	Reimbursement up to \$104
Disposable		\$0 Copay; 100% of balance over \$130 allowance	Reimbursement up to \$104
Medically Necessary		\$0 Copay, covered in full	Reimbursement up to \$210

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.bcbsil.com.

2025 Voluntary Vision Monthly Premiums	
Employee Only	\$7.60
Employee + Spouse	\$14.44
Employee + Child(ren)	\$15.20
Employee + Family	\$22.35

Health Savings Account—UMB Bank



A Health Savings Account (HSA) is a type of tax-free savings account that lets you save for current and future qualified medical expenses while reducing your pretax dollars. Using an HSA to pay for deductibles, copayments/coinsurance and other qualified medical expenses is another way to lower your overall health care costs. Specific requirements must be met to have an HSA. Any unused funds at the end of the calendar year will be rolled into the next calendar year.

Some details to keep in mind:

- In order to establish an HSA, you have to be covered by a High Deductible Health Plan. These types of plans have no co pays.
- The IRS sets an annual maximum amount that can be deposited into the account. Any unused funds will earn interest and roll over from year to year. These funds belong to you — if you leave your job, you take the money in the account with you.
- As long as funds are withdrawn for qualified medical expenses, they will be tax-free. If funds are taken for other expenses, you will pay income tax and a 20% penalty on the withdrawal.
- The owner of the HSA account is responsible to keep records on all withdrawals. Keep all receipts for medical expenses paid for with HSA money in case you are audited.

Who is eligible for a HSA?

- Must be enrolled in a high-deductible health insurance plan (HDHP).
- Do not have another first-dollar medical coverage, or enrolled in Medicare, or Tricare.
- Is not covered by another health plan that is not a HDHP.
- Cannot be claimed as a dependent on someone else's tax return.

2025 Village Contribution

- \$1,000 for Individual Coverage
- \$2,000 for all other coverages (Employee + Spouse, Employee + Children, Family)

Contributions and Out-of-Pocket Limits for Health Savings Accounts and HDHPs*

	2025	2024	Change
HSA Contribution Limit* (employer + employee)	Self-only: \$4,300 Family: \$8,550	Self-only: \$4,150 Family: \$8,300	Self-only: +\$150 Family: +\$250
HSA Catch-up Contributions* (Age 55 or older)	\$1,000	\$1,000	No Change

Source: IRS, Revenue Procedure 2022 - 24.

* Please visit www.thehortongroup.com/limits for the most current IRS approved limits.

Flexible Spending Account (FSA)

WEX

A Flexible Spending Account (FSA) allows you to pay for qualified Health Care and Dependent Care expenses using tax-free dollars. The amount you elect is deducted from your paycheck pre-tax. This means you don't pay Federal Income Tax or Social Security Taxes on that portion of your paycheck. The money that is deducted is then used to reimburse your eligible qualified expenses.

Health Care FSA

A Health Care FSA allows you to pay for unreimbursed health care expenses for you, your spouse and dependent children. You do not need to be on your employer sponsored health plan to sign up for a FSA.

One of the biggest advantages of the Health Care FSA is that you can access your entire elected amount on the first day of the plan year. So, there's no need to wait until funds have been payroll deducted to use your FSA.

As you plan your FSA expenses for the year, it is important that you make accurate and conservative estimates.

Annual maximum you may contribute is **\$3,300 per-calendar year**.

Elections can only be changed during open enrollment or a qualified event.

Limited Care

A limited-purpose health flexible spending account (referred to as a limited-purpose FSA) is much like a typical, general-purpose health FSA; however, under a limited-purpose FSA, eligible expenses are limited to qualifying dental and vision expenses. If contributing to a HSA, this is the only FSA available to you.

Dependent Care FSA

Dependent Care FSA allows you to pay for child or elder care expenses using tax-free dollars. These expenses must be incurred while you are employed and must be for the care of a qualified dependent.

Unlike the Health Care FSA, Dependent Care FSA funds are not available to you on day one. These funds must accumulate before you can reimburse yourself, and you can only be reimbursed up to the amount you have in the account at any given time. Annual maximum you may contribute is **\$5,000 per household or \$2,500 if married, filing separately**.

