



2023
Employee Benefit
Guide for:
Sworn or Non-Sworn
Active Employees



Brought to you by
AssuredPartners



Table of Contents

Introduction	3
Eligibility and Enrollment	4
Paycor Benefits Portal	6
Tips to Best Utilize Your Benefits	16
Medical Benefits	17
Medical /Health Savings Accounts	21
Medical/Flexible Spending Accounts	25
Medical/Online Access & Benefit Features	31
Dental Benefits	46
Vision Benefits	50
Basic Life & AD&D Benefits	54
Voluntary Life & AD&D Benefits	56
Important Contacts	63





Hello!

Employee benefits are a crucial but often complicated part of an employment package. However, insurance benefits are much more than just a workplace bonus—they are key safeguards that can enhance your quality of life for decades to come.

When you first receive information about your employee benefits package, you might feel a bit overwhelmed. The complex terminology and mechanics of insurance policies can be daunting, and you might be uneasy about spending a portion of your paycheck in return for something that may not be of use to you for some time. There is also the anxiety that results from wondering how to take full advantage of these benefits as well as knowing that these are big decisions that can have a significant long-term impact.

This guide is intended to provide you with the basics about employee benefits so that you can understand what your employer is offering to you.



Eligibility and Enrollment



Am I Eligible for Benefits?

Regular, non-seasonal, full-time employees working 30 hours or more per week are eligible for benefits on their date of hire and you have 30 days from that date of hire to make your benefit election decisions.

When Do I Enroll?

Our Annual Benefits Enrollment period begins in early November for benefits effective **January 1st annually**. If you wish to change benefits outside of the Annual Benefits Enrollment period, you may only do so within **30** days of an IRS qualifying life event, such as:

- Marriage or Divorce
- Birth, Death, or Adoption of a dependent
- Changes in employment status of the employee, spouse or dependents which affect benefit eligibility status. This includes beginning or ending employment, new or different work hours, or a change in hours
- A dependent becoming eligible or ineligible for coverage due to age, obtaining other group coverage, or other similar circumstances

The above outlines common IRS qualifying life events but is not a full list.

How Do I Enroll?



Orland Fire Protection District now utilizes Paycor for Employee Benefits and Payroll support.



Paycor Benefits Portal



Accessing Your Online Benefits Portal

1. Login to Paycor. Hover over **Me**, and then click **Benefits**.



2. You will then be directed to your Benefits Home screen:



Enrolling in Benefits

On the home screen, select **Start Your Enrollment** on the message board:

Welcome to open enrollment!

Enrollment Deadline 12/31/2020

Your Status **Not Started**

Start Your Enrollment



Eligibility and Enrollment



Viewing Your Information

1. Before beginning your enrollment, please verify the accuracy of all your personal information (e.g. address, DOB, etc.)

2. When you are finished, check and click **Continue**.

Verify Your Family Information

In this section, please be sure to add all dependents that may be missing from the Family Information section before proceeding to the next section.

1. To do this, click the **Add Dependents** card.

To make corrections or add information to existing dependents, click the **Edit** link on the dependent's name and make the corrections or additions.



Eligibility and Enrollment



Family Information

Please enter all family information before beginning your enrollment regardless of whether the family members are to be covered by your benefits or not. To do so, click Add Dependents. To verify or edit the information of a family member who has already been entered, click Edit under their information. If you do not have any family members, click Continue.

Jeff Tester Male Employee 47 years old (9/18/1968) SSN: XXX-XX-1111 Edit >	Jen Tester Female Spouse 36 years old (1/1/1980) SSN: 999-22-2222 Edit >	Danny Tester Male Child 7 years old (1/1/2009) SSN: 999-33-3333 Edit >	 Add Dependents
--	--	--	--------------------

1 Your Info
Employee Info
Family Info
2 Your Benefits
3 Enroll
4 Complete
[Continue](#)

Note: If you wish to add dependents, all fields with an asterisk (*) are required.

When all your family information has been entered, read through the **Dependent Information Notice** section, check **I agree** and click **Continue**.

Navigating the Plan Type Pods

Most plan types will require you to select a plan. This will be noted in the lower left corner of the plan type pod with red text - ***Selection Required**.

1. You can waive out of the plan by selecting **I don't want this benefit (waive)**. Selecting **View Plan Options** will open a plan selection page, detailed in the Plan Selection section.

Medical NO PLAN SELECTED


* Selection Required [I don't want this benefit \(waive\)](#) [View Plan Options](#)

2. After a plan is selected or the plan is waived the plan type icon will turn green. The ***Selection Required text** changes to **Completed**. This lets you know the enrollment for that plan type is complete. The plan pod will display the plan's name, vendor, coverage level, and whether dependents are covered, not covered, or ineligible. Anytime during the enrollment process changes can be made by selecting **View Plan Options**.



Eligibility and Enrollment





Medical

\$261.26
Your Cost per pay period


PLAN [Core Plan](#) / [United Healthcare](#) / [View plan details](#)

COVERAGE [Employee + Family](#)

Lydia Employee	Employee	<input checked="" type="checkbox"/> Cover
Lester Employee	Spouse	<input checked="" type="checkbox"/> Cover
Lilly Employee	Child	<input checked="" type="checkbox"/> Cover

Completed

- When auto-enrolled or employer-paid plans without a waive option are offered, they'll appear in their own pod. Clicking the **View Plan Options** button opens the plan selection page for that plan type where you will find information about the plan entered by administrators, including plan data, benefit coverage and plan highlights.



Basic Employee Life

\$0.00
Your Cost per pay period

PLAN [Basic Group Life](#) / [SunLife](#) / [View plan details](#)

COVERAGE [\\$25,000.00](#)

Completed

- In enrollments where you may have a previous election (e.g. open enrollment), these can be re-saved without having to view or update plan selections by using the **Keep My Selection** button.

• Selection Required



Eligibility and Enrollment



Enroll in a Plan:

1. **View Plan Options** will bring you to the plan selection page. If the plan can cover your dependents, you must first choose which of those dependents to cover before being able to review all the plans available. You can cover a dependent by checking the box next to the dependent's name. Click **Back** to return to the landing page or click **Continue** to proceed after selecting dependents.

Note: You can change the dependents covered on the next page as well.

2. Add additional family members by clicking the **Add Dependents** link. Clicking this link takes you back to the Family Information page of the Your Info step, where you can enter information about the new dependent. To return to Your Benefits step after adding a new dependent, you should save the dependent and continue through the rest of the Your Info step.

The screenshot shows a web interface for selecting dependents. At the top, there is a navigation bar with a 'Back' button and the title 'Medical'. Below this, the question 'Who will be covered by this plan?' is displayed. Three dependent entries are listed, each with a checked checkbox: 'Jeff Tester Employee', 'Jen Tester Spouse', and 'Danny Tester Child'. To the right of these entries is a link labeled 'Add Dependents' with a plus icon. At the bottom of the form, there is another 'Back' button on the left and a prominent orange 'Continue' button on the right.

Plan Selection

1. Each plan offered is listed in a pod which explains the plans name, vendor, and plan data. The **Plan Brochure** link, if available, will download the summary of benefits and the **View Plan Details** shows more details.



Eligibility and Enrollment



Core Plan

United Healthcare

DEDUCTIBLE:
Individual: \$700
Family: \$1,900

OUT-OF-POCKET MAX:
Individual: \$2,100
Family: \$4,200

CO-INSURANCE: 20%

[View plan details](#)

Your Cost per pay period:
\$261.26

Tier: Employee + Family

Selected

[Keep Selection](#)

2. The plan's cost appears to the right of any plan data. Clicking the arrow next to the cost opens a flyout menu with more detailed information, which typically includes the total premium and employer contribution. The coverage tier, if applicable, appears below your cost.

Core Plan

United Healthcare

DEDUCTIBLE:
Individual: \$700
Family: \$1,900

OUT-OF-POCKET MAX:
Individual: \$2,100
Family: \$4,200

CO-INSURANCE: 20%

[View plan details](#)

Your Cost per pay period:
\$261.26

Cost Summary (per pay period)	
Total Premium	\$752.92
Spousal Surcharge	\$0.00
Employee Cost	\$261.26

Once you have chosen a plan, the selection will appear in the corresponding benefit plan type pod on the landing page as complete.

Life Insurance

1. You may elect additional life insurance for you or your family members. When viewing the plan type, click Select then select an amount.
2. **Continue** completes the election choice.

Note: The maximum is based on your plan parameters.



Eligibility and Enrollment



Back to Benefits Supplemental Employee Life

Coverage Calculator Life Insurance FAQ VOICEOVER AUDIO

Voluntary Life - Employee | Symetra

Selected Waive Supplemental Employee Life

[View plan details](#)

Coverage Amount:
\$

Minimum Coverage Amount: \$25,000.00
Maximum Coverage Amount: \$232,942.32
Increments of: \$1,000.00
Guaranteed Coverage Amount: \$150,000.00

Cost Summary (per pay period)	
Total Premium	\$22.15
Employer Cost	\$0.00
Spousal Surcharge	\$0.00
Employee Cost	\$22.15

- If you elect more than the Guaranteed Coverage amount you will be presented with the following message:

Voluntary Employee Life

Coverage amount exceeds the guaranteed issue from the insurance carrier. Therefore, you will need to complete an Evidence of Insurability form. You will be directed to the SunLife web page after confirming this enrollment and will need to select "Apply for Evidence of Insurability online" under "My Life insurance benefits". When the carrier approves the requested amount, your HR Manager will update the system and the new coverage amount will be reflected on your confirmation statement and in your pay check.

