

Dental Plans

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

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.

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



This summary is designed to give you an outline of the health benefit programs offered through the Village of 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 Village of Hoffman Estates's Benefit Plans

- **Blue Cross Blue Shield (BCBS)** is the claims administrator for the Village of Hoffman Estates' HMO/PPO medical plans. BCBS determines if you and your dependents are eligible for benefits and processes your claims.
 - » Contact BCBS for questions concerning eligibility, plan benefits, or status of claim payments. HMO Illinois Customer Service Representatives can be reached at **800.892.2803** between 8:30 a.m. and 7:00 p.m., CST, Monday through Friday. PPO Customer Representatives can be reached at **800.458.6024**.
 - » BCBS's Website is both user-friendly and informative. The site allows you to seek answers about BCBS and available HMO/PPO doctors and hospitals, and to link to vendor sites. Their web address is **www.bcbsil.com**.
- **Blue Care Connection through 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' BCBS medical plans can participate at no charge to you.
 - » Employees can learn about their health status and potential health risk by completing the confidential Health Risk Assessment online by logging in to the secure Blue Access for Members web site at **www.bcbsil.com**.
 - » Programs available through **Blue Care Connection** are: Personal Health Manager, Blue Points (a program that rewards you for engaging in healthy activities), Special Beginnings (maternity program offering expectant mothers support and education), Blue Care Advisors and Case Management.
 - » Employees can connect with a **Blue Care Connection** Personal Health Manager at **www.bcbsil.com**. Here you and your dependents can take advantage of these online resources regardless of your health status or fitness level.
 - » Employees can also access a Blue Care Connection registered nurse on their 24/7 Nurseline at **800.299.0274**.
- **MetLife** is the administrator of dental benefits for you and your family. MetLife offers you both telephonic and web access to your personal information to assist you in managing your dental benefits.
 - » **Telephonic:** A MetLife Customer Service Representative can be reached at **800.942.0854** between 5 a.m. and 10 p.m. CST Monday through Friday. Here you can verify eligibility status, review plan benefits, check on the status of a claim, get claim forms, and order a customized directory.
 - » **Web:** Employees can access MyBenefits at **www.metlife.com/mybenefits**. This website offers you the ability to view claims status and eligibility information, view a summary of your dental benefits, as well as a dentist in your area.
- **The Standard** is your life insurance carrier for your Basic employer-paid and Supplemental employee-paid life insurance benefits. The Standard Customer Service Representatives can be reached at **866.855.5505** between 8:00 a.m. and 5:00 p.m. CST Monday through Friday.
 - » For confidential, personal assistance 24 hours a day, 7 days a week, call **888.293.6948** or visit **www.eapbda.com**. To access EAP online, enter standard (all lowercase letters) as the login ID when prompted and eap4u is the password (all lowercase letters).
- **The Standard** is also the administrator of your Employee Assistance Program (EAP). They provide confidential help to you and your family members with personal, job, or family related problems. Your EAP can help you and your dependents identify, resolve and gain control over your personal problems that may be interfering with work and daily life.
 - » Express Scripts customer service representatives can be reached at **800.711.0917** 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 from Walgreens or through Express Scripts home delivery to avoid paying the full cost of the prescription. Call **866.890.1419** or visit **express-scripts.com/90day** for more information.
- **Discovery Benefits** is the administrator for the Flexible Spending Accounts (FSA). Discovery Benefits 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** from 7:30 a.m. to 7:30 p.m. CST, Monday through Friday, excluding holidays.
 - » You can check your account status 24/7 by going to **www.discoverybenefits.com**.

Medical Plans – Fire Union

Benefits	BlueCross BlueShield PPO Option 1 PE1552	BlueCross BlueShield PPO Option 2 P06987	BlueCross BlueShield PPO Option 3 Base Plan P06996	BlueCross BlueShield HSA PPO P66485 (Not available to MAP employees)	BlueCross BlueShield Medical HMO H00009
Lifetime Maximum				Unlimited	
Major Medical Coverage					
Coinsurance					
Network	90%	80%	90%	90%	n/a
Non-Network	80%	60%	n/a	70%	
Deductible					
Network	\$400 individual / 3x family	\$425 individual / 3x family	\$625 individual / 3x family	\$2,500 individual / \$5,000 family	n/a
Non-Network			n/a		
Out-of-Pocket	Includes deductible	Includes deductible	Includes deductible		n/a
Network	\$750 individual / 3x family	\$1,625 individual / 3x family	\$2,125 individual / 3x family	\$3,000 individual / \$6,000 family	\$1,500 individual / \$3,000 family
Non-Network			n/a		
Physician Services					
Network				Deductible applies, then 90%	
Non-Network				Deductible applies, then 70%	
Office Visit Copay	\$20 copay (This amount included in the out-of-pocket)	Subject to deductible and coinsurance	\$25 (This amount included in the out-of-pocket)		\$20
Inpatient Hospital Care					
Network				Deductible applies, then 90%	
Non-Network				Deductible applies, then 70%	
Hospital Emergency Care					
Network	100% of the maximum allowance	100% of the max allowance	100% of the max allowance	Deductible applies 90%	\$50
Non-Network					
Other Covered Services					
Network				Deductible applies, then 90%	
Non-Network				Deductible applies, then 70%	
Prescription Drug					
Retail (30-day supply)	\$10 generic / \$25 brand name formulary / \$75 non-formulary	\$10 generic / \$25 brand name formulary / \$75 non-formulary	\$10 generic / \$25 brand name formulary / \$75 non-formulary	Administered by Express Scripts Deductible applies, then 90%	\$10 generic / \$25 brand name formulary / \$75 non-formulary
Mail Order (90-day supply)	\$20 generic / \$50 brand name formulary / \$150 non-formulary	\$20 generic / \$50 brand name formulary / \$150 non-formulary	\$20 generic / \$50 brand name formulary / \$150 non-formulary	Administered by Express Scripts Deductible applies, then 70%	\$20 generic / \$50 brand name formulary / \$150 non-formulary
Prescription Out-of-Pocket (network)	\$6,400 individual / \$12,050 family	\$5,525 individual / \$9,425 family	\$5,025 individual / \$7,925 family		\$5,650 individual / \$11,300 family
Routine Health Screening					
Network	100%	100%	Covered at 100%	100%	\$0
Non-Network	80%	60%	n/a	Deductible applies, then 70%	n/a
Vision	Vision discounts available through Davis Vision network and EyeMed	Vision discounts available through Davis Vision network and EyeMed	Vision discounts available through Davis Vision network and EyeMed		Annual vision exam; \$0, glasses and/or contact lenses are limited to \$75 every 24 months through EyeMed
				Health Saving Account (HSA) Maximum Individual Contribution \$3,500 Maximum Family Contribution \$7,000	

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.