Dependent Care election amounts can be changed during the year as cost changes.

WEX Benefits Debit Card

The Flex Debit Card allows you to pay for your healthcare needs on the spot at qualified locations without having to wait for a reimbursement check. The card can be used at hospitals, physician offices, dental offices, vision service providers and pharmacies. Copies of receipts for some expenses still need to be submitted.

- Payment comes directly from your Health Care FSA account, which reduces your out-of-pocket expense
- Limits the need to submit claim forms and wait for reimbursement
- FSA plan year is January 1st through December 31st.
- Any changes in election (other than January 1st) can only happen if there is a family status change (Marriage, Divorce, Birth or Death) In order for the employee's child's claims to be paid, the child must be dependent of the employee by IRS.

How you can use a Health Care FSA:

- Medical Plan Deductibles
- Co-Pays
- Dental Expenses (Including Orthodontics)
- Eye Exams, Glasses and Contacts
- Vision expenses
- Prescription drug expenses
- Over-the-counter supplies like band aids and vitamins

For a complete list, please visit [irs.gov/publications/p502](https://www.irs.gov/publications/p502).

How you can use a Dependent Care FSA:

- Pre-School Charges
- Before-and After-School Care
- Day Care Centers
- Summer Day Camps
- And More

For a complete list, please visit [irs.gov/publications/p502](https://www.irs.gov/publications/p502).

Employee Life Insurance and AD&D



BlueCross BlueShield of Illinois

Life insurance is a contract between an insurer and a policyholder. A life insurance policy guarantees the insurer pays a sum of money to named beneficiaries when the insured policyholder dies, in exchange for the premiums paid by the policyholder during their lifetime.

The Village of Park Forest pays for Group Life and Accidental Death and Dismemberment (AD&D) Insurance for all full-time employees. The beneficiary you designate will receive the Life Insurance benefit in the event the insured policyholder dies.

Please ensure your Human Resources has updated beneficiary information.

Employee Life Insurance	
Benefit	1 times annual salary
Minimum	\$50,000
Maximum	\$200,000
Accidental Death & Dismemberment	
Benefit	1 times annual salary
Minimum	\$50,000
Maximum	\$200,000
Benefit Reduction	<ul style="list-style-type: none">• 50% at age 70• Benefits will terminate at retirement

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

Voluntary Life Insurance and AD&D

BlueCross BlueShield of Illinois

In addition to the base insurance plan offered by your employer, your employer also offers you the opportunity to “buy-up” more insurance coverage. Please consider this option if you need more coverage for yourself or your dependents.

	Employee	Spouse	Child(ren)
Amount	Choice of \$10,000 increments	Choice of \$5,000 increments Not to exceed 50% of employee enrolled amount Employee must be enrolled for spouse to be eligible	15 days - 6 months: \$100 6 months - 26 years: \$10,000 Not to exceed 50% of employee’s enrolled amount Employee must be enrolled for child(ren) to be eligible
Minimum Amount	\$10,000	\$5,000	\$10,000
Maximum Amount	\$500,000	\$150,000	\$10,000
Guarantee Issue Amount*	\$150,000	\$50,000	\$10,000
Benefit Reduction	35% at age 65 50% at age 70	35% at age 65 50% at age 70	N/A

Please ensure your Human Resources has updated beneficiary information.

***Guarantee Amounts listed above are available without evidence of insurability when you are first hired and become eligible for benefits.**

Open Enrollment Evidence of Insurability (EOI) Rules: medical questionnaire completion, review and approval required for first time enrollees (non-new hires), election increases and first time spouse elections and spouse election increases. Employees can increase their current election up to \$10,000 as long as the final amount does not exceed the Employee Guarantee Issue limit (\$150,000) without needing to complete EOI. EOI is not needed for dependent child(ren) first time enrollment or coverage increases during open enrollment.