Beneficiaries

Designate or add beneficiaries on this page. Your Totals for each plan must equal 100% to continue. When finished, click **Continue**.



Eligibility and Enrollment



Beneficiaries

Designate or add beneficiaries on this page. Your Totals for each plan must equal 100% to continue. When finished, click **Continue**.

Company Wide Enrollment

Beneficiary Information

Designate or add beneficiaries to this page. When finished, click Continue to review your elections and complete your enrollment.

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries *(required)*

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Jen Tester (Spouse)	100.00 %
Danny Tester (Child)	<input type="text"/> %

Total: **100%**

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries](#) *(optional)*
Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Beneficiaries

Review and Confirm

Your Cost per month: **\$131.42**

Continue



Eligibility and Enrollment



Review and Confirm

1. Carefully review all your benefit elections and covered dependents. Note that you may change your elections by clicking **Edit Selection** for any of your plan selections. The dependents you wish to have included in your coverage will be listed.

Review and Confirm

Almost Finished!

! Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

*Indicates changed benefits

Your Total Cost **\$303.26**
Per Pay Period

Your total cost (pending approval) **\$307.46**
Per Pay Period

Medical*

Your cost per pay period **\$261.26**

Core Plan United Healthcare
Coverage: **Employee + Family**

COST DETAILS PER PAY PERIOD

Total Premium	\$1,244.57
Employee Cost	\$261.26

Who will be covered on this plan:

Name	Relationship	Coverage
Lydia Employee	Employee	✓ Cover
Lester Employee	Spouse	✓ Cover
Lily Employee	Child	✓ Cover

Edit Selection

Basic Employee Life*

Your cost per pay period **\$0.00**

Basic Group Life Plan CIGNA

COST DETAILS PER PAY PERIOD

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
Beneficiaries
Review and Confirm
- 4 Complete

Complete Enrollment



Eligibility and Enrollment



- If you have elected more than the Guaranteed Coverage on a plan, information regarding completion of the Evidence of Insurability will be found on this page as well. You will be able to **download the required form** and can view the current coverage amount and premium versus the pending coverage amount and premium.

Supplemental Employee Life* Your cost per pay period **\$42.00**

⚠ This benefit election is pending until approved by HR Department

Your requested coverage amount exceeds the Guaranteed Issue Amount, so you will need to file an Evidence of Insurability Form. You may [download the form now](#), or it will be presented to you once you've completed your enrollment

Pending coverage: \$110,000.00 Pending cost per pay period **\$46.20**

Voluntary Life - Employee CIGNA COST DETAILS PER PAY PERIOD

Coverage: **\$100,000.00**

Total Premium	\$42.00
Employee Cost	\$42.00

[Edit Selection](#)

- Once you have reviewed your selections, check **I agree** and click **Continue**.

Success Page

It is highly recommended that you send yourself an email or print off your confirmation statement of your elections.

✓ Your enrollment is complete!

You may make changes to your elections until **June 30, 2016**

You are now eligible to make changes to your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

Your Confirmation Statement is ready
Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

[VIEW](#) [EMAIL](#) [PRINT](#)

Note: The **EMAIL** option will only appear if you have an email address on file.



Tips to Best Utilize Your Benefits



Utilize Your Carrier Benefits

Most of the benefits we offer have extra programs built-in such as disease management and rewards programs. We highly encourage registering on the websites and downloading the apps.

Take Advantage of Your Preventive Care Benefits

A couple of regular doctor visits a year can help catch medical issues before they become serious and costly. Most of your preventive care costs are covered at 100%!

Get the Best Price for Your Prescriptions

Different pharmacies charge different prices for the same service or medicine. Do a little research and see if you can get a better deal on your prescriptions.

Another great way to save on pharmacy prescriptions is to purchase generic drugs. Generic drugs have the same active ingredient as brand-name drugs, but at a much lower price.

Mail order pharmacies can also be a great way to save on your prescriptions, and a much more convenient way to get them from the comfort of your own home.

Telehealth Service

Telehealth services can save time, money, and stress when you're dealing with a non-emergency health issue such as cough, rash, flu, and much more. See the Telehealth service section for more details.



Medical/Rx Benefits



Orland Fire Protection District offers medical insurance from Blue Cross Blue Shield of Illinois. Annual checkups and preventive screenings are important to your overall health and can reveal early indications of serious conditions like heart disease and high blood pressure. Employees have three (3) medical plans to choose from.

Option #1

HMO Medical

Benefit Highlights	In Network Only
Calendar Year Deductible	
Individual	\$0
Family	\$0
Coinsurance	100%
Calendar Yr Max OOP (Incl Ded)	
Individual	\$1,500
Family	\$3,000
Office Visits	
Primary	\$10 Copay / Visit
Specialist	\$10 Copay / Visit
Preventive Care	100%
Inpatient Hospitalization	100%
Outpatient Hospitalization	100%
Emergency Room	\$25 Copay / Visit (Waived if Admitted)
Prescription Drugs	
Rx Expense Limit: \$5,100 Ind / \$10,200 Family	
Preferred Generic Drugs	\$5 Copay
Non-Preferred Generic Drugs	\$5 Copay
Preferred Brand Drugs	\$5 Copay
Non-Preferred Brand Drugs	\$10 Copay
Preferred Specialty Drugs	\$10 Copay
Non-Preferred Specialty Drugs	\$10 Copay

OFPD's Medical Plans utilize the BCBSIL "Performance Drug List/Formulary".

Please refer to your medical plan certificate of coverage for complete policy details.



Medical/Rx Benefits



Option #2

BCO PPO

Benefit Highlights	In-Network (Blue Choice)	In-Network (PPO)	Out-of-Network
Calendar Year Deductible	In-Network (Blue Choice)	In-Network (PPO)	Out-of-Network
Individual	\$150	\$200	\$500
Family	\$300	\$350	\$1,000
Coinsurance	90%	70%	60%
Calendar Yr Max OOP (Incl Ded)	In-Network (Blue Choice)	In-Network (PPO)	Out-of-Network
Individual	\$550	\$600	\$1,900
Family	\$1,100	\$1,150	\$3,800
Office Visits	In-Network (Blue Choice)	In-Network (PPO)	Out-of-Network
Primary	\$10 Copay / Visit		60% Coin. after Ded.
Specialist	\$10 Copay / Visit		60% Coin. after Ded.
Preventive Care	Covered at 100%		60% Coin. after Ded.
Inpatient Hospitalization	90% Coin. after Ded.	70% Coin after Ded.	60% Coin. after Ded.
Outpatient Hospitalization	90% Coin. after Ded.	70% Coin after Ded.	60% Coin. after Ded.
Emergency Room	\$35 Copay / Visit (Waived if Admitted)		
Prescription Drugs	Rx Expense Limit: \$6,050 Ind / \$12,100 Family		
Preferred Generic Drugs	\$5 Copay		\$5 Copay
Non-Preferred Generic Drugs	\$5 Copay		\$5 Copay
Preferred Brand Drugs	\$5 Copay		\$5 Copay
Non-Preferred Brand Drugs	\$10 Copay		\$10 Copay
Preferred Specialty Drugs	\$10 Copay		Covered
Non-Preferred Specialty Drugs	\$10 Copay		

OPFD's Medical Plans utilize the BCBSIL "Performance Drug List/Formulary".

Please refer to your medical plan certificate of coverage for complete policy details.



Medical/Rx Benefits



Option #3

BCO HSA

Benefit Highlights	In-Network (Blue Choice)	In-Network (PPO)	Out-of-Network
Calendar Year Deductible			
Individual	\$3,000	\$3,050	\$6,000
Family	\$6,000	\$6,100	\$12,000
Coinsurance	100%	80%	60%
Calendar Yr Max OOP (Incl Ded)			
Individual	\$3,000	\$3,100	\$11,400
Family	\$6,000	\$6,200	\$22,600
Office Visits			
Primary	Subject to Ded.	80% Coin.after Ded.	60% Coin. after Ded.
Specialist	Subject to Ded.	80% Coin.after Ded.	60% Coin. after Ded.
Preventive Care	Covered at 100%		60% Coin. after Ded.
Inpatient Hospitalization	Subject to Ded.	80% Coin.after Ded.	60% Coin. after Ded.
Outpatient Hospitalization	Subject to Ded.	80% Coin.after Ded.	60% Coin. after Ded.
Emergency Room	Subject to Deductible		
Prescription Drugs			
Preferred Generic Drugs	Subject to Ded.	80% Coin.after Ded.	60% Coin. after Ded.
Non-Preferred Generic Drugs	Subject to Ded.	80% Coin.after Ded.	60% Coin. after Ded.
Preferred Brand Drugs	Subject to Ded.	80% Coin.after Ded.	60% Coin. after Ded.
Non-Preferred Brand Drugs	Subject to Ded.	Subject to Ded.	60% Coin. after Ded.
Preferred Specialty Drugs	Subject to Ded.	Subject to Ded.	Covered
Non-Preferred Specialty Drugs	Subject to Ded.	Subject to Ded.	

OPFD's Medical Plans utilize the BCBSIL "Performance Drug List/Formulary".

Please refer to your medical plan certificate of coverage for complete policy details.



