Village of Hoffman Estates - Fire Union

January 1, 2027 to December 31, 2027

Benefit Summary









IPBC Intergovernmental Personnel Benefit Cooperative

Village of Hoffman Estates - Fire Union

This summary is designed to give you an outline of the health benefit programs offered through the Hoffman Estates. Contained in this summary is a comparison of our medical and dental plans and tips for you on using the plans.

Benefit Summary

The Who's Who of Your Hoffman Estates' Benefit Plans

HMO:

- **Blue Cross Blue Shield (BCBS)** is the claims administrator for the Village of Hoffman Estates' 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**; Monday through Friday 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, and to link to vendor sites. Their web address is www.bcbsil.com.
- **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 Village of Hoffman Estates' medical plan can participate at no charge to you.
  - » **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. Employees can access Well onTarget through BlueAccess for Members or www.wellontarget.com.
  - » **NEW! 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.

PPO:

- **Blue Cross Blue Shield (BCBS)** is the claims administrator for the Village of Hoffman Estates' 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**, from 6 a.m. to 11 p.m. CST, 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.
  - » **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. Employees can access Well onTarget through EVIVE at 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.
  - » **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
  - » **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.
- **Express Scripts** is your prescription benefit manager for the Village of Hoffman Estates' prescription drug programs. Retail and mail services on the medical programs are administered through Express Scripts.
  - » Express Scripts customer service representatives can be reached at **800.294.7041** 24 hours a day, 7 days a week. Contact Express Scripts for questions regarding drug orders, account information, and to refill prescriptions.

» Or you can visit Express Scripts online at www.express-scripts.com to order prescription refills, check order status, locate participating retail pharmacies, find ways to save money on your medications through generics and mail order, and ask a pharmacist questions 24/7.

- **Express Scripts Smart90 Program:** If you take maintenance medications (long-term medications), be sure to obtain a 90-day/3-month supply. Call **800.294.7041** or visit www.express-scripts.com/90day for more information.
- **Delta Dental** is the claims administrator of dental benefits for you and your family. Delta Dental offers 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, Friday from 7:00 a.m. to 6:00 p.m. CST, or the automated system is available 24 hours a day, seven days a week. Here you can verify eligibility status, review plan benefits, check on the status of a claim, and get claim forms.
  - » **Web:** Employees can access their benefits at www.deltadentalil.com. This website offers you the ability to view claim status and eligibility information, view a summary of your dental benefits, as well as locate a dentist in your area.
- **VSP (Vision Service Plan)** is your vision carrier. To see a list of participating providers near you, go to www.vsp.com. VSP representatives can be reached Monday through Saturday from 8:00 a.m. to 7:00 p.m. CST. Closed on Sunday.
- **Securian** is the life insurance carrier for your basic employer-paid and supplemental employee-paid life insurance benefits. Securian's Customer Service Representatives are managed through Ochs and can be reached at **800.392.7295**, Monday through Friday from 8:00 a.m. to 4:30 p.m. CST.
- **WEX** is the administrator for the Flexible Spending Accounts (FSA). WEX processes all your medical and dependent care expenses that you submit in either paper format or by using your benefits debit card.
  - » A Customer Service Representative can be reached at **866.451.3399** Monday through Friday from 6:00 a.m. to 9:00 p.m. CST, excluding holidays. You can check your account status 24/7 by going to www.wexinc.com.