2025 Monthly Voluntary Life and AD&D Rates	
Age Band	Employee & Spouse Rate per \$1,000
<25	\$0.101
25 - 29	\$0.114
30 - 34	\$0.142
35 - 39	\$0.156
40 - 44	\$0.170
45 - 49	\$0.240
50 - 54	\$0.351
55 - 59	\$0.629
60 - 64	\$0.949
65 - 69	\$1.798
70 - 74	\$2.897
75+	\$2.897
All Children Rate per \$1,000	
\$0.264	

Voluntary Short-Term Disability



BlueCross BlueShield of Illinois

Voluntary Short-Term Disability (STD) plans provide a weekly benefit to eligible employees that are unable to work for an extended length of time. These benefits are for non-work-related illnesses or accidents on a per-disability basis, typically for a 6 to 12 month period. Benefits are paid as a percentage of employee earnings or as a flat dollar amount. STD benefits vary with the amount of pre-disability earnings, length of service with the establishment, or length of disability.

SHORT-TERM DISABILITY	
Benefit Begins	8th day of Disability due to Accidental Injury 8th day of Disability due to Sickness
Payable Benefit Duration	25 Weeks
Percentage of Income Replaced	60% of Weekly Earnings
Maximum Benefit	\$1,500 Per Week
Pre-Existing Condition (12/12)	You may not be eligible for benefits if you have been diagnosed or received treatment for a condition within the past 12 months until you have been covered under this plan for 12 months.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

Voluntary Long-Term Disability



BlueCross BlueShield of Illinois

Voluntary Long-Term Disability (LTD) plans provide a monthly benefit to eligible employees who, because of a non-work-related illness or injury, are unable to work for an extended length of time. Benefits usually are paid as a fixed percentage of pre-disability earnings, up to a set limit. Most participants have a waiting period of 3- to 6-months, or until sick leave or STD benefits end, before LTD benefits begin. LTD benefits generally continue until retirement or a specified age, or for a period that varies with the employee's age at the time of the disability.

LONG-TERM DISABILITY	
Elimination Period	180 calendar days of disability caused by sickness or injury
Benefit Duration	To Normal Social Security Retirement Age (SSNRA)
Percentage of Income Replaced	60% of Monthly Earnings
Maximum Benefit	Up to \$5,000 Monthly

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

2025 Monthly Voluntary Long-Term Disability Rates	
Age Band	Employee Rate
<20	\$0.077
20 - 24	\$0.081
25 - 29	\$0.151
30 - 34	\$0.259
35 - 39	\$0.393
40 - 44	\$0.604
45 - 49	\$0.926
50 - 54	\$1.209
55 - 59	\$1.442
60 - 64	\$1.083
65 - 69	\$1.349
70 - 74	\$0.914
75+	\$0.914

Voluntary Accident Insurance

BlueCross BlueShield of Illinois

No matter how hard you try to avoid them, accidents can still happen. Whether it's a sports injury, a car accident, or a slip and fall, the financial implications could be overwhelming. BlueCross BlueShield Accident insurance plan makes cash payments to you in addition to any other insurance payments you may receive. The money you receive can be used however you wish – for medical bills, child care, mortgage payments, groceries, or any other expense, allowing you to concentrate on getting better instead of how you're going to pay your bills. Here are just a few of the covered events/services.

Benefit Type	BlueCross BlueShield Accident Insurance Pays You:
Injuries	
Fractures	Up to \$5,000
Dislocations	Up to \$4,000
Laceration	Up to \$500
Medical Services & Treatment	
Hospital Admission	\$1,200
Hospital Confinement	\$250/day up to 1 year
Emergency & Office Visits	
Emergency Treatment (ER)	\$150
Urgent Care	\$150
Initial Physician's Office Visit	\$50
Ambulance	\$200 Ground/\$1,500 Air
Accidental Death	
Employee	\$150,000
Spouse	\$150,000
Child	\$25,000
Wellness Benefit	\$50*

*\$50 per calendar year for Employee and covered Spouse if Wellness Benefit claim form is completed and submitted. Please see Human Resources for a copy.

See Certificate of Coverage for full policy details including limits and exclusions - for a copy please see Human Resources.