Medical Insurance Rates



Employees Enrolled in Medical Plan - HMO (H6988)

Tiers	Employer Monthly Cost	Employee Monthly Cost	Employee Payroll Deductions
Employee Only	\$903.66	\$0	\$0
Employee + 1	\$1,926.33	\$0	\$0
Employee + 2 or more	\$2,553.47	\$0	\$0

Employees Enrolled in Medical Plan - BCO PPO (252602)

Tiers	Employer Monthly Cost	Employee Monthly Cost	Employee Payroll Deductions
Employee Only	\$866.18	\$129.43	\$59.74
Employee + 1	\$1,846.44	\$275.90	\$127.34
Employee + 2 or more	\$2,447.55	\$365.73	\$168.80

Employees Enrolled in Medical Plan - BCO HSA (269688)

Tiers	Employer Monthly Cost	Employee Monthly Cost	Employee Payroll Deductions
Employee Only	\$748.82	\$47.80	\$22.06
Employee + 1	\$1,596.21	\$101.89	\$47.03
Employee + 2 or more	\$2,115.89	\$135.06	\$62.34



Medical/HSA



Orland Fire Protection District automatically enrolls HSA Plan members into an HSA-Health Savings Account and contributes to that plan on their behalf annually. Employees may additionally contribute to the HSA plan. However, employee contributions are restricted by IRS HSA Contribution Limitations (see tables below).

HSA Contributions 2022			
Tiers	Employer Contributions	Employee Contribution Limits	IRS HSA Limitation (Combined Employer + Employee Contributions)
Employee Only	\$2,050	\$1,600	\$3,650
Employee + Spouse	\$4,100	\$3,200	\$7,300
Employee + Child	\$4,100	\$3,200	\$7,300
Employee + Children	\$4,100	\$3,200	\$7,300
Employee + Family	\$4,100	\$3,200	\$7,300

Annual Contributions are evenly distributed based on the employee's pay frequency

HSA Contributions 2023			
Tiers	Employer Contributions	Employee Contribution Limits	IRS HSA Limitation (Combined Employer + Employee Contributions)
Employee Only	\$2,250	\$1,600	\$3,850
Employee + Spouse	\$4,500	\$3,250	\$7,750
Employee + Child	\$4,500	\$3,250	\$7,750
Employee + Children	\$4,500	\$3,250	\$7,750
Employee + Family	\$4,500	\$3,250	\$7,750

Annual Contributions are evenly distributed based on the employee's pay frequency



HSA-Health Savings Account

What is an HSA?

A Health Savings Account is a tax-exempt account which you use to pay qualified medical expenses for you and your family.

Who is Eligible for an HSA?

To be eligible and qualify for an HSA, you must meet the following requirements:

- You are covered under a high-deductible health plan (HDHP) on the first day of that month;
- You are not covered under another type of health plan that is not an HDHP (certain exceptions apply);
- You are not enrolled in Medicare (generally, are under 65 yrs. old); and
- You may not be claimed as a dependent on another individual's tax return.

Why Choose an HSA?

- The HDHP generally costs less than traditional health care coverage. Money saved on the insurance premium can be put into the HSA.
- Contributions to your HSA are tax deductible.
- After age 65, HSA funds can be used for non-qualified expenses without penalty. Only income tax is assessed.
- Use the pre-tax funds in your HSA to pay for current medical expenses or expenses that your insurance may not cover including dental expenses, vision care, Medicare expenses, and long term care. See [publication 502](#) on the IRS website for a complete list of qualified expenses.



HSA-Health Savings Account

NOTE: The qualified medical expenses that can be reimbursed by an HSA on a tax-free basis are limited to expenses for medical care (as defined in the federal tax code) for the HSA owner and his or her spouse and dependents, to the extent those expenses are not reimbursed by the high deductible health plan or any other source.

The federal tax code defines medical care expenses as amounts paid for the diagnosis, cure, mitigation or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental defect or illness.

The products and services listed on the next page are examples of medical expenses that may be eligible for payment under your HSA on a tax-free basis. This list is not exhaustive; additional expenses may qualify as medical expenses, and the items listed below are subject to change.



Eligible HSA Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance
- Annual physical examination
- Artificial limb
- Artificial teeth
- Bandages
- Birth control pills
- Body scan
- Breast pumps and supplies
- Breast reconstruction surgery following mastectomy
- Capital expenses (improvements or special equipment installed to a home, if meant to accommodate a disabled condition)
- Car modifications or special equipment installed for a person with a disability
- Chiropractor
- Contact lenses
- Crutches
- Dental treatment (not including teeth whitening)
- Diagnostic devices
- Disabled dependent care expenses (medical care of the disabled dependent)
- Drug addiction treatment
- Eye exam
- Eyeglasses
- Eye surgery
- Fertility enhancement (for example, in vitro fertilization or surgery)
- Guide dog or other service animal
- Hearing aides
- Hospital services
- Laboratory fees
- Lactation expenses
- Lodging at a hospital or similar institution
- Long-term care insurance premiums*
- Medical conference expenses, if the conference concerns a chronic illness of yourself, your spouse or your dependent
- Medical information plan
- Medications
- Nursing services
- Operations
- Optometrist
- Osteopath
- Oxygen
- Personal protective equipment used for the primary purpose of preventing the spread of COVID-19
- Physical examination
- Pregnancy test kit
- Premiums for COBRA continuation coverage
- Prosthesis
- Psychiatric care
- Psychoanalysis
- Psychologist
- Sterilization
- Stop-smoking programs
- Surgery
- Special telephone for hearing-impaired individuals
- Television for hearing-impaired individuals
- Therapy received as medical treatment
- Transplants
- Transportation for medical care
- Vasectomy
- Vision correction surgery
- Weight-loss program if it is a treatment for a specific disease
- Wheelchair
- X-rays



Medical/FSA's

Orland Fire Protection District offers 3 (three) types of FSAs-Flexible Spending Accounts to cover eligible everyday expenses on a pre-tax basis:

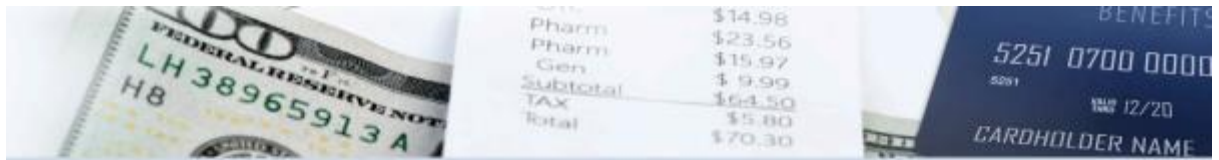
- Full Scope Healthcare FSA
- Limited Purpose FSA
- Dependent Care FSA.

Please refer to the chart below to determine which plan is right for you:

FSA-Flexible Spending Account Options			
FAQs	Limited Purpose FSA	Full Scope Healthcare FSA	Dependent Care FSA
May I contribute to an FSA if I am also enrolled in the BCBSIL HSA plan?	Yes	NO	Yes
Who can the FSA contributions be used for?	You, your spouse, and or your dependent children	You, your spouse, and or your dependent children	Any dependents under the age of 13 and or a disabled spouse or other tax-qualified dependent.
What kind of expenses are covered?	Copays, deductibles, and other Out-of-Pocket expenses related to Dental and Vision Care services	Copays, deductibles, and other Out-of-Pocket Medical, Dental, and or Vision Care Expenses	Expenses such as day care, before and after school programs, summer day camp, and or adult day care.
How much can I contribute?	2022 Plan Year: \$2,850 2023 Plan Year: \$3,050	2022 Plan Year: \$2,850 2023 Plan Year: \$3,050	2022 Plan Year: \$5,000 2023 Plan Year: \$5,000
When must the expenses be incurred?	During the plan year	During the plan year	During the plan year



Full Scope Health Care FSA



FSA's can save you up to 30% on everyday expenses

Health Care FSA

Health Plan Related Expenses

- ✓ Prescription Drugs
- ✓ Co-payments
- ✓ Doctor Visits
- ✓ Hospital Charges

Medical Supplies

- ✓ Bandages
- ✓ Digital Thermometers
- ✓ First Aid Kits
- ✓ Over-the-Counter Medications

Dental Care

- ✓ Dental Exams and Cleanings
- ✓ Fillings, Root Canals and Crowns
- ✓ Dentures and Bridges
- ✓ Orthodontia

Vision Care

- ✓ Eyeglasses
- ✓ Contact Lenses
- ✓ Contact Lens Solution
- ✓ Laser Vision Correction



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 **FLEX**



Limited Purpose Health Care & Dependent Care FSAs

Limited Purpose FSA

Dental Care

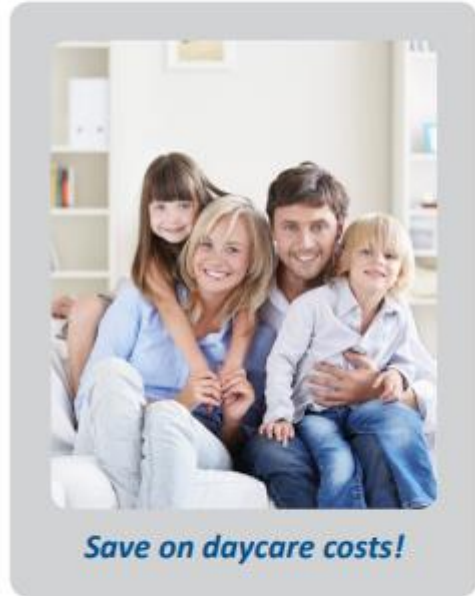
- ✓ Dental Exams and Cleanings
- ✓ Fillings, Root Canals and Crowns
- ✓ Dentures and Bridges
- ✓ Orthodontia

Vision Care

- ✓ Eyeglasses
- ✓ Contact Lenses
- ✓ Contact Lens Solution
- ✓ Laser Vision Correction

Dependent Care FSA

- ✓ Day Care Centers
- ✓ Preschool Charges
- ✓ Before- and After-School Care
- ✓ Summer Day Camp
- ✓ In- and Out-of-Home Care for Children or the Elderly



FSA/Flexible Benefits

Your Convenient Way to Pay

The Flex Card is a simple way to pay for qualified expenses without having to pay anything out-of-pocket. Best of all, one debit card can provide access to all Flex Accounts – FSA, HSA, HRA and Commuter.*

How it Works

Your Flex Card gives you easy access to the funds in your Flex Account by swiping the card at the point of sale. The card can be used at any qualified service provider that accepts MasterCard, and funds are automatically transferred from the benefit account directly to qualified providers. There are no out-of-pocket costs to you and no need to file a claim for reimbursement.