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Medical Plans – Fire Union

Benefits	BlueCross BlueShield PPO Blue Choice Options #313227		
	Tier 1	Tier 2	Tier 3 (OON)
Coinsurance			
Network	90% after deductible	70% after deductible	50% after deductible
Non-Network			
Deductible			
Network	$500 individual / $1,500 family	$625 individual / $1,875 family	$3,000 individual / $9,000 family
Non-Network			
Out-of-Pocket			
Network	$1,500 individual / $4,500 family	$2,125 individual / $6,375 family	$9,000 individual / $27,000 family
Non-Network			
Physician Services			
Network	90% after deductible	70% after deductible	50% after deductible
Non-Network			
Office Visit Copay	$20 PCP/$40 Specialist	$25 PCP/$50 Specialist	50% after deductible
Preventive Care	Covered 100%, deductible waived		50% after deductible
Inpatient Hospital Care			
Network	90% after deductible	70% after deductible	$600 + 50% after deductible
Non-Network			
Hospital Emergency Care			
Network	$250 copay, waived if admitted		
Non-Network			
Other Covered Services			
Network	90% after deductible	70% after deductible	50% after deductible
Non-Network			
Prescription Drug			
Retail (30-day supply)	$10 generic / $25 brand name formulary / $75 non-formulary		
Mail Order (90-day supply)	$20 generic / $50 brand name formulary / $150 non-formulary		
Prescription Out-of-Pocket (network)	$5,525 individual /$9,245 family		
Routine Health Screening			
Network	Covered 100%, deductible waived		50% after deductible
Non-Network			
Vision	N/A	N/A	N/A

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.

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Benefits	BlueCross BlueShield HSA PPO P66485 (Not available to MAP employees)	BlueCross BlueShield Medical HMO B04036
Coinsurance		
Network	90%	N/A
Non-Network	70%	
Deductible		
Network	$2,500 individual / $5,000 family	N/A
Non-Network		
Out-of-Pocket		
Network	$3,000 individual / $6,000 family	$1,500 individual / $3,000 family
Non-Network		N/A
Physician Services		
Network	Deductible applies, then 90%	Applicable copay
Non-Network	Deductible applies, then 70%	N/A
Office Visit Copay	Subject to applicable deductible and coinsurance	$20
Preventive Care	100% in network / Subject to non-network deductible and coinsurance	100% in network
Inpatient Hospital Care		
Network	Deductible applies, then 90%	No charge
Non-Network	Deductible applies, then 70%	N/A
Hospital Emergency Care		
Network	Deductible applies 90%	$50
Non-Network		
Other Covered Services		
Network	Deductible applies, then 90%	Applicable copay
Non-Network	Deductible applies, then 70%	N/A
Prescription Drug		
Retail (30-day supply)	Administered by Express Scripts Deductible applies, then 90%	$5 generic / $30 brand name formulary / $90 non-formulary
Mail Order (90-day supply)	Administered by Express Scripts Deductible applies, then 70%	$10 generic / $60 brand name formulary / $180 non-formulary
Prescription Out-of-Pocket (network)		$5,650 individual / $11,300 family
Routine Health Screening		
Network	100%	$0
Non-Network	Deductible applies, then 70%	N/A
Vision	**Health Saving Account (HSA)** Maximum Individual Contribution $4,500 Maximum Family Contribution $9,000	Annual vision exam $0, glasses limited to $125 and contacts limited to $75 every 24 months through Eyemed

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

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Dental Plan

Benefits	Delta Dental PPO Option - Delta Dental of Illinois		
	Delta Dental PPO - Plan 1	Delta Dental PPO - Plan 2	Delta Dental PPO - Plan 3
Deductible			
Individual	$50	$50	$50
Family	$150	$150	$150
Reimbursement			
Preventive Services			
PPO* and Premier** Network	Deductible waived, reimbursed at 100%	Deductible waived, reimbursed at 100%	Deductible waived, reimbursed at 100%
Non-Network***	Deductible waived, reimbursed at 100%	Deductible waived, reimbursed at 100%	Deductible waived, reimbursed at 100%
Basic Services			
PPO* and Premier** Network	Deductible applies, reimbursed at 80%	Deductible applies, reimbursed at 80%	Deductible applies, reimbursed at 80%
Non-Network***	Deductible applies, reimbursed at 80%	Deductible applies, reimbursed at 80%	Deductible applies, reimbursed at 80%
Major Services			
PPO* and Premier** Network	Deductible applies, reimbursed at 50%	Deductible applies,reimbursed at 60%	Deductible applies, reimbursed at 50%
Non-Network***	Deductible applies, reimbursed at 50%	Deductible applies, reimbursed at 60%	Deductible applies, reimbursed at 50%
Orthodontics Services			
PPO* and Premier** Network	None	None	For dependent children up to age 19: Deductible applies; reimbursed at 50% to a lifetime maximum of $1,500
Non-Network***	None	None	For dependent children up to age 19: Deductible applies; reimbursed at 50% to a lifetime maximum of $1,500
Annual Maximum Benefit (per person)	$1,000	$1,500	$1,000 (excluding ortho)

**Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15 - 40% discount off of average billed charges nationally.*

***Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers a 5 - 15% discount off of average billed charges nationally.*

****Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 90th MDR.*

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge.

Note: *The comparisons are outlines 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.*



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Vision Plan (IPBC VSP Plan A)

Benefits	Provider Network: VSP Choice		
	Description	Copay	Frequency
WellVision Exam	• Focuses on your eyes and overall wellness • Routine retinal screening	$10 Up to $39	Every 12 months
Essential Medical Eye Care	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more • Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$20 per exam	Available as needed
Prescription Glasses		$25	See frame and lenses
Frames	• $200 featured frame brands allowance • $200 Visionworks or Eyemart Express frame allowance on any frame • $150 frame allowance • 20% savings on the amount over your allowance • $150 Walmart/Sam's Club frame allowance • $80 Costco frame allowance	Included in prescription glasses	Every 24 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in prescription glasses	Every 12 months
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements	$0 $95-$105 $150-$175	Every 12 months
Contacts (instead of glasses)	• $150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up tp $60	Every 12 months
Additional Savings	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at www.vsp.com/offers. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision exam.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members • Contact lens rebates, lens satisfaction guarantees, and more offers at www.vsp.com/offers. • Save up to 60% on digital hearing aids with TruHearing®. Visit www.vsp.com/offers/special-offers/hearing-aids for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, including private practice and retail locations, VSP makes it easy to get the most out of your benefits. Log in to www.vsp.com to find an in-network doctor near you!



Carrier/Vendor Contact Information

BENEFIT PROVIDERS	SERVICE	CONTACT	WEBSITE
Medical: PPO			
Blue Cross Blue Shield of Illinois	Medical coverage	**877.245.5681**	www.bcbsil.com
Blue Cross Blue Shield of Illinois MDLIVE	Virtual medical visit	**888.676.4204**	www.mdlive.com/bcbsil
Blue Cross Blue Shield of Illinois Nurseline	Health care advice	**800.299.0274**	www.bcbsil.com
Blue Cross Blue Shield of Illinois My Evive	BCBSIL's PPO Hub, access links to other carrier and vendor websites	**877.245.5681**	www.myevive.com
Medical: HMO			
Blue Cross Blue Shield of Illinois	Medical coverage	**800.892.2803**	www.bcbsil.com
Prescription			
Express Scripts	Prescription drug coverage	**800.294.7041**	www.express-scripts.com
Accredo	Specialty Drug Pharmacy	**800.803.2523**	www.accredo.com
Dental			
Delta Dental	Dental coverage	**800.323.1743**	www.deltadentalil.com
Vision			
Vision Service Plan (VSP)	Vision coverage	**800.877.7195**	www.vsp.com
Healthcare Spending Accounts			
WEX, Inc.	Flexible spending program (health and dependent care)	**866.451.3399**	www.wexinc.com/customer-support
Life Insurance			
Securian Financial Life Insurance	Basic life and AD&D coverage, voluntary life	**800.392.7295**	www.securian.com
Advocacy			
Health Advocacy Solutions (PPO only)	Patient advocate, research Physicians, facilities, cash back for claims savings	**877.245.5681**	www.bcbsil.com