2025 Voluntary Accident Monthly Premiums	
Employee Only	\$10.74
Employee + Spouse	\$17.80
Employee + Child(ren)	\$20.67
Employee + Family	\$32.43

Voluntary Critical Illness



BlueCross BlueShield of Illinois

BlueCross BlueShield IL Critical Illness insurance coverage plan pays a recurrence benefit if a medical condition occurs again for the following conditions: heart attack, stroke, coronary artery bypass graft, full benefit cancer, partial benefit cancer. A recurrence benefit is only available if initial benefit of a covered condition has been paid, and there is a benefit suspension period (waiting period) of 180 days between recurrences.

Plan Design		
	First Occurrence	Second Occurrence
Benefit Schedule	Invasive Cancer, Heart Attack, Stroke, Heart Failure, Organ Failure, Kidney Failure, Benign Brain Tumor and Coma - 100% Carcinoma in Situ, Major Heart Surgery - 25%	Invasive Cancer, Heart Attack, Stroke Benign Brain Tumor and Coma - 50%
Portable	Yes	
Benefit Reduction	35% at age 65, 50% at age 70	
Pre-existing Condition Limitation	12 month look back period / 12 month exclusion period	
Benefit Waiting Period	None	
Wellness Benefit	\$50	
Benefit Amounts		
Employee	\$10,000 or \$20,000	
Spouse	\$5,000 or \$10,000 - not to exceed Employee amount	
Child	\$2,500 or \$5,000 - not to exceed Employee amount	

See Certificate of Coverage for full policy details including limits and exclusions-for a copy please see Human Resources.

2025 Monthly Voluntary Critical Illness Rates		
At Attained Age Of	Employee Rate per \$1,000	Spouse Rate per \$1,000
25	\$0.304	\$0.407
35	\$0.461	\$0.573
45	\$0.981	\$1.106
55	\$2.064	\$2.198
65	\$4.360	\$4.570
All Children Rate per \$1,000		
	\$0.214	

Using Employee Navigator

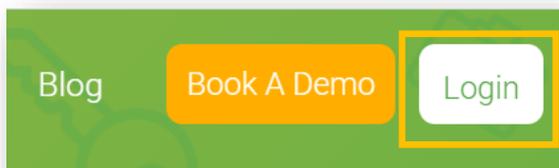
To kick off your open enrollment, be on the lookout for an email from Employee Navigator. This email will include a link to access your open enrollment site.

Click the link to begin your registration!

OR

Scan the QR code which will bring you directly to the Employee Navigator Website!

<https://www.employeenavigator.com/>



employee NAVIGATOR

Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

DO YOU HAVE A USERNAME AND PASSWORD?

Please enter this information in the form and click **login**.

DO YOU HAVE A USERNAME AND FORGOT YOUR PASSWORD?

If you have forgotten your password, click on the **Reset a forgotten password** link under the Login button.

ARE YOU A NEW USER?

If this is your first time using employee navigator, please click on **Register as a new user** under the Login screen.

Create your account:

1. First Name
2. Last Name
3. Company Identifier: **VoPF-23**
4. Last 4 Digits of SSN
5. Birthdate

Once you have successfully logged into the site, please click on the green **Start Enrollment** button.

Michael Scott Home Profile Benefits Required Tasks Resources

You have 1 item to complete.

1 Enroll in your benefits

Good Afternoon, Michael!

Grab a cup of coffee and let's get some work done.

You have 10 days left to complete your open enrollment.

Start Enrollment

Open Enrollment

Employee Navigator <noreply@employeenavigator.com>
To Nicole Walsh
This sender noreply@employeenavigator.com is from outside your organization.

Hello Nicole,

The Village of Park Forest is hosting your annual Open Enrollment! This is the one tin coverage(s).

Change. Drop. Add. It's your choice!

Please Note: This year's enrollment is **PASSIVE**. If there are no benefits selected for the 2025's plan year, the 2024 benefits will carry over.

On the Employee Navigator site, click on Login. This is located in the upper right corner.