In the event that you have multiple benefit accounts, you only need one Flex Card. Our technology understands which purchases should be applied to any one of your accounts. It's one smart card!

Easy as 1 – 2 – 3

1. Check your account balance

You can view your transaction history, current balance, claim status and more by logging in to myflexaccount.com or via our convenient mobile app

2. Swipe your Flex Card

Swipe the card at the point-of-sale for eligible products and services

3. Keep all your receipts

In some instances, Flex will notify you that we need additional documentation to confirm that your purchase was eligible. It's very important that you save your documentation and submit the information right away when necessary.

The Flex Card eliminates the hassles of claims submission and waiting for a reimbursement check.

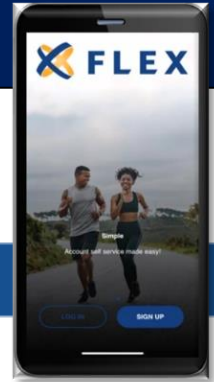
* Check with your employer for the Flex account available to you.

Visit myflexaccount.com for more information about using your Flex card.

©Flexible Benefit Service Corporation.



FSA/Flexible Benefits



My Flex Account Mobile App

Learn how to make better healthcare spending and saving decisions with the My Flex Account Mobile App.

Introducing the My Flex Account Mobile App

When it comes to your Health Benefit Account(s), the My Flex Account Mobile App takes the guesswork out of your healthcare spending and saving decisions. It includes a personalized, real-time and self-guided experience that ensures you have access to not only powerful self-service capabilities such as viewing and managing your Health Benefit Account(s), submitting claims, and accessing account alerts but also actionable insights that lead you down a path to better healthcare spending and saving behaviors.

The My Flex Account Mobile App combines health and wealth in one location, giving you personalized low-cost, high-quality healthcare options – making you a smarter consumer of healthcare by spending less now and saving more for the future.

What you can expect from the My Flex Account Mobile App

- **A personalized experience** that helps you navigate your unique health and wealth journey
- **Access to real-time information** so you always have up-to-the-minute data and insights about your Health Benefit Account(s) available at your fingertips
- **A modern, easy-to-use mobile experience** with powerful self-service capabilities
- **Data driven tools**, including a personalized Smart Score, that guide you to make informed decisions about where to best spend and save your healthcare dollars
- **Cost and quality insights** that allow you to better search for procedures and providers
- **A virtual medicine cabinet** for managing your monthly drug costs
- **Long-term savings recommendations** based on known chronic conditions
- **Personalized recommendations** to help you maximize account value



FSA/Flexible Benefits

Say Goodbye to Paper Claims with CrossTech

Tired of looking for receipts and filling out claim forms? Sign up for CrossTech® and all of your medical, prescription and dental claims through Blue Cross® and Blue Shield® of Illinois (BCBSIL) PPO plans will be submitted automatically to your Flex Account.* The portion of the claim that you have to pay out-of-pocket will be automatically reimbursed to you from your Flex Account.

Benefits of CrossTech

- ✓ No claim paperwork to complete
- ✓ Guaranteed secure information transfer between BCBSIL and Flex
- ✓ Simple, automated claims process

CrossTech
**eliminates the
hassles of claims
submission!**

You Should Not Enroll in CrossTech if:

- ✓ You are on an HMO plan or any other plan that is not a BCBSIL PPO health plan
- ✓ Your or your dependents are covered under another health plan with coordination of benefits
- ✓ You are covering a domestic partner who is not your covered dependent for income tax purposes
- ✓ You do not want your out-of-pocket expenses automatically submitted to your Flex Account

*Check with your employer for the Flex Account available to you.

©Flexible Benefit Service Corporation.





Blue Choice OptionsSM



Understanding and Using Your Benefits

With a Blue Cross Blue Shield of Illinois (BCBSIL) PPO benefit plan, you probably already know that you'll save money by visiting doctors and hospitals in the PPO network. But did you know that with your Blue Choice Options benefit plan, you can save even more money by using a doctor or hospital that participates in the Blue Choice OPT PPOSM network?

Tier 1: Pay the least out-of-pocket expenses by using a participating provider in the Blue Choice OPT PPO network.

Tier 2: Pay additional out-of-pocket costs by choosing a participating provider in the larger, statewide PPO network.

Tier 3: Pay the highest out-of-pocket costs by selecting an out-of-network provider and may be required to pay those fees up front.

What Is a Blue Choice Options Plan?

Your Blue Choice Options benefit plan is designed in three tiers. You **save** the most when you use doctors and hospitals in tier 1 – the Blue Choice OPT PPO network. You **pay** the most when you visit those in tier 3 (out-of-network providers). Remember, you need to determine which network your doctor or hospital is in to know your coverage level.

Why Using a Blue Choice OPT PPO Network Provider Saves You Money

The Blue Choice OPT PPO network (tier 1) has a variety of doctors and hospitals in the Chicago metropolitan area that can meet all your health care needs. These doctors and hospitals, which all meet BCBSIL's quality criteria, have agreed to offer you the care and services you need for a lower cost. In addition, with your Blue Choice Options benefit plan, you also get the highest level of benefits when you visit the doctors and hospitals in the Blue Choice OPT PPO network. You still have the option of choosing a doctor from the larger, statewide PPO network (tier 2), but you will pay higher out-of-pocket costs than with the Blue Choice OPT PPO network.



Medical/Blue Options



Compare Costs

You can see from the example below how costs and savings vary by tier. Even though your specific plan design may be different, it makes sense to use a doctor or hospital in tier 1, the Blue Choice OPT PPO network, or tier 2, the BCBSIL larger, statewide PPO network.

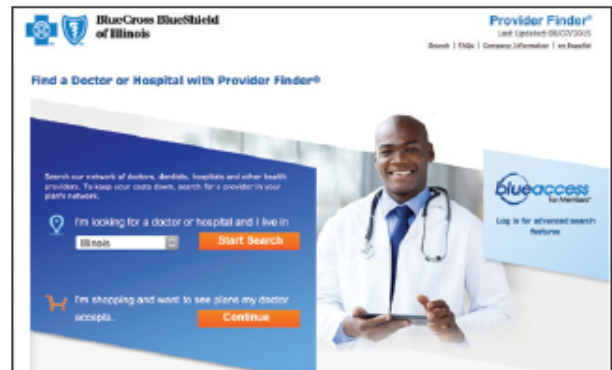
	Tier 1: Blue Choice OPT PPO Network	Tier 2: Larger Statewide PPO Network	Tier 3: Out-of-Network*
Doctor Visit	Cost is \$200 You pay \$15	Cost is \$200 You pay \$30	Cost is \$200 You pay \$200
Specialist Visit	Cost is \$200 You pay \$30	Cost is \$200 You pay \$50	Cost is \$200 You pay \$200
2-Day Inpatient Hospital Stay	Cost is \$5,000 You pay \$1,400	Cost is \$5,000 You pay \$2,900	Cost is \$5,000 You pay \$5,000

*Applied to member's deductible. Once deductible is met, pays at percentage designated by plan. Benefit information is based on a \$1,000 deductible and 90% coinsurance for tier 1, a \$2,000 deductible and 70% coinsurance for tier 2, and a \$8,000 deductible and 50% coinsurance for OON. These examples are stand-alone and do not track the member's out-of-pocket max.

How Do You Find a Tier 1 or Tier 2 Provider?

Now that you know it's most cost-effective to use a doctor or hospital in tier 1 or tier 2, let us help you find a participating network provider. It's easy to do, visit bcbsil.com and follow the steps below:

- Select "Find a Doctor or Hospital."
- Select "Find a Doctor with Provider Finder," and the Provider Finder® tool will launch in a new window.
- Select the appropriate state from the drop-down list (Illinois will be displayed by default), and click the "Start Search" button.
- Select the network from the drop-down list — "Blue OptionsSM or Blue Choice Options (BCO)" — and you will be directed to a new page, where additional search criteria are available.
- Your search results will contain the highest level of benefits — tier 1.
- You can select "View all in-network providers" — tier 1 and tier 2.
- A pop-up message will appear in the search results when you move your mouse over the network label.
- Once you select a provider page to view, the same message will appear when you move your mouse over the name. ***This message is important, because it identifies if the provider is in tier 1 or tier 2.***
 - Tier 1 benefits are identified by the network – Blue Choice OPT PPO network
 - Tier 2 benefits are identified by the PPO network



Another easy way to find a network provider is to log in to Blue Access for MembersSM. Once registered (all you need are your group and identification numbers, found on your BCBSIL member ID card), select "Doctors and Hospitals" and the provider finder tool will only list providers in your network.

If you need help finding a network provider or have questions about your benefits, call the toll-free number on the back of your ID card.