Once you have accessed the Login screen, there are three possible next steps:

Pet insurance

from Nationwide®



Fetch the best health coverage for your pet through your voluntary benefits package. With two budget-friendly plans plus a \$500 wellness benefit option¹, there's never been a better time to sign up for My Pet Protection®, available only through your workplace benefits program.

- ✓ Get cash back on eligible vet bills: Choose 50% or 70% reimbursement²
- ✓ Easy to use: Base plans have a \$250 annual deductible and \$7,500 in annual benefits
- ✓ Just for employees: Preferred pricing offered only through your company
- ✓ Use any vet, anywhere: No networks, no pre-approvals

Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.



How to use your pet insurance plan

1 Visit any vet, anywhere.

2 Submit claim.

3 Get reimbursed for eligible expenses.

www.PetsNationwide.com | 877-738-7874

[1] Starting on 9/1/23 new members can select the My Pet Protection® Wellness500 coverage option, with the earliest effective date of 10/1/23 and forward. Existing members can add My Pet Protection® Wellness500 during their respective renewal period only.

[2] Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2023 Nationwide. 23GRP9316F



Nationwide®

Nationwide[®] My Pet Protection[®]

PLANS SUMMARY



Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible—without worrying about the cost.

Nationwide offers two plans for you to choose from: My Pet Protection[®] and My Pet Protection[®] with Wellness500.¹

My Pet Protection is a medical plan that offers an annual benefit of \$7,500 for eligible veterinary bills related to accidents, injuries and illnesses, including emergency clinics and specialists.

My Pet Protection with Wellness500 offers the same protection as our medical plan, but includes coverage for preventive care. With this plan, up to \$500 of the annual \$7,500 benefit can be used for wellness, including checkups, flea and heartworm preventives, vaccinations, spay and neuter and more.

Both plans are guaranteed issuance,² have a \$250 annual deductible and include medical coverage with the choice of 50% or 70% reimbursement levels.³

	My Pet Protection [®]	My Pet Protection [®] with Wellness500
Accidents	✓	✓
Injuries	✓	✓
Illnesses	✓	✓
Hereditary and congenital conditions	✓	✓
Diagnostics and imaging	✓	✓
Procedures and surgeries	✓	✓
Wellness exams		✓
Vaccinations		✓
Flea prevention		✓
Spay or neuter		✓
And more	✓	✓

<http://www.petinsurance.com/villageofparkforest> | 877-738-7874



Nationwide[®]

Life comes with challenges. Your Assistance Program is here to help.

Your Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are free, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:

Mental Health Sessions

Manage stress, anxiety, and depression, resolve conflict, improve relationships, and address any personal issues. Choose from in-person sessions, video counseling, or telephonic counseling.

Life Coaching

Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and achieve greater balance.

Financial Consultation

Build financial wellness related to budgeting, buying a home, paying off debt, resolving general tax questions, preventing identity theft, and saving for retirement or tuition.

Legal Referrals

Receive referrals for personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

Work-Life Resources and Referrals

Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Personal Assistant

Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

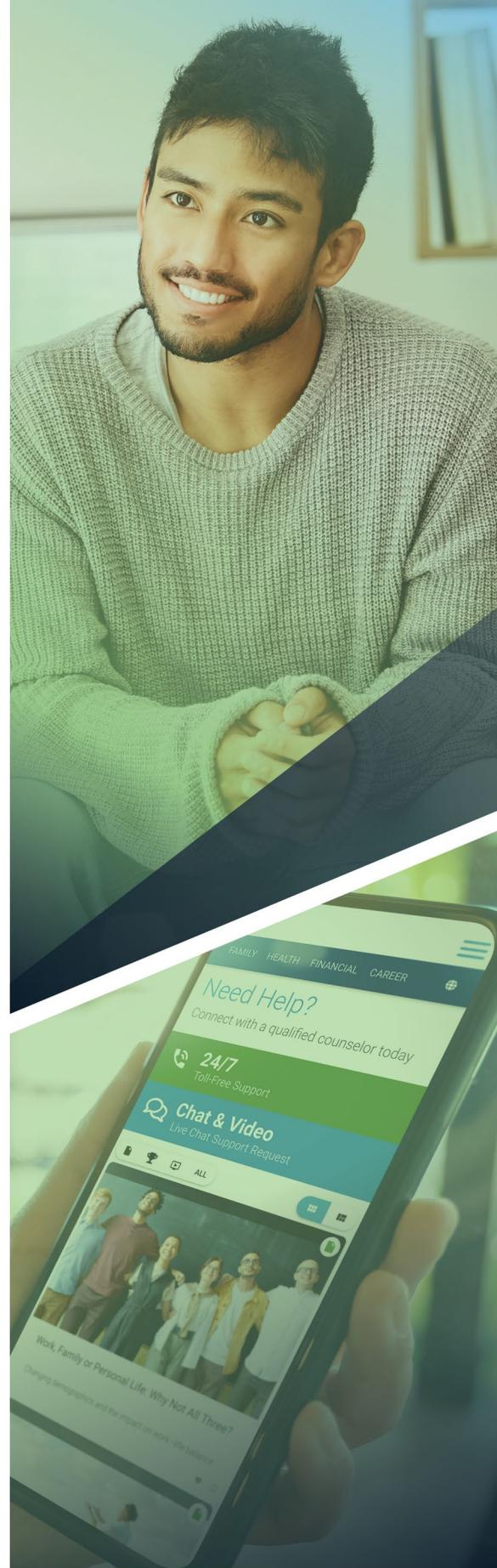
Medical Advocacy

Get help navigating insurance, obtaining doctor referrals, securing medical equipment, and planning for transitional care and discharge.

Member Portal

Access your benefits 24/7/365 through your member portal with online requests and chat options. Explore thousands of self-help tools and resources including articles, assessments, podcasts, and resource locators.

Specific offerings may vary depending on your organization's assistance program plan design.



Contact AllOne Health
Call: 800-292-2780
Visit: ers-eap.com

ALLONE[®]
HEALTH

Contact Information

Benefit	Carrier	Phone	Website
Medical	BlueCross BlueShield of IL	HMO: 800-260-6839 PPO & HSA: 800-828-3116	www.bcbsil.com
Wellbeing Program	Personify Health	888-671-9395	www.personifyhealth.com
Dental	Delta Dental	800-323-1743	www.deltadentalil.com
Voluntary Vision	BlueCross BlueShield of IL	800-367-6401	www.bcbsil.com/ancillary/employees
Life and Accidental Death & Dismemberment (AD&D)	BlueCross BlueShield of IL	800-367-6401	www.bcbsil.com/ancillary/employees
Voluntary Life and Accidental Death & Dismemberment (AD&D)	BlueCross BlueShield of IL	800-367-6401	www.bcbsil.com/ancillary/employees
Voluntary Short-Term Disability	BlueCross BlueShield of IL	800-367-6401	www.bcbsil.com/ancillary/employees
Voluntary Long-Term Disability	BlueCross BlueShield of IL	800-367-6401	www.bcbsil.com/ancillary/employees
Voluntary Accident	BlueCross BlueShield of IL	800-367-6401	www.bcbsil.com/ancillary/employees
Voluntary Critical illness	BlueCross BlueShield of IL	800-367-6401	www.bcbsil.com/ancillary/employees
Health Savings Account Bank (HSA)	UMB Bank	866-520-4472	www.hsa.umb.com
Flexible Spending Account (FSA)	WEX	866-451-3399	www.wexinc.com
Pet Insurance	Nationwide	877-738-7874	www.petinsurance.com/villageofparkforest
Employee Assistance Program (EAP)	AllOne Health	800-292-2780	www.ers-eap.com Username: parkforest

Customer Service / Billing / Benefit Questions at the Horton Group:

Nicole Walsh
 Senior Client Service Representative
 Phone: 708-845-3192
 Fax: 708-845-3001
 Email: nicole.walsh@thehortongroup.com

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have questions about your Guide, contact Human Resources.

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Employee Benefits Terminology



Health Care Benefits: Health Care Benefits provide preventive and protective coverage for medical, dental, vision, and prescription drugs for employees and their qualified dependents.