Medical/Online Services



The BCBSIL App!



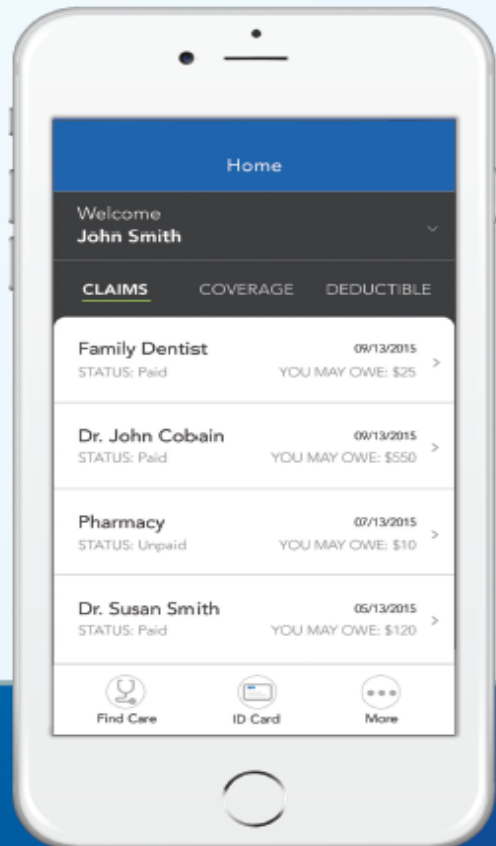
Stay connected with Blue Cross and Blue Shield of Illinois (BCBSIL) and access important health benefit information wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your member ID card

Available in Spanish

Text* **BCBSILAPP** to **33633**
to get the app.

* Message and data rates may apply. Terms and conditions and privacy policy at bcbsil.com/mobile/text-messaging.



bcbsil.com/mobile



Medical/Online Services



BlueCross BlueShield
of Illinois

Blue Access for MembersSM

Get all the advantages your health plan offers



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

With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one
- Visit [Health Care School](#) to see articles and videos to help you make the most of your benefits

It's easy to get started

- 1 Go to bcbsil.com/member
- 2 Click **Register Now**
- 3 Use the information on your BCBSIL ID card to complete the registration process.



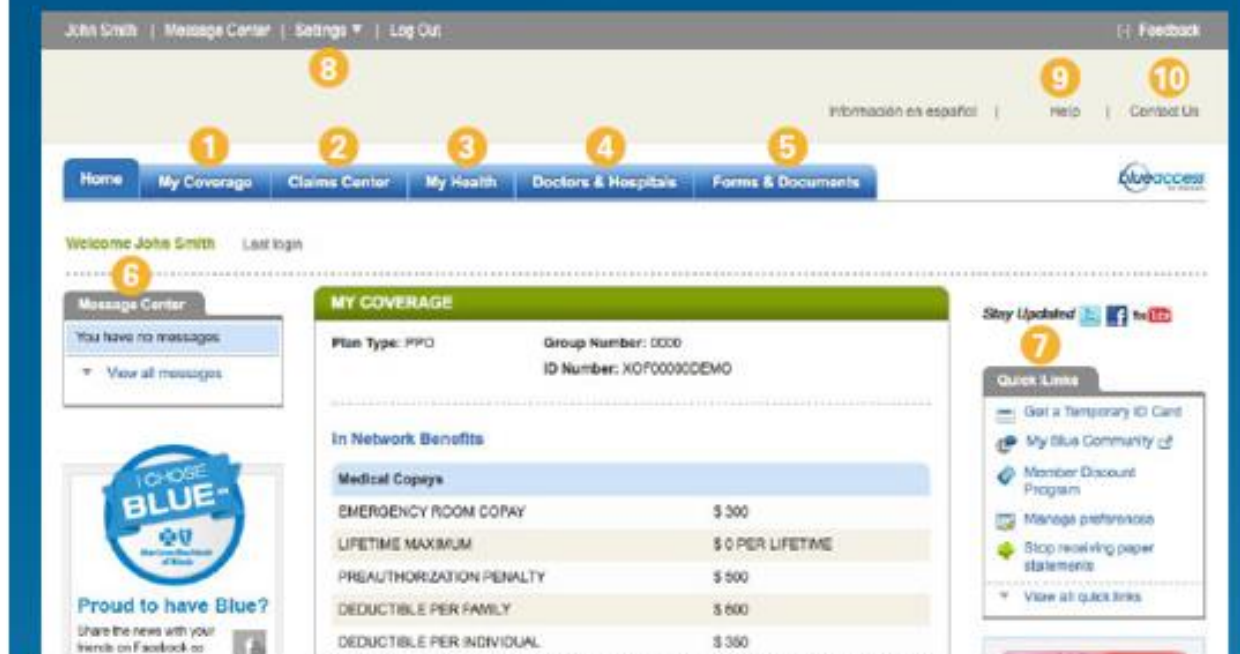
Text* BCBSILAPP to 33633 to get the BCBSIL app that lets you use BAM while you're on the go.

*Message and data rates may apply



Medical/Online Services

Find what you need with Blue Access for Members



The screenshot shows the Blue Access for Members website interface. At the top, there is a navigation bar with links for Home, My Coverage, Claims Center, My Health, Doctors & Hospitals, and Forms & Documents. A user profile for John Smith is visible, along with links for Message Center, Settings, and Log Out. A feedback link is also present. The main content area is divided into several sections: a Message Center (6) showing no messages, a My Coverage section (1) displaying plan details like Plan Type (PPO), Group Number (0000), and ID Number (XOF00000DEMO), and a table of In Network Benefits (3). A 'Proud to have Blue?' banner is also visible. On the right, there is a 'Stay Updated' section (7) with social media icons and a 'Quick Links' section with options like 'Get a Temporary ID Card' and 'My Blue Community'.

In Network Benefits	
Medical Copays	
EMERGENCY ROOM COPAY	\$ 300
LIFETIME MAXIMUM	\$ 0 PER LIFETIME
PREAUTHORIZATION PENALTY	\$ 500
DEDUCTIBLE PER FAMILY	\$ 600
DEDUCTIBLE PER INDIVIDUAL	\$ 300

- 1 My Coverage:** Review benefit details for you and family members covered under your plan.
- 2 Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 Message Center:** Learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
- 9 Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
- 10 Contact Us:** Submit a question and a Customer Service Advocate will respond by phone or through the message center.



Medical/Provider Finder

How to Search for Doctors or Hospitals



Log on to
bcbsil.com



From the home page, click on
'Find A Doctor'

Select PPO network, and
search by **Provider Name**
or **Provider type**

Save or print results

Get directions, and view quality
designations including **Blue**
Distinction Specialty Care

Try it on your mobile phone!

No registration necessary

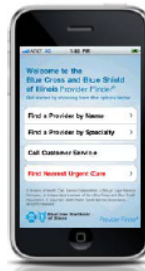


The screenshot shows the 'Provider Finder' web application. At the top, it says 'Find a Doctor or Hospital with Provider Finder®'. Below this are several search filters: 'Select network type' (with a dropdown menu), 'Select the state you live in' (with a dropdown menu), and 'Select the state you want to search' (with a dropdown menu). There are also fields for 'Provider Type', 'Provider's Name', and 'Location'. A 'Find' button is visible at the bottom right of the search area. Below the search area, there are three columns of links: 'More Searches', 'Quality and Cost', and 'Search Tips'. The 'More Searches' column includes links like 'Find providers outside of the U.S.', 'Find labor account providers here', 'Find a pharmacy', 'Find a dentist', 'Find a Vision Provider', 'Find laser vision correction procedures/disposable contact lenses', and 'Find information on discount hearing aids'. The 'Quality and Cost' column includes links like 'Learn more about ways to save on your medical costs' and 'Tips on finding the right hospital'. The 'Search Tips' column includes links like 'Check your Benefit Booklet for your Network Type', 'Make sure you are searching within your network', 'Enter as much information as you know', and 'Use filters to help narrow your search'.



Public Site

- Health Care 101
- Shop for Insurance
- Find a Doctor / Hospital
- Blue Access for Members log-in or registration
- Contact Us



Provider Finder® App

- Locate in-network providers
- Link to map and directions, add to contacts
- Locate urgent care facility using phone's GPS location

For iPhone® and Android® phones.



Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) is a notification provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Illinois (BCBSIL). The EOB shows how the claim was processed. The EOB is not a bill. Your provider may bill you separately.



THE EOB HAS THREE MAJOR SECTIONS:

- **Subscriber Information and Total of Claim(s)** includes the member's name, address, member ID number and group name and number. The Total of Claims table shows you the amount billed, any applied discounts, reductions and payments and the amount you may owe the provider.
- **Service Detail** for each claim includes:
 - Patient and provider information
 - Claim number and when it was processed
 - Service dates and descriptions
 - The amount billed
 - The discounts or other reductions subtracted from amount billed
 - Total amount covered
 - The amount you may owe (your responsibility)
- **Summary** - Shows you what the plan covers for each claim and your responsibility including:
 - Plan Provisions**
 - The amount covered
 - Less any amounts you may owe, like deductible, copay and coinsurance
 - Your Responsibility**
 - Deductible and copay amount
 - Your share of coinsurance
 - Amount not covered, if any
 - Amount you may owe the provider. You may have paid some of this amount, like your copay, at the time you received the service.

THE EOB MAY INCLUDE ADDITIONAL INFORMATION:

- **Amounts Not Covered** will show what benefit limitations or exclusions apply.
- **Out-of-Pocket Expenses** will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.
- **Fraud Hotline** is a toll-free number to call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.
- **An explanation** of your right to appeal if your health plan doesn't cover a health care claim.