Medical care plans provide services or payments for services rendered in the hospital or by a qualified medical care provider.

BALANCE BILLING: When out-of-network providers bill for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. An in-network provider cannot balance bill you for the covered services.

BENEFICIARY: A designated person who is the recipient of proceeds from an insurance policy.

BIOMETRIC SCREENING: Usually a series of Body Mass Index (BMI) measurements and blood tests (e.g. pressure, cholesterol, and glucose) used to gauge an individual's overall health.

COINSURANCE: The percentage the plan or you pay for a covered service or supply. For example, the plan may pay 80 percent while you pay 20 percent.

COPAYMENT (COPAY): A copay is a flat-dollar amount you pay for specific covered services upon each visit to the provider. It is not impacted by the plan deductible, coinsurance, or out-of-pocket maximum.

DEDUCTIBLE: The amount you pay each year before the plan begins to pay coinsurance.

DEPENDENT: Relative of an employee who may be eligible for benefits' coverage if they meet certain criteria. Many benefits plans offer coverage to spouses, domestic/civil union partners, and children up to age 26 who are totally or substantially reliant on their parents for support, thereby defined as "dependent children."

ELIGIBLE EXPENSE: This is the amount on which payment is based for covered medical services; may also be called "allowed amount maximum," "payment allowance" or "negotiated rate." If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

ELIMINATION PERIOD: The period of time before you're eligible to receive benefits. Also known as the "waiting period."

EMPLOYEE CONTRIBUTION: The amount an employee contributes through payroll deductions for their medical and other insurance and savings program benefits.

EVIDENCE OF INSURABILITY (EOI): The documentation of the good health condition of the insurance beneficiary and his/her dependent's health in order to be approved for coverage. It is only required in certain circumstances.

EXPLANATION OF BENEFITS (EOB): After you receive medical services, your insurance will provide you with an EOB. It will outline details regarding how your insurance processed your medical claim, including what portion of the charges your insurance paid and what portion, if any, you are responsible for paying.

FLEXIBLE SPENDING ACCOUNT (FSA): An FSA is a tax-advantaged account that lets you put money aside on a pre-tax basis to pay for a wide range of health and/or dependent care expenses (as defined by the IRS) not covered by your plan that you incur during the plan year.

Unlike the HSA, any unused funds remaining after the plan year ends will be forfeited.

FORMULARY: A medical plan's formulary is a preferred brand-name drug list of the most cost-effective outcome-based drugs. You pay less when using a drug on the plan's formulary list.

HEALTH SAVINGS ACCOUNT (HSA): An HSA is a tax-advantaged savings account for high-deductible health plan (HDHP) participants that lets you put money aside on a pre-tax basis to pay for a wide range of health care expenses (as defined by the IRS) not covered by your plan. Unused money remaining in the account at the end of the plan year rolls over to be used the next year. Please refer to IRS Publications 502 and 969 for complete details on eligible expenses.

HSA CONTRIBUTION: This refers to a contribution, or "deposit," an employee may make to his/her HSA or a deposit made by the company to the HSA of an employee participating in the HDHP.

HIGH-DEDUCTIBLE HEALTH PLAN: A plan that provides competitive health insurance along with a tax-advantaged health savings account (HSA) that lets you decide how to spend your health care dollars. Essentially, you pay a lower premium in exchange for a higher deductible, much like car insurance.

HIPAA: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT: HIPAA is a legal requirement that regulates how organizations must handle Protected Health Information (PHI).

IN- AND OUT-OF-NETWORK PROVIDERS: The facilities, providers, and suppliers a health insurance carrier contracts with to provide medical services at a pre-negotiated discount. You generally pay less out of pocket when you use in-network providers. Benefit plans develop networks by contracting with doctors, hospitals, labs, etc., who have agreed to provide health care services to members at negotiated rates. You generally pay less out-of-pocket when you use in-network providers.

INSURED: Person(s) covered under the medical plan to receive treatment and services. Includes primary insured (usually the employee) and their designated dependents.

INSURER: The company that underwrites and assumes the insurance risk for your medical plan. Also known as "insurance carrier."

Employee Benefits Terminology



MAXIMUM DOLLAR LIMIT: The maximum amount payable by the insurer for covered expenses for the insured and each covered dependent while the insured is enrolled in the health plan. Plans can have a yearly or lifetime maximum dollar limit. The most typical maximum limit is a lifetime amount of \$1 million per individual.

MEDICALLY NECESSARY: Medical services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine and are covered under your medical plan.

OUT-OF-POCKET MAXIMUM: The maximum amount you will pay out of pocket for covered medical expenses per calendar year, including your deductible. After your share of covered expenses reaches this annual limit, the plan pays 100% for eligible network services and supplies for the remainder of the calendar year.

POLICY HOLDER: A person or group in whose name an insurance policy is held.

PREFERRED PROVIDER ORGANIZATION (PPO) PLAN: A type of health plan that contracts with doctors, hospitals, labs, and other health care providers to create a network of participating providers. You generally pay less when you use providers that belong to the PPO network. You may use providers that fall outside of the plan's network at an additional cost. This type of plan typically has higher premiums and a lower deductible than a high-deductible health plan (HDHP).

PREMIUM: The contracted amount that must be paid for a health insurance plan by covered employees, by their employer, or is shared by both. A covered employee's share of the annual premium is generally paid periodically, such as bi-weekly or monthly, and deducted from his or her paycheck.

PREAUTHORIZATION: A medically necessary determination by a health insurance carrier for a medical service, treatment plan, prescription drug, medical or prosthetic device or certain types of durable medical equipment. Sometimes called prior authorization, prior approval or precertification, many plans require preauthorization for certain services before you can receive them, except in cases of emergency. Preauthorization isn't a promise your medical plan will cover the cost.

PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM: The maximum amount you will pay out of pocket for covered prescription drug expenses per calendar year. After your share of covered prescription drug expenses reaches this annual limit, the plan pays 100 percent for eligible prescription drugs for the remainder of the calendar year. The prescription drug out-of-pocket maximum is separate from the medical out-of-pocket maximum.

PRESCRIPTION DRUG PLANS: Provide coverage for outpatient prescription drugs. Prescription drugs dispensed during a hospital stay are covered as hospital miscellaneous charges.

Name-brand drugs — These are drugs that once were or still are, under patents.

Generic drugs — These are drugs that are not under patent. Once a drug's patent has expired, some plans provide more generous coverage for same-formula generic drugs than for name-brand drugs. The practice is adopted as a cost-containment measure.

Mail-order drugs — These are drugs that can be ordered through the mail. As a cost-containment measure, some plans use mail-order

PRE-TAX DEDUCTION: Payments deducted from your gross pay before Medicare, Federal, and State taxes are calculated, thus reducing your taxable wages and tax liability.

PRIMARY CARE PHYSICIAN (PCP): A physician who directly provides or coordinates a wide range of medical services for a patient. Primary Care Physicians include Medical Doctors, Doctors of Osteopathic Medicine, Internists, Family Practitioners, General Practitioners, OB/ GYNs, and Pediatricians. The opposite of a specialist.

PROVIDER: A physician, healthcare professional or healthcare facility, certified or accredited as required by state law..and mentally fit.

QUALIFYING LIFE EVENT (QLE): A change in your life that allows you to make changes to your benefits' coverage outside of the annual open enrollment period. These changes include a change in marital status (marriage, divorce, death of spouse), a change in the number of eligible children (birth, adoption, death, aging-out), and a change in a family member's benefits eligibility under another plan (losing a job, Medicare or Medicaid eligibility, etc.).

REASONABLE AND CUSTOMARY (R&C) CHARGES: The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount sometimes is used to determine the allowed amount.

SPECIALIST: A physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. The opposite of a Primary Care Physician (PCP). For example, a Dermatologist is considered a specialist.

SUMMARY PLAN DESCRIPTION (SPD): An important document that tells plan participants what the plan provides and how it works.

WELLNESS: Wellness refers to a healthy state of being. Many employers have wellness programs that encourage and sometimes incentivize employees to become more physically and mentally fit.

HORTON

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