Medical/Rx Benefits



A home delivery (mail order) pharmacy service you can trust.

Express Scripts® Pharmacy delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

Savings and Convenience

- Express Scripts® Pharmacy delivers up to a 90-day supply of long-term medicines.¹
- Prescriptions are delivered to the address of your choice, within the U.S., with free standard shipping.
- You can order from the comfort of your home — through your mobile device, online or over the phone. Your doctor can fax, call or send your prescription electronically to Express Scripts® Pharmacy.
- Tamper-evident, unmarked packaging protects your privacy.

Support and Service

- You can receive notices by phone, email or text — your choice — when your orders are placed and shipped. You will be contacted, if needed, to complete your order. To select your notice preference, register online at [express-scripts.com/rx](https://www.express-scripts.com/rx) or call **833-715-0942**.
- 24/7 access to a team of knowledgeable pharmacists and support staff.
- Choose to receive refill reminder notices by phone or email.
- Multiple pharmacy locations are located across the U.S., for fast processing and dispensing.



Medicines may take up to 5 business days to deliver after Express Scripts® Pharmacy receives and verifies your order.

Medical/Rx Benefits



Patients Prescribers

accredo®

Patient Log In

Register

Home Getting Started Conditions Find a Medication Contact Us

English | Search

Accredo, your specialty pharmacy.

We are here for you.



Accredo Mobile App

Manage your specialty medications on the go with the Accredo mobile app. You can even set up dose reminders to help you remember to take your medication!*



*This app is for Accredo patients. You must have an Accredo prescription number to register for an account.



Text "Start" to [877-222-7336](tel:877-222-7336)

We are making enrolling in text alerts easier than ever. To get started with texting, you will need:

- Your phone number
- Date of Birth
- Active Accredo prescription number

Our specialty pharmacy texting program allows you to receive prescription refill reminders, medication order updates and more all via text! For some eligible prescription medications you can even order prescription refills by text. It's never been this easy to keep up with your specialty medication orders.

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





The Simpler Way To a Healthier You

An advanced blood glucose meter and blood pressure monitor, plus the support you need, 100% paid for by your employer.



COST-FREE PROGRAMS



ADVANCED TECHNOLOGY



ENCOURAGING COACHING



Diabetes Management

- Unlimited strips & lancets
- Connected blood sugar meter
- Personalized insights & more

Blood Pressure Management

- One-on-one coaching
- Connected monitor
- Real-time tips & more

GET STARTED



Text **"GO WELL-BCBSIL"** to **85240** to learn more & join
You can also join by visiting get.livongo.com/WELL-BCBSIL/register or call **(800) 945-4355** and use registration code: **WELL-BCBSIL**

The program is provided to you and your family members with coverage through Blue Cross and Blue Shield of Illinois (BCBSIL).

Solamente el programa Livongo para Diabetes esta disponible en Español

Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al (800) 945-4355 o visite bienvenido.livongo.com/WELL-BCBSIL.

Members must have primary insurance coverage through the Blue Cross and Blue Shield of Illinois plan offering the Livongo program.

Program includes trends and support on your secure Livongo account and mobile app but does not include a tablet or phone.





Introducing Well onTarget®

It makes sense. When you feel well, you do well. The same is true for your employees. But wellness involves more than simply managing diet and exercise.

To be effective, your company's wellness initiative needs to include innovative programs to support your employees throughout their lifelong journeys of healthy living.

Well onTarget is a wellness solution designed to enhance engagement and reduce costs — all while promoting good health. It offers personalized wellness initiatives to meet the needs of all of your employees, wherever they find themselves along the path of health and wellness.

This high-value bundle features a premium range of wellness services. All of these are cost-effective and can improve employee morale and well-being.



Target heart rate 85-145 at 50 years. Source: Medical News Today
Elevating your heart rate for the duration of a 30-minute workout helps improve cardio capacity and stamina. A 160 pound beginner, walking at 2 mph, will burn 183 calories per hour. Source: mindbodyhealthy.org.

Program Highlights

Premium Services

Corporate Wellness Challenges

Challenges that encourage working toward a wellness goal with a team.

Personalized Member Communication

Use email and text messaging for engagement in wellness programs based on individual members' needs.

Wellness Coaching

Professionally certified coaches counsel employees via phone contact and the interactive portal on nutrition, physical activity, stress management, tobacco cessation, improving blood pressure, improving cholesterol, weight loss, and weight maintenance.

Engagement Resources

Fitness Program

The Fitness Program is a flexible membership program that gives your employees access to a nationwide network of thousands of fitness locations as well as digital options.

Self-Management Programs

Online suite of structured programs to help achieve health and wellness goals.

Blue Points^{SM 2}

Member rewards program for engaging in healthy activities.

Fitness and Nutrition Tracking

Members can earn points for tracking fitness and nutrition activity using popular fitness devices and mobile apps.

Expand Your Options

With Well onTarget, you can enhance your plan to meet your employees' needs by adding a number of buy-up options:

Wellness Consultants

Provide employers with program recommendations based on employees' medical, health and wellness needs and concerns.



Medical/Wellness



Biometric Screenings

Screening panel (total/HDL cholesterol with ratio, glucose, LDL and triglycerides).

ondemand Employer Wellness Portal

Interactive portal that allows you to:

- download employee engagement communications
- monitor employee participation rates
- check the calendar for upcoming national wellness events

Well onTarget Member Wellness Portal

Personalized online tool that links the participant, dedicated health coach and a supportive community with valuable health resources, discussion boards, goal trackers and more:

Health Assessment¹

Personalized assessment that helps members address health risks and habits.

Worksite Wellness Events³

Ability to purchase onsite worksite wellness events such as biometric screenings, flu vaccines, health education classes and health fairs.

Health Assessment (paper)

A paper version is available for employers preferring a non-electronic version of the Health Assessment.



Your Employees Can Take Wellness on the Go

Check out the Well onTarget AlwaysOn Wellness mobile app, available for iPhone® and Android™ smartphones. It can help you work on your health and wellness goals — anytime and anywhere.

¹ Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

² Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.

Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

³ Screenings are conducted by Catapult Health, an independent company that provides screenings for Blue Cross and Blue Shield of Illinois (BCBSIL). Catapult Health is solely responsible for the products and services it offers.

Flu shots are administered by LabCorp, a third party vendor. Worksite wellness services are offered as a buy-up to Groups with 100+ employees.

BCBSIL makes no endorsement, representations or warranties regarding third-party providers and the products and services offered by them.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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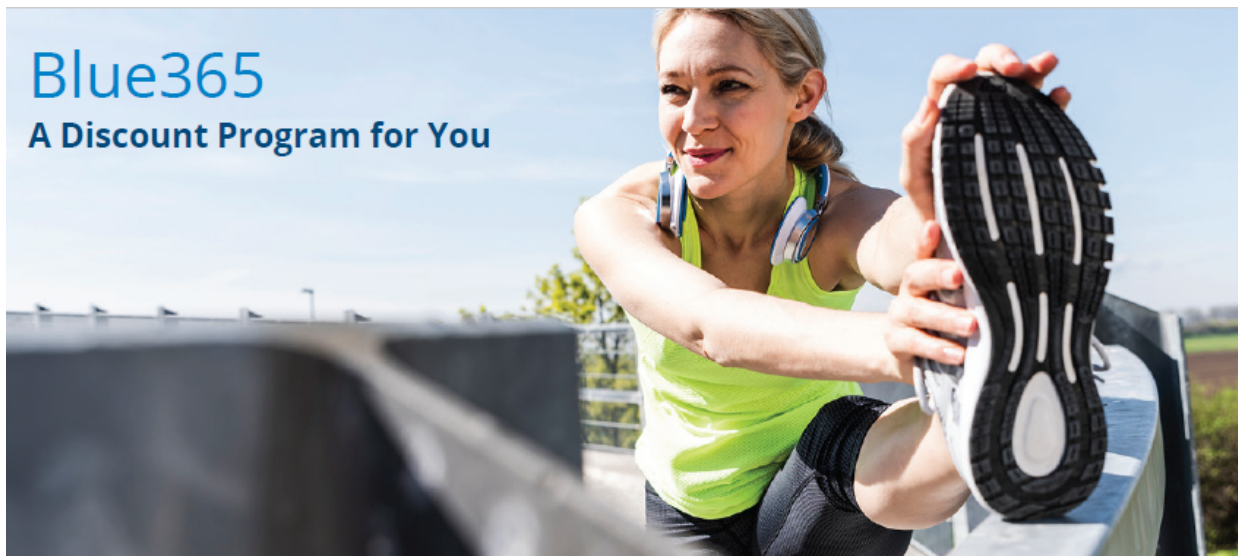


Medical/Blue 365



Blue365

A Discount Program for You



Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Illinois (BCBSIL) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at blue365deals.com/bcbsil, weekly "Featured Deals" will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

EyeMed® | Davis Vision®

You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

TruHearing® | Beltone™ | Start Hearing

You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Dental SolutionsSM

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

Jenny Craig® | Sun Basket | Nutrisystem®

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

See all the Blue365 deals and learn more at blue365deals.com/bcbsil.



Medical/Blue 365



Fitbit®

You can customize your workout routine with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You'll get a 20% discount on Fitbit devices plus free shipping.

Reebok | SKECHERS®

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get 30% off plus free shipping for your online orders.

InVite® Health

InVite Health offers quality vitamins and supplements, educational resources and a team of health care experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements and a free Midnight Bright Black Coconut Charcoal Tooth Polish with a \$25 purchase.

Livekick

Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 30% off a monthly plan on any Live Online Personal Training.

eMindful

Get up to a 50% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

For more great deals or to learn more about Blue365, visit blue365deals.com/bcbsil.

The relationship between these vendors and Blue Cross and Blue Shield of Illinois (BCBSIL) is that of independent contractors. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

* Dental Solutions requires a \$9.95 sign-up and \$6 monthly fee.

Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.

231038.0622



Medical/Travel Assist



Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains³



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda

Everywhere else
+1.609.986.1234

Text:
+1.609.334.0807

Email:
medservices@assistamerica.com

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-5201



Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

² Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

³ Must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

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Travel Assistance EE
(8/20)



Dental Benefits



Orland Fire Protection District offers dental insurance from Blue Cross Blue Shield of Illinois to all eligible, full-time employees. Regular dental checkups are important to your overall health and can reveal early indications of serious conditions like osteoporosis and cardiovascular disease. An oral exam can help keep your teeth and gums healthy throughout your life.

This comprehensive dental plan provides access to both in and out-of-network providers nationwide. However, you will always save money using in-network providers as they are contracted with Blue Cross and have set costs.

BlueCare Dental PPO		
Benefit Highlights	In-Network	Out-of-Network
Annual Benefit Maximum	\$1,500	\$1,500
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Covered Services w/Waived Deductible		
Preventive Services	100%	100%
Diagnostic Evaluations	100%	100%
Diagnostic Radiographs	100%	100%
Other Covered Services		
Basic Restorative Services	80%	80%
Non-Surgical Extractions	80%	80%
Non-Surgical Periodontal Services	80%	80%
Oral Surgery Services	80%	80%
Surgical Periodontal Services	80%	80%
Major Restorative & Prosthodontic Services	50%	50%
Implants	Not Covered	Not Covered
Orthodontic Services		
Orthodontia (Children up to age 19)	50%	50%
Ortho Lifetime Max	\$1,500	\$1,500

Please refer to the certificate of coverage for complete policy details.



Dental Insurance Rates



Members Enrolled in Medical Plan - HMO (H6988)

Tiers	Employer Monthly Cost	Employee Monthly Cost	Employee Payroll Deductions
Employee Only	\$44.25	\$0	\$0
Employee + 1	\$82.40	\$0	\$0
Employee + 2 or more	\$123.58	\$0	\$0

Members Enrolled in Medical Plan - BCO PPO (252602)

Tiers	Employer Monthly Cost	Employee Monthly Cost	Employee Payroll Deductions
Employee Only	\$38.50	\$5.75	\$2.65
Employee + 1	\$71.69	\$10.71	\$4.94
Employee + 2 or more	\$107.51	\$16.07	\$7.42

Members Enrolled in Medical Plan - BCO HSA (269688)

Tiers	Employer Monthly Cost	Employee Monthly Cost	Employee Payroll Deductions
Employee Only	\$41.59	\$2.66	\$1.23
Employee + 1	\$77.46	\$4.94	\$2.28
Employee + 2 or more	\$116.17	\$7.41	\$3.42



Dental Benefits

This Plan is offered by your Employer as one of the benefits of your employment. The benefits provided are intended to assist you with many of your dental care expenses for Dentally Necessary services and supplies. Coverage under this Plan is provided regardless of your race, color, national origin, disability, age, sex, gender identity or sexual orientation. There are provisions throughout this Benefit Booklet that affects your dental care coverage. It is important that you read the Benefit Booklet carefully so you will be aware of the benefits and requirements of this Plan.

The defined terms in this Benefit Booklet are capitalized and shown in the appropriate provision in the Benefit Booklet or in the **DEFINITIONS** section of the Benefit Booklet. Whenever these terms are used, the meaning is consistent with the definition given. Terms in italics may be section headings describing provisions or they may be defined terms.

The terms “you” and “your” as used in this Benefit Booklet refer to the Employee.

Benefits available under the Plan are explained in the **COVERED DENTAL SERVICES** section. The benefits available to you are indicated on the Dental Schedule of Coverage in this Benefit Booklet.

You are covered only for those benefit categories of services selected by your Employer and shown on your Dental Schedule of Coverage.

The benefit percentage to be applied to each category of service is shown on your Dental Schedule of Coverage.

Important Contact Information

Resource	Contact Information	Accessible Hours
Dental Customer Service Helpline	800-367-6401	Monday – Friday 8:00 a.m. – 6:00 p.m. (hours are subject to change)
Website	www.bcbsil.com	24 hours a day 7 days a week

Dental Customer Service Helpline

Dental Customer Service Representatives can:

- Give you information about Contracting Dentists;
- Distribute claim forms;
- Answer your questions on claims;
- Assist you in identifying a Contracting Dentist (but will not recommend specific Dentists);
- Provide information on the features of the Plan.

BCBSIL Website

Visit the BCBSIL website at www.bcbsil.com for information about BCBSIL, access to forms referenced in Benefit Booklet, and much more.



HOW THE PLAN WORKS

Allowable Amount

The Allowable Amount is the maximum amount of benefits the Claim Administrator will pay for Eligible Dental Expenses you incur under the Plan. The portion of the charges by your Dentist that exceeds the Allowable Amount of the Claim Administrator will be your responsibility to pay to your Dentist, except when you have used a Contracting Dentist. You will also be responsible for charges for services, supplies, and procedures limited or not covered under the Plan and any applicable Deductibles and Coinsurance Amounts.

Review the definition of Allowable Amount in the **DEFINITIONS** section of this Benefit Booklet to understand the guidelines used by BCBSIL.

Course of Treatment

Your Dentist may decide on a planned series of dental procedures which a dental exam shows you need. In cases where there is more than one professionally acceptable covered procedure or Course of Treatment, benefits will be covered for the least costly covered procedure or Course of Treatment, as determined by the Plan. If the Participant requests or accepts the more costly service, the person is responsible for expenses that exceed the amount covered for the least costly service.

Current Dental Terminology (CDT)

The most recent edition of the manual published by the American Dental Association (ADA) entitled “*Current Dental Terminology and Procedure Codes (CDT)*” is used when classifying dental services.

The Allowable Amount for an Eligible Dental Expense will be based on the most inclusive procedure codes.

Freedom of Choice

<i>Each time you need dental care, you can choose to:</i>	
See a Contracting Dentist	See a Non-Contracting Dentist
<ul style="list-style-type: none">Your out-of-pocket cost will generally be the least amount because Contracting Dentists have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses;You are not required to file claim forms;You are not balance billed for costs exceeding the Claim Administrator’s Allowable Amount for Contracting Dentists.	<ul style="list-style-type: none">Your out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with the Claim Administrator to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses;You are required to file claim forms;You may be balanced billed by Non-Contracting Dentists for costs exceeding the Claim Administrator’s Allowable Amount.

In each event as described above, you will be responsible for the following:

- Any applicable Deductibles;
- Coinsurance Amounts;
- Services that are limited or not covered under the Plan.



Vol. Vision Benefits



Orland Fire Protection District offers vision insurance from Blue Cross Blue Shield of Illinois and EyeMed to all eligible, full-time employees. This is an employee-paid insurance policy.

PLAN 8: 12/12/24/\$130		MS 300 V
Frequency		
Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 24 months	
Contact lens eval/fitting	N/A	
Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with dilation as necessary	\$10 copay	Up to \$30
Contact lens fit and follow-up	Up to \$40 for standard; 10% off retail price for premium	N/A
Frames		
Any available frame at provider location	\$0 copay, \$130 allowance, 20% off balance over \$130	Up to \$65
Standard Lenses		
Single vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$55
Lenticular	\$25 copay	Up to \$55
Standard progressive lens	\$90 copay	Up to \$40
Premium progressive lens	See table on page 2.	Up to \$40
Lens Options		
Tint (solid and gradient)	\$15	N/A
Scratch resistant coating	\$0	Up to \$5
Polycarbonate lenses	\$0 kids; \$40 adults	Up to \$5 kids
Ultraviolet coating	\$15	N/A
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photochromic/transitions plastic	\$75	N/A
Other		
Laser vision correction	15% retail price or 5% off promotional price	N/A
Additional pairs benefit	40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used	N/A
Amplifon hearing discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A



Please refer to the certificate of coverage for complete policy details.

Vision Insurance Rates



100% Employee-Paid

Tiers	Employer Monthly Cost	Employee Monthly Cost	Employee Payroll Deductions
Employee Only	\$0	\$7.60	\$3.51
Employee + Spouse	\$0	\$14.44	\$6.66
Employee + Child(ren)	\$0	\$15.20	\$7.02
Employee + Family	\$0	\$22.35	\$10.32



Vision Benefits



Summary of Benefits Continued

Progressive Price List ²	Member Cost In-Network
Standard progressive	\$90 copay

Premium Progressives ³ as Follows:	
Tier 1	\$110 copay
Tier 2	\$120 copay
Tier 3	\$135 copay
Tier 4	\$90 copay 80% of charge less \$120 allowance

Anti-Reflective Coating Price List ²	Member Cost In-Network
Standard anti-reflective coating	\$45

Premium anti-reflective ³ coatings as follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge

Other Add-ons Price List	Member Cost In-Network
Photochromic	\$75
Polarized	80% of charge

Plan Exclusions

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses
2. Medical and/or surgical treatment of the eye, eyes or supporting structures
3. Any eye or vision examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
5. Plano (non-prescription) lenses and/or contact lenses
6. Non-prescription sunglasses
7. Two pair of glasses in lieu of bifocals
8. Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
9. Services or materials provided by any other group benefit plan providing vision care
10. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

For a complete list of in-network providers near you, visit:

www.eyemedvisioncare.com/bcbsilvis

or call #800-362-5539

For LASIK Providers, call 877-5LASER6.



BlueCross BlueShield of Illinois

Vision Care

Insurance products issued by Dearborn Life Insurance Company,
701 E. 22nd St. Suite 300, Lombard, IL 60148.



Vision/Mobile App



Mobilize Your Vision Plan

Vision Benefit App, Powered by EyeMed

The EyeMed member app was the first of its kind. But innovation—like your life—never stops. Your vision benefit is powered by EyeMed, which means you are able to download the EyeMed member app to access ahead-of-the-game resources wherever you are—before, during and after your eye appointment.

Here's How to Access the EyeMed Member App



1. DOWNLOAD

Search "EyeMed Members" in your App store, iTunes or Google Play.



2. OPEN

You can use some features right away; others unlock once you register.



3. REGISTER

You'll need your member ID or the last four digits of your Social Security number.



4. LOG IN

It's that easy!

	Ready when you download	Unlocked when you register
Find nearby network providers	<input checked="" type="checkbox"/>	
On-the-fly appointment scheduling	<input checked="" type="checkbox"/>	
Turn-by-turn directions and map	<input checked="" type="checkbox"/>	
Eye exam and contact lens reminders		<input checked="" type="checkbox"/>
Electronic ID card for office visits		<input checked="" type="checkbox"/>
Save vision prescriptions		<input checked="" type="checkbox"/>
Benefit plan details		<input checked="" type="checkbox"/>
Answers to common questions	<input checked="" type="checkbox"/>	
Direct line to member support	<input checked="" type="checkbox"/>	

Get a Clear View

Download the EyeMed member app now and register to access your vision benefit information on the go!



Basic Life-AD&D



Orland Fire Protection District pays for 100% of the premium for a **\$100,000** Basic Life and AD&D (Accidental Death & Dismemberment) insurance coverage for all eligible, full-time employees!

Planning your financial security is a challenging task under the best of circumstances, but what happens if you die or sidelined due to a lengthy illness or injury? How will your family pay the monthly bills? That's where this income protection benefit comes into play.

Here are some important features of your \$100,000 Life & AD&D Insurance Benefit:

- **Seat Belt Benefit:** The amount of the Seat Belt Benefit is the lesser of (1) \$10,000 or (2) the amount of AD&D Insurance Benefit payable for loss of life.
- **Air Bag Benefit:** The amount of the Air Bag Benefit is the lesser of (1) \$5,000; or (2) the amount of AD&D Insurance Benefit payable for Loss of your life.
- **Career Adjustment Benefit:** The tuition expenses for training incurred by your Spouse within 36 months after the date of your death, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.
- **Child Care Benefit:** The total childcare expense incurred by your Spouse within 36 months after the date of your death for all Children under age 13, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.
- **Higher Education Benefit:** The tuition expenses incurred per Child within 4 years after the date of your death at an accredited institution of higher education, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$5,000 per year, or the cumulative total of \$20,000 or 25% of the AD&D Insurance Benefit, whichever is less.
- **LINE OF DUTY BENEFIT:** The Lesser of (1) \$50,000; or (2) 100% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss.

Please refer to the certificate of coverage for complete policy details.



Basic Life-AD&D



Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Orland Fire Protection District.

Eligibility

Definition of a Member	You are a member if you are an active employee of Orland Fire Protection District and regularly working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	Class 1 - Active Sworn Members
Eligibility Waiting Period	You are eligible on the date you become a member.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$100,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 70 and to 50 percent at age 75.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium





Orland Fire Protection District also offers Voluntary Life and AD&D Insurance, a great benefit for employees who need lower cost options and or for employees who might otherwise be unable to purchase life insurance privately due to a medical condition.

Coverage is generally low-cost and if employees elect coverage at or under the guaranteed insurability amount, there is no medical underwriting needed.

Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die
- An annual enrollment opportunity. See Annual Enrollment section for additional details.

? About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

Life Insurance		
How Much Can I Apply For? The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.	For You:	\$10,000 – \$500,000 in increments of \$10,000
	For Your Spouse:	\$5,000 – \$250,000 in increments of \$5,000
	For Your Child(ren):	\$10,000
What is the Guarantee Issue Maximum? Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For You:	Up to \$110,000
	For Your Spouse:	Up to \$25,000

Please refer to the certificate of coverage for complete policy details.



Vol. Basic Life-AD&D



AD&D Insurance

The benefit is paid if you are seriously injured or pass away as a result of a covered accident.

What Does My AD&D Benefit Provide?

For You:

If you elect AD&D insurance coverage, the benefit amount is the same as the Additional Life insurance benefit.

Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

Annual Enrollment

During Orland Fire Protection District's Annual Enrollment Period

For You. If you are currently enrolled in Additional Life insurance for an amount less than \$110,000, you may elect to increase your coverage by \$10,000 annually, up to, but not to exceed, the guarantee issue amount of \$110,000 without having to answer health questions. If you are not currently enrolled in Additional Life insurance, you may elect \$10,000 of coverage without having to answer health questions.

If you were previously declined coverage by The Standard, you will need to submit a medical history statement in order to apply for any amount of coverage during the Annual Enrollment period. Visit www.standard.com/mhs to complete and submit a medical history statement online.

Additional Feature

Life Insurance

Accelerated Benefit

If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.



How Much Does Voluntary Life/AD&D Insurance Coverage Cost?

Your Basic Life/AD&D Insurance is paid for by **Orland Fire Protection District**. However, if you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your Voluntary Life and AD&D insurance premiums deducted directly from your paycheck.

How much your premium costs depends on several factors such as your age and the benefit amounts chosen.

Use the formula below and the rates found on pages #48 & #49 to calculate your premium payments:

Enter the amount of coverage you are requesting	\div by \$1,000	Enter your rate from the rate table	$=$ Your monthly premiums
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then

Your monthly premiums	\times by 12	\div by 26	$=$ Your payroll deductions
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Voluntary Life/AD&D Rates



EMPLOYEE: BASIC LIFE

Tiers	Monthly Rate per \$1,000
0-29	\$.077
30-34	\$.088
35-39	\$.107
40-44	\$.158
45-49	\$.256
50-54	\$.387
55-59	\$.648
60-64	\$.745
65-69	\$1.925
70-74	\$4.928
75-79	\$8.259

EMPLOYEE: AD&D

Rate per \$1,000 of Benefit	\$.070
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Voluntary Life/AD&D Rates



SPOUSE: AD&D

SPOUSE: AD&D

Tiers	Monthly Rate per \$1,000
0-29	\$.070
30-34	\$.080
35-39	\$.097
40-44	\$.144
45-49	\$.233
50-54	\$.352
55-59	\$.589
60-64	\$.677
65-69	\$1.750
70-74	\$4.480
75-79	\$7.508

Rate per \$1,000 of Benefit	\$.070
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CHILD: BASIC LIFE AND AD&D

Monthly Rate	\$2.00
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Life Insurance

The Life Services Toolkit

Resources and Tools to Support You and Your Beneficiary



Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Morneau Shepell to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at standard.com/mytoolkit and enter user name "assurance" for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and health care agent forms.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Benefit,¹ you may access the services for beneficiaries outlined on the next page.



Life Services Toolkit



Services for Your Beneficiary

Life insurance beneficiaries² can access services for 12 months after the date of death. Recipients of an Accelerated Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Clinicians with master's degrees are on call to provide confidential grief sessions by phone or in person. Your beneficiaries are eligible for up to six face-to-face sessions and unlimited phone contact.

Our clinicians may offer your beneficiaries additional grief support through books sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.

- **Legal Services:** Your beneficiaries can obtain legal assistance from experienced attorneys. They can:
 - Schedule an initial 30-minute office and a telephone consultation with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25 percent rate reduction from the attorney's normal hourly or fixed-fee rates.
 - Obtain an estate-planning package that consists of a simple will, a living will, a health care agent form and a durable power of attorney.
- **Financial Assistance:** Your beneficiaries have unlimited phone access to financial counselors who can help with issues such as budgeting strategies, and credit and debt management, including hour-long sessions on topics requiring more in-depth discussion.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. Work-life advisors can guide them to resources to help manage household repairs and chores; find child care and elder care providers; or organize a move or relocation.
- **Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit standard.com/mytoolkit (user name = support) or call the assistance line at 800.378.5742.



Important Contact Information



Benefit Carrier	Contact Phone	Website
Medical/Rx		
BCBSIL	HMO: 800-892-2803 PPO/HSA: 800-828-3116	www.Bcbsil.com
Express Scripts	833-715-0944	www.express-scripts.com/rx
Accredo	866-725-2546	www.accredo.com
Dental		
BCBSIL	800-367-6401	www.Bcbsil.com
Vision		
BCBSIL w/EyeMed	855-362-5539	www.eyemedvisioncare.com/bcbsilvis
Life & AD&D		
The Standard	800-628-8600	www.standard.com/individual/products-services/workplace-benefits/insurance

HUMAN RESOURCES DIRECTOR

Lucy McGlynn
 (708) 873-2709
l.mcglynn@orlandofire.org

EMPLOYEE BENEFITS ACCOUNT MANAGER

Jennifer Kramer
 (847) 258-7731
Jen.Kramer@assuredpartners.com





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POWER

through Partnership

NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein.