



# Open Enrollment Guide: 2020 Plan Year

**Open Enrollment: October 28 – November 8, 2019**

***Your Benefits Will Not Automatically Renew –  
Active Enrollment Required!***



# Have you talked to alex® ?



Walk through your options at  
[www.myalex.com/districtu46/2020](http://www.myalex.com/districtu46/2020)

ALEX® is YOUR personal benefits counselor Available 24/7.

Picking the right benefit plans can be a challenge.

- Which medical plan is best for me?
- How much should I save in my flexible spending accounts?
- Should I get extra life insurance?
- Does a health savings account make sense for me?

These decisions are important and a lot goes into making the right choice. To make the process easier for you, School District U-46 has brought in an easy-to-use online tool called ALEX.

All you have to do is log on and respond to ALEX's questions. ALEX will prompt you for some basic information about you and your family, ask a few questions about your personal situation (everything you say remains confidential, of course), and help you figure out what to choose based on your responses.

Talking with ALEX feels like having a conversation with a real person, and because ALEX uses simple language and avoids insurance jargon, his explanations and recommendations are easy to understand.

ALEX is available from any computer or device with an internet connection. If you have any questions about how anything works, ALEX can walk you through them.

Start a conversation with ALEX today. Visit [www.myalex.com/districtu46/2020](http://www.myalex.com/districtu46/2020).

## Need Additional Assistance? Attend a Live Open Enrollment Meeting!

Or watch a video about 2020 Open Enrollment on the U-46 Benefits webpage at  
<http://www.u-46.org/Page/9184>

School District U-46 will be holding live Open Enrollment Meetings at the following dates and times:

**Monday, October 28, 2019**  
4:00 P.M. – 5:00 P.M.  
Larkin High School  
Room A20

**Wednesday, October 30, 2019**  
4:00 P.M. – 5:00 P.M.  
Educational Service Center  
Room 240



October 21, 2019

Dear Colleagues,

School District U-46 strives to offer a competitive benefits package to support the health and well-being of its employees and their dependents. We will open enrollment for 2020 benefit plans on October 28 and ask that you submit your elections by November 8, 2019. New enrollments and changes become effective January 1, 2020. Take time to **engage** and **manage** options each year so you can **achieve** a healthy lifestyle for you and your family. You will definitely want to consider and compare all three available medical options to see which plan is the best fit for you.

**Engage** in the process by accessing *ALEX*, a unique, online experience that aims to help you make decisions about your benefit options. "Talking" with ALEX is easy; answer some basic questions about your personal situation (your answers remain anonymous, of course), and ALEX will crunch some numbers and explain your available benefit options — all with a healthy dose of humor. Visit ALEX at [www.myalex.com/districtu46/2020](http://www.myalex.com/districtu46/2020) if you have questions about your benefit plan options. Find out why 92 percent of District employees who used ALEX last year indicated that they better understood their medical options.

You can better **manage** your health care costs by using a number of solutions. Take advantage of the tax savings offered by Health Savings or Flexible Spending Accounts. Use network doctors rather than out-of-network providers. Use the UHC cost estimator. Utilize your free EAP mental health benefits before you dip into your medical plan. These are explained further in our new Benefits Guide.

We all would like to **achieve** a healthier lifestyle. District U-46 provides many opportunities for employees and their families to reach their health goals. Get a flu shot! Quit smoking! Get an annual physical! Participate in the Real Appeal weight loss program! All are free if you are enrolled in any one of the District's medical options.

During Open Enrollment, all eligible employees must log in to [Munis Self Service](#) to review their elections. All benefit eligible employees **must log in** to make their elections or waive coverage. If you waived coverage for 2019, you will need to waive coverage again for 2020. ***If you do not make an election by November 8th or waive coverage, you (and only you) will be enrolled in the Silver + HSA and the dental plan.***

I encourage you to carefully review and consider the information provided in the 2020 Open Enrollment Guide. Should you have any questions, please contact our Benefits Department at [benefits@u-46.org](mailto:benefits@u-46.org).

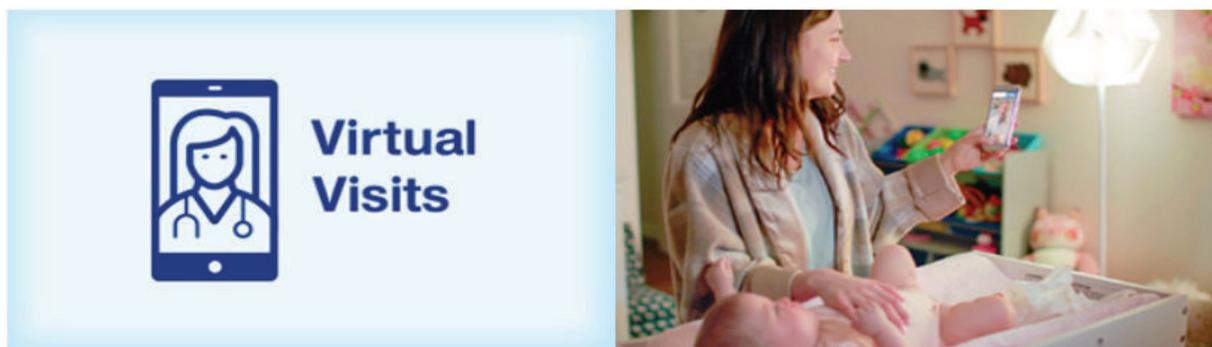
Thank you for all you do for our students and families. I wish you and your families the best of health always.

Sincerely,

A handwritten signature in black ink, appearing to read "Tony Sanders", written in a cursive style.

Tony Sanders  
Chief Executive Officer  
School District U-46

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**The doctor will see you now.**

When you need care – anytime day or night – Virtual Visits can be a great option. From treating colds and fevers to caring for migraines and allergies, you can connect with a doctor whenever, wherever.

- Video chat with a doctor on your mobile device, tablet or computer.
- Get a prescription if needed
- Pay \$50 or less with your District plan

## When is Open Enrollment?

Open enrollment begins Monday, October 28, 2019 and ends at midnight (CST) on Friday, November 8, 2019.

## What changes can I make?

Open Enrollment is your opportunity to elect the following through Munis Self Service: <https://selfservice.u-46.org/MSS/>

- Medical Plan Base Options
- Voluntary Critical Illness Insurance
- Voluntary Hospital Indemnity Insurance
- Payroll deductions to Health Savings Account if either the Silver + HSA or Gold + HSA is elected
- Dental Plan
- Vision Plan
- Flexible Spending Accounts:
  - Health Care, if the PPO is elected
  - Dependent Care
- Supplemental Life Insurance

In addition to the above benefit choices, open enrollment is the time for you to add or subtract dependents to your coverage.

You can only make changes outside of Open Enrollment if you have a qualified life event or family status change (such as marriage, divorce, death, loss of coverage or the birth or adoption of a child). A dependent is (1) your spouse, (2) qualifying child, and/or (3) dependent veteran child. If you have a family status change and you want to make coverage changes, you must contact the Benefits Department within 31 days of the event.

## Do I need to make an election?

All benefit-eligible employees must log in to make elections during this year's **ACTIVE** open enrollment.

- **Continuing Your Current 2019 Election** – If you were enrolled in the Silver + HSA, the Gold + HSA, or the PPO plan last year, and you want to stay in the same plan with the same tier (employee only, employee plus spouse, employee plus children, family), you can click the “No Changes” button next to each section.
- **Waiving Medical Coverage** – You must “actively” waive coverage, or you (and only you) will be enrolled in the Silver + HSA at the single coverage level and the dental plan at the single coverage level.

## Is there a tool to help me choose the right benefit options for me and my family?

The District provides an online benefits counselor – ALEX – to help you choose the right plan for you and your family. ALEX can provide information about the District's benefit program.

ALEX will help you understand your benefits and will email you a personalized benefits summary based on your responses to the questions.

For more information about these benefit programs, please refer to the online Benefits Guide available at <https://www.u-46.org/Page/9184>

Prior to using ALEX, make a list of how many times you and your family will have office visits, any planned surgeries, and the maintenance prescriptions you use on a regular basis.

When using ALEX, be realistic about your use of doctors. ALEX analyzes the information you give it to help you with making an informed decision about you and your family's needs. The benefit option recommended may be different if you want only catastrophic protection – that is protection for a totally unplanned, major operation – vs. protection for medical costs you normally incur.

ALEX is available from any computer or device with an internet connection. Accordingly, you can access ALEX at home so that your family can participate in the decision making process.

Visit ALEX at [www.myalex.com/districtu46/2020](http://www.myalex.com/districtu46/2020).

## How do I make open enrollment elections online?

To ensure a fast, convenient, and secure process, all employees must make their election online by visiting Munis Self Service at <https://selfservice.u-46.org/MSS/> to:

- View the plans available to you and their associated costs
- Access plan overviews
- Enroll or make changes to your coverage

## How to enroll

Log on to U-46 Benefits Online at <https://selfservice.u-46.org/MSS/> and follow these on-screen instructions.

1. Enter your user ID and password.
  - a. Your user ID is your 5 digit Employee ID.
  - b. If you have not previously logged in to the site or the online enrollment system,
    - (1) The first time that you log in to MUNIS Self-Service you will use your 5 digit employee ID and your password will be the last 4 digits of your social security number.
  - c. After logging in for the first time, you will be required to change your password. The password has to be at least 8 digits/characters; you must have at least one number, one symbol, one capital letter and one lowercase letter. If you cannot remember your password or the answer to your security question, **please contact the Help Desk at x4295 or [HelpDesk@u-46.org](mailto:HelpDesk@u-46.org) and they can reset your password.**
  - d. Once logged in, click on the “Employee Self Service” link and then select “Benefits.” Your current elections will be displayed – click the link that says “You must complete your open enrollment before 11/8/2019” to start the enrollment process.
2. Make and review your elections. Click the blue link to the right of each election:

**Elect or waive medical and dental coverage.** If you do not make an election or waive coverage, **you will be enrolled in the Silver + HSA for medical coverage and dental benefits at the single level.**

## Changes for the 2020 plan year

The District's Health Care Committee composed of representatives of each collective bargaining unit and the administration meets regularly to review the operations of the health and welfare benefit programs. As part of their charter, they propose changes to the various programs each year.

### The Medical Program

#### All Plans

1. Each plan will cover breast reduction surgery when it is medically necessary.
2. Each plan was amended to explicitly state the eligibility of same sex couples for infertility services.

#### PPO Plan

1. The in-network maximum out-of-pocket decreased from \$5,000 for single coverage and \$11,000 for family coverage to \$4,750 and \$9,500, respectively. The out-of-network maximum is double the in-network maximum out-of-pocket. The maximum out-of-pocket limit is the most you will pay for covered services.
2. The embedded maximum out-of-pocket also decreased from \$5,000 to \$4,750.
3. Currently, you must meet your deductible before the Plan will pay anything. For 2020, the first 3 visits per certain service categories – telemedicine, primary care provider, and specialist – will be covered at the applicable copay *before* the deductible has been met.
4. The pharmacy portion of this plan will be different from the other plans.
  - a. For 30-day retail,
    - i. Tier 2 decreased from \$35 to \$30
    - ii. Tier 3 minimum decreased from \$75 to \$50 and maximum decreased from \$200 to \$150
    - iii. Tier 4 minimum increased from \$35 to \$75 and maximum increased from \$50 to \$150.
  - b. For 90-day mail or retail,
    - i. Tier 2 decreased from \$85 to \$75
    - ii. Tier 3 minimum decreased from \$185 to \$125 and maximum decreased from \$500 to \$375
    - iii. Tier 4 minimum increased from \$85 to \$150 and maximum increased from \$125 to \$300.

#### Gold + HSA Plan

The embedded deductible increased from \$2,700 to \$2,800 as required by federal law and regulations. There are no other changes to the Gold + HSA plan for 2020. All other parts of the plan remain the same as the 2019 plan.

#### Silver + HSA Plan

1. The embedded deductible increased from \$2,700 to \$2,800 as required by federal law and regulations.
2. The coinsurance percentage for telemedicine, primary care providers, physical therapy, occupational therapy, and speech therapy visits decreased from 30% to 10%.
3. The pharmacy portion of this plan will be different from the other plans.
  - a. For 30-day retail,
    - i. Tier 1 decreased from \$10 to \$5
    - ii. Tier 2 decreased from \$35 to \$20
    - iii. Tier 3 minimum decreased from \$75 to \$50 and maximum decreased from \$200 to \$150
    - iv. Tier 4 minimum increased from \$35 to \$75 and maximum increased from \$50 to \$150.
  - b. For 90-day mail or retail,
    - i. Tier 1 decreased from \$25 to \$10
    - ii. Tier 2 decreased from \$85 to \$50
    - iii. Tier 3 minimum decreased from \$185 to \$125 and maximum decreased from \$500 to \$375
    - iv. Tier 4 minimum increased from \$85 to \$150 and maximum increased from \$125 to \$300.

#### Which plan provides the highest actuarial value?

Plan	Actuarial Value
PPO Plan	76.7%
Gold + HSA Plan	83.8%
Silver + HSA Plan	78.8%

#### The Pharmacy Program

1. Currently each medical option has the same pharmacy copays and co-insurance. For 2020, each medical option will be have a different pharmacy structure for copays and co-insurance.
2. Certain prescription drugs will no longer be covered under the program. If you were prescribed one of the prescription drugs in the last four months, you will receive a letter from UnitedHealthcare providing you with alternatives. For a full list of the excluded drugs, go to the Benefits website, or click on this link: <https://www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/RX%20Exclusions%20for%201-1-2020.pdf>.
3. If you are prescribed a brand drug with a generic equivalent, you will pay the generic copay plus the difference in the cost of the generic drug and the brand drug. For example, if you were prescribed a brand drug which costs \$200 and has a generic equivalent at a cost of \$35 and your copay for generic drugs is \$10, you would pay the \$10 generic copay plus \$165 (the difference between the costs of the two drugs) for a total of \$175.

**The Wellness Program** *(for those enrolled in a medical option)*

1. The Health Survey will be required to be completed each year before you can earn points.
2. The program will have a base program and a bonus program.
3. The potential amount that you and your spouse can each earn under the program has been **increased from \$260 per year to \$360 per year.**
  - a. If you and/or your spouse complete the requirements for the base program, you and your spouse each will earn \$120, payable to the employee in the quarter after you or your spouse completes the requirements.
  - b. If you and/or your spouse completes the requirements of the bonus program, you and your spouse each will earn a gift card credit of \$20 per month for the month the requirements are met. You may accumulate up to \$240 before requesting a gift card.
  - c. The above amounts are taxable income at the time of distribution.
4. The activities have changed for the base program:

	Base Program	
<b>Awareness</b>	• Health Survey (Required)	30%
	• Biometric Screening	10%
	• Any of the following:	20%
	• BMI ≤ 27.5 or 2 pt. improvement	
	• A1c ≤ 7.0	
	• Total Cholesterol ≤ 220	
<b>Activities</b>	• Any one of the following:	30%
	• Annual Physical	
	• Prenatal visit	
	• Mammogram	
	• Cervical	
	• Colorectal	
	• Complete 3 Missions	10%
	• Complete a City Walk	10%
	• Use Healthcare Cost Estimator	20%
<b>Programs</b>	• Complete Real Appeal	30%
	• Complete Quit for Life	30%
<b>Incentive</b>	• Achieve 100%	
	• \$120 payroll contribution payable in the quarter after completion	

5. The bonus program, Stride, will be offered as part of the Rally Rewards program and is available to both employees and spouses.
  - a. A member can select his/her target activity level (minimum 5,000 steps per day) as the goal. A fitness-tracking device is used to monitor and sync steps.
  - b. Members will receive \$20 every month if they meet their daily goal 12 times for the month. This reward is disbursed online through gift cards. The amount can be accumulated over the calendar year before being disbursed. The date of disbursement is a taxable event.
  - c. Members earn Rally coins for each day the daily goal is achieved (even if they do not meet the monthly goal of 12 days). These coins be redeemed for prizes as well.
6. Additional information about this program will be featured in a future special 2020 open enrollment edition.

**Voluntary Additional Medical Coverage**

*(for those eligible to enroll in a medical option)*

1. The District will be offering two new programs through Reliance Standard Life Insurance Company on a voluntary basis – a critical illness program and hospital indemnity program.
  - a. A critical illness program pays a flat amount if you or another covered individual is diagnosed with a specific conditions, such as heart failure or kidney failure.
  - b. A hospital indemnity program pays a certain amount for each day you are hospitalized.

Both programs will not prohibit you from contributing to a Health Savings Account.
2. One hundred percent of the cost of each program will be borne by the employee.
3. The cost of the program will be paid on a before-tax basis by reducing your salary through the District’s Cafeteria Plan.
4. More information can be found on pages 8-9 in this Guide.

Medical Plan Base Options and Summary of Benefit Coverage *(What the Participant Pays)*

Plan Features <sup>1</sup>	Silver + HSA Plan		Gold + HSA Plan		PPO Plan	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
<b>District's HSA Contribution</b>						
Individual Coverage	\$480		\$600		N/A	
Family Coverage (any level of dependent coverage)	\$960		\$1,200		N/A	
<b>Calendar Year Deductible</b>						
Individual Deductible	\$2,000	\$4,000	\$1,500	\$3,000	\$750	\$1,500
Family Deductible	\$4,000	\$8,000	\$3,000	\$6,000	\$2,150	\$4,300
Embedded Deductible	\$2,800	\$5,600	\$2,800	\$5,600	\$750	\$1,500
<b>Max. Out-of-Pocket Limit</b>						
Individual	\$4,000	\$8,000	\$3,000	\$6,000	\$4,750	\$9,500
Family	\$8,000	\$16,000	\$6,000	\$12,000	\$9,500	\$19,000
Embedded	\$4,000	\$8,000	\$3,000	\$6,000	\$4,750	\$9,500
<b>Wellness Benefits</b>						
<b>Routine Physical Exams</b>	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
<b>Physician Services</b>						
<b>Virtual Office Visit (Telemedicine)</b>	10% after deductible	n/a	20% after deductible	n/a	\$10 visit copay after deductible <sup>2</sup>	n/a
<b>Office Visits to Primary Care Physician</b>	10% after deductible	50% after deductible	20% after deductible	50% after deductible	\$30 visit copay after deductible <sup>2</sup>	50% after deductible
<b>Physical therapy, occupational therapy, speech therapy visits</b>	10% after deductible	50% after deductible	20% after deductible	50% after deductible	\$30 visit copay after deductible	50% after deductible
<b>Specialist Office Visits (Premium/Non-Premium)</b>	20%/30% after deductible	50% after deductible	10%/20% after deductible	50% after deductible	\$40/\$50 visit copay after deductible <sup>2</sup>	50% after deductible

<sup>1</sup> This chart represents a summary of features of each plan design. There may be certain restrictions, such as pre-authorization notices, required use of network providers, visit limitations, etc., that may apply to certain coverages. Those restrictions are applicable to all of the medical options. If there is any discrepancy between this chart and the plan document, the plan document requirements shall prevail. For more information, please consult the summary plan description.

<sup>2</sup> The deductible will not apply to the first three visits per member. The applicable co-pay will apply.

For more information about these benefit programs, please refer to the online Benefits Guide available at: <https://www.u-46.org/Page/9184>

MEDICAL PLAN BASE OPTIONS AND VOLUNTARY OPTIONS

Plan Features <sup>1</sup>	Silver + HSA Plan			Gold + HSA Plan			PPO Plan		
	In-Network	Out-Of-Network		In-Network	Out-Of-Network		In-Network	Out-Of-Network	
<b>Physician Services for Inpatient Facility and Hospital Visits (Premium/Non-Premium)</b>	20%/30% after deductible	50% after deductible		10%/20% after deductible	50% after deductible		10%/20% after deductible	50% after deductible	
<b>Emergency Services</b>									
<b>Emergency/Non-Emergency Care in a Hospital Emergency Room</b>	30% after deductible			20% after deductible			20% after deductible		
<b>Urgent Care Services</b>									
<b>Urgent Medical Care</b> (at a non-hospital free-standing facility)	30% after deductible	50% after deductible		20% after deductible	50% after deductible		20% after deductible	50% after deductible	
<b>Outpatient Surgery, Diagnostic and Preoperative Testing</b>	30% after deductible	50% after deductible		20% after deductible	50% after deductible		20% after deductible	50% after deductible	
<b>Inpatient Facility Expenses</b>									
<b>Hospital Facility Expenses</b>	30% after deductible	50% after deductible		20% after deductible	50% after deductible		20% after deductible	50% after deductible	
<b>Pharmacy Benefit<sup>3</sup> (network only)<sup>4</sup> (after deductible)<sup>5</sup></b>	\$ or %	Min	Max	\$ or %	Min	Max	\$ or %	Min	Max
<b>30 day Retail</b>									
• Tier 1 – Generally Generic	\$5			\$10			\$10		
• Tier 2 – Preferred Brand	\$20			\$35			\$30		
• Tier 3 – Non-Preferred Brand	50%	\$50	\$150	50%	\$75	\$200	50%	\$50	\$150
• Tier 4 – Specialty	30%	\$75	\$150	30%	\$35	\$50	30%	\$75	\$150
<b>90 day Mail Order or Retail</b>									
• Tier 1 – Generally Generic	\$10			\$25			\$25		
• Tier 2 – Preferred Brand	\$50			\$85			\$75		
• Tier 3 – Non-Preferred Brand	50%	\$125	\$375	50%	\$185	\$500	50%	\$125	\$375
• Tier 4 – Specialty	30%	\$150	\$300	30%	\$85	\$125	30%	\$150	\$300

<sup>3</sup> Not all prescriptions are covered. For a list of exclusions, please go to <https://www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/RX%20Exclusions%20for%201-1-2020.pdf>

<sup>4</sup> Only those retail prescriptions obtained from pharmacies in United Healthcare's Walgreens Anchored Network are covered under the Plan. For a list of Walgreens Anchored Network pharmacies, go to myUHC.com.

<sup>5</sup> Participants will pay the above pharmacy copayments or coinsurance only after meeting the plan's deductible. Participants in the Silver + HSA Plan or Gold + HSA Plan have a preventive medications feature that provides coverage for the medications you need without first meeting your deductible. That means that you can get certain preventive medications at separate copay levels based on the medication's tier. For a list of preventive medications that meet the federal guidelines, see <https://www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/preventive-medications-expanded-list-january-2020.pdf>

For more information about these benefit programs, please refer to the online Benefits Guide available at: <https://www.u-46.org/Page/9184>

**Medical Plan Base Options Contributions for Category A and Category B Employees**

A Category A employee is an employee who receives health care benefits pursuant to a collective bargaining agreement between District U-46 and the District U-46 Educational Assistants Association (DUEA).

A Category B employee is an employee who receives health care benefits pursuant to a collective bargaining agreement between District U-46 and the Elgin Teachers Association (ETA) and who was hired before the beginning of the 2019/2020 school year. Because the aggregate health care cost for the medical options increased by more than 5% from last year, in accordance with the collective bargaining agreement, each employee must contribute an additional \$130 regardless of the medical option elected.

Plan	2020 Premiums for Category A Employees DUEA				2020 Premiums for Category B Employees ETA – HIRED BEFORE 2019/2020			
	Annual Premium	Employee Portion	Per Pay Period		Annual Premium	Employee Portion	Per Pay Period	
			26 Pay	19 Pay			26 Pay	19 Pay
<b>Medical Plans</b>								
<b>Silver HDHP</b>								
Employee only	\$4,884	\$586	\$22.54	\$30.84	\$4,884	\$716	\$27.54	\$37.68
Employee plus spouse	\$10,008	\$1,201	\$46.19	\$63.21	\$10,008	\$1,331	\$51.19	\$70.05
Employee plus children	\$8,400	\$1,008	\$38.77	\$53.05	\$8,400	\$1,138	\$43.77	\$59.89
Employee plus family	\$13,908	\$1,669	\$64.19	\$87.84	\$13,908	\$1,799	\$69.19	\$94.68
Dependent veteran child	\$4,884	\$4,884	\$187.85	\$257.05	\$4,884	\$4,884	\$187.85	\$257.05
<b>PPO Plan</b>								
Employee only	\$9,180	\$1,102	\$42.38	\$58.00	\$9,180	\$1,232	\$47.38	\$64.84
Employee plus spouse	\$18,828	\$2,259	\$86.88	\$118.89	\$18,828	\$2,389	\$91.88	\$125.74
Employee plus children	\$15,792	\$1,895	\$72.88	\$99.74	\$15,792	\$2,025	\$77.88	\$106.58
Employee plus family	\$26,172	\$3,141	\$120.81	\$165.32	\$26,172	\$3,271	\$125.81	\$172.16
Dependent veteran child	\$9,180	\$9,180	\$353.08	\$483.16	\$9,180	\$9,180	\$353.08	\$483.16
<b>Gold HDHP</b>								
Employee only	\$9,792	\$1,175	\$45.19	\$61.84	\$9,792	\$1,305	\$50.19	\$68.68
Employee plus spouse	\$20,076	\$2,409	\$92.65	\$126.79	\$20,076	\$2,539	\$97.65	\$133.63
Employee plus children	\$16,848	\$2,022	\$77.77	\$106.42	\$16,848	\$2,152	\$82.77	\$113.26
Employee plus family	\$27,912	\$3,349	\$128.81	\$176.26	\$27,912	\$3,479	\$133.81	\$183.11
Dependent veteran child	\$9,792	\$9,792	\$376.62	\$515.37	\$9,792	\$9,792	\$376.62	\$515.37
Note: "Employee plus children" and "Employee plus family" only includes children under the age of 26 years old								

**Medical Plan Base Options Contributions for Category C and Category D Employees**

A Category C employee is an employee who is eligible to receive health care benefits and who is not a Category A, B, or D employee.

A Category D employee is an employee who receives health care benefits pursuant to a collective bargaining agreement between District U-46 and the Elgin Teachers Association (ETA) and who was hired with a start date beginning with the 2019/2020 school year or is an employee who receives health care benefits pursuant to a collective bargaining agreement between District U-46 and the District U-46 Transportation Union (DUTU). Because the aggregate health care cost for the medical options increased by more than 5% from last year, in accordance with the collective bargaining agreement, each employee must contribute an additional \$130 regardless of the medical option elected.

Plan	2020 Premiums for Category C Employees ADMIN, NON-UNION, DUSA, ESSO, SEIU				2020 Premiums for Category D Employees ETA HIRED FOR 2019-2020 & DUTU			
	Annual	Employee	Per Pay Period		Annual	Employee	Per Pay Period	
	Premium	Portion	26 Pay	19 Pay	Premium	Portion	26 Pay	19 Pay
<b>Medical Plans</b>								
<b>Silver HDHP</b>								
Employee only	\$4,884	\$733	\$28.19	\$38.58	\$4,884	\$863	\$33.19	\$45.42
Employee plus spouse	\$10,008	\$1,501	\$57.73	\$79.00	\$10,008	\$1,631	\$62.73	\$85.84
Employee plus children	\$8,400	\$1,260	\$48.46	\$66.32	\$8,400	\$1,390	\$53.46	\$73.16
Employee plus family	\$13,908	\$2,086	\$80.23	\$109.79	\$13,908	\$2,216	\$85.23	\$116.63
Dependent veteran child	\$4,884	\$4,884	\$187.85	\$257.05	\$4,884	\$4,884	\$187.85	\$257.05
<b>PPO Plan</b>								
Employee only	\$9,180	\$1,377	\$52.96	\$72.47	\$9,180	\$1,507	\$57.96	\$79.32
Employee plus spouse	\$18,828	\$2,824	\$108.62	\$148.63	\$18,828	\$2,954	\$113.62	\$155.47
Employee plus children	\$15,792	\$2,369	\$91.12	\$124.68	\$15,792	\$2,499	\$96.12	\$131.53
Employee plus family	\$26,172	\$3,926	\$151.00	\$206.63	\$26,172	\$4,056	\$156.00	\$213.47
Dependent veteran child	\$9,180	\$9,180	\$353.08	\$483.16	\$9,180	\$9,180	\$353.08	\$483.16
<b>Gold HDHP</b>								
Employee only	\$9,792	\$1,469	\$56.50	\$77.32	\$9,792	\$1,599	\$61.50	\$84.16
Employee plus spouse	\$20,076	\$3,011	\$115.81	\$158.47	\$20,076	\$3,141	\$120.81	\$165.32
Employee plus children	\$16,848	\$2,527	\$97.19	\$133.00	\$16,848	\$2,657	\$102.19	\$139.84
Employee plus family	\$27,912	\$4,187	\$161.04	\$220.37	\$27,912	\$4,317	\$166.04	\$227.21
Dependent veteran child	\$9,792	\$9,792	\$376.62	\$515.37	\$9,792	\$9,792	\$376.62	\$515.37
Note: "Employee plus children" and "Employee plus family" only includes children under the age of 26 years old								

## Medical Plan: Voluntary Critical Illness Insurance

### Coverage

Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care. This plan is not considered other health insurance for the purposes of health savings accounts. Watch an informational video here:

<https://vimeo.com/user35567318/review/116998794/430344eb4c>

### Eligibility

An employee and dependents who are eligible to participate in one of the District's base medical options are eligible to elect this voluntary insurance coverage. The employee must elect critical illness coverage in order for a dependent to have coverage. A person may not have coverage as both an employee and as a dependent.

### Features

DIAGNOSIS ADULT	BENEFIT
Alzheimer's	50%
Benign Brain Tumor	100%
Carcinoma in Situ – Partial Benefit	25%
Coma	100%
Coronary Disease – Partial Benefit	25%
Heart Attack	100%
Life Threatening Cancer	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure	100%
Motor Neuron Disease (ALS; Lou Gehrig's)	100%
Occupational Hepatitis	100%
Occupational HIV	100%
Paralysis	100%
Severe Brain Damage	100%
Skin Cancer – Partial Benefit	15%
Stroke	100%
CHILD DIAGNOSIS	BENEFIT
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type 1 Diabetes	100%

- **Lifetime Maximum Benefit** – 1,000% of Insurance Amount
- **Subsequent Occurrence Benefit** (different illness) – 100% of benefit if diagnosed 3 months or later
- **Recurrence Benefit** (same illness) – 50% if diagnosed 6 months or later
- **Pre-Existing Condition Limitation** – A pre-existing condition is any sickness or injury, whether specifically diagnosed or not, for which an insured received treatment, consultation, care or services, including diagnostic procedures, or for which he/she took prescription drugs or medicines, during the look back period (12 months) before the individual effective date of coverage (or the effective date of an increase in coverage). Benefits (or an increased benefit) would not be payable due to a pre-existing condition unless the Critical Illness is diagnosed after the coverage period (12 months) from the Insured's effective date of coverage (or effective date of an increase).
- Exclusions: Certain exclusions may apply. See Certificate of Insurance for a full list.

### Benefit Amount

- Employee: Choose from a minimum \$5,000 to a maximum of \$30,000 in \$5,000 increments.
- Spouse: Choose from a minimum of \$5,000 to a maximum of \$30,000 in \$5,000 increments, not to exceed 100% of approved employee amount.
- Dependent child(ren): 25% of approved employee amount up to a maximum of \$7,500

### Guaranteed Issue

- Employee: \$30,000
- Spouse: \$30,000
- Child: All child amounts are guaranteed issue

### Benefit Reduction Due to Age *(applicable to employee/spouse coverage)*

- Age 70
- Original Benefit Reduced to: 50%

### Premium: Monthly Rate per \$1,000 Coverage

	Age Band	Premium Rate
Employee and Spouse • Age at last birthday as of January 1 <sup>st</sup> • Spouse age is the same as employee when determining premium	0-29	\$0.22
	30-39	\$0.42
	40-49	\$0.89
	50-59	\$1.79
	60-69	\$3.41
	70+	\$8.25
Children (one rate for all eligible children)	Any age	\$0.40

At least 10 employees must elect coverage for the District to offer this benefit.

For more information about these benefit programs, please refer to the online Benefits Guide available at: <https://www.u-46.org/Page/9184>

## Medical Plan: Voluntary Hospital Indemnity Insurance

### Coverage

Voluntary hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment. Watch an informational video here:

<https://vimeo.com/203496815/3b626683ee>

### Eligibility

An employee and dependents who are eligible to participate in one of the District’s base medical options are eligible to elect this voluntary insurance coverage. The employee must elect hospital indemnity coverage in order for a dependent to have coverage. A person may not have coverage as both an employee and as a dependent.

### Benefits

Hospital Room & Board Benefits	Per Day Benefit (up to 180 Daily Benefits Per Plan Year)	\$100
Hospital Critical Care Benefits (Paid in addition to Room & Board Benefit)	CCU Benefits Per Day (up to 30 Daily Benefits Per Plan Year)	\$50
Hospital Admission Benefit	One Daily Benefit Per Plan Year	\$250

### Features

- Guaranteed issue; no medical questions
- No pre-existing conditions exclusions during initial enrollment period
- A 3 month look back/12 month forward pre-existing condition applies for enrollment after first becoming eligible
- Mental & Nervous and Substance Abuse treated same as any other hospital admission
- No deductibles
- HSA compatible
- Eligible for continuation of coverage
- HIPAA privacy compliant

### Exclusions

Benefits will not be paid for any loss caused by: suicide; war; assault/felony; dental care except hospitalizations for the care of sound, natural teeth and gums required on account of accidental injury that happens while covered, and that occur within 6 months of the accident; hospitalizations that occur while outside the United States of America; or care or treatment rendered in connection with cosmetic surgery, except hospitalizations for cosmetic surgery needed for breast reconstruction following a mastectomy or for an accident that happens while covered. The cosmetic surgery needed for an accidental injury must be performed within 90 days of the accident.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage.

### Premiums

Coverage Level	Monthly Premium
Employee Only	\$ 7.52
Employee plus Spouse	\$17.00
Employee plus Children	\$14.08
Employee plus Family	\$21.26

At least 5 employees must elect coverage for the District to offer this benefit.

## Health Savings Accounts (“HSA”)

### What is an HSA?

An HSA is a **personal bank savings account that you own** that offers significant tax savings if you use the funds for qualified medical expenses. The contributions you make to an HSA are not subject to any federal or Illinois income or employment taxes when contributed, the interest you earn on the account is accumulated tax-free, and any withdrawals used for eligible medical expenses are tax-free.

When you have medical expenses, including those that may apply to your annual deductible, you can choose to pay for them using the money in your HSA. Or, you can save the money for a future need — even into retirement. It's your choice. Funds in your HSA never expire.

### Who is eligible for a HSA?

If you are an active employee in the Silver + HSA or the Gold + HSA and are otherwise eligible according to federal law, you are eligible for the District's Health Savings Account.

Federal law states that a person is eligible for an HSA if,

- 1) In any month, the person is covered under a high deductible health plan (“HDHP”) (such as the Silver + HSA and the Gold + HSA plans offered by the District) as of the first day of the month; and
- 2) While covered under a high deductible health plan, the person is not covered under any other health plan-
  - a) That is not a high deductible health plan; and
  - b) That provides coverage for any benefit that is covered under the HDHP plan which he/she is enrolled.

Please note that the voluntary critical illness program and the voluntary hospital indemnity program are insurance programs compatible with health savings accounts and not considered to provide coverage for benefits covered under the HDHP plan.

**Medicare Eligible Individuals-** An individual who is age 65 or older and who is *eligible* for Medicare can still contribute to an HSA if not *enrolled* in Medicare.

Individuals who are actually *enrolled* in Medicare can not contribute to an HSA. However, any funds in an HSA contributed prior to becoming enrolled in Medicare may still be used for qualified medical expenses.

### How much can I contribute to an HSA?

Federal law limits the amount one can contribute to an HSA. The below chart describes the annual limits for 2020 if you are enrolled in a HDHP all twelve months. If not, the annual limit is pro-rated based on the number of months enrolled in a HDHP.

	Silver + HSA	Gold + HSA
<b>Single Coverage</b>		
Legal Contribution Maximum*	\$3,550	\$3,550
District Contribution	\$480	\$600
<b>Your Contribution Maximum</b>	<b>\$3,070</b>	<b>\$2,950</b>
<b>Family Coverage</b>		
Legal Contribution Maximum*	\$7,100	\$7,100
District Contribution	\$960	\$1,200
<b>Your Contribution Maximum</b>	<b>\$6,140</b>	<b>\$5,900</b>

*\*Individuals 55 and older are also eligible for a \$1,000 catch-up contribution*

To receive a District contribution to your HSA, you must be an active employee at the time the District contribution is made.

You can elect to make your own personal contributions through convenient payroll deduction. If you contribute to a 403(b) or 457 program, you may want to consider contributing the maximum to your HSA first as an HSA offers significant tax savings and can be invested once you accumulate sufficient funds. Distributions from an HSA are tax-free if used for medical expenses where distributions from a 403(b) or 457 program are taxable.

### How can I use my HSA?

You can decide how and when to use these funds. You can either use them to pay for current health care expenses, or save them for future needs. HSA account balances can be used for yourself, your spouse and/or dependent children.

**[Please note** *If you have a non-dependent child under age 27 enrolled as a Qualifying Child in the health plan, out-of-pocket expenses related to that non-dependent Qualifying Child are not eligible for reimbursement from your HSA in accordance with federal law.]*

Any amounts that are used for expenses not considered qualified medical expenses are subject to a 20% tax penalty if withdrawn before attaining age 65.

If you die with a balance remaining in your HSA, the account can be used by your spouse as if it were his/her own. If you are not married, the HSA will pass on to your beneficiary and be subject to applicable taxes.

## Flexible Spending Accounts

### Who is eligible for a flexible spending account (“FSA”)?

You are eligible for the District’s health care FSA only if you are a participant in the PPO. (Silver + HSA and Gold + HSA participants are not eligible for a health care flexible spending account, *as they have a Health Savings Account.*)

All employees are eligible for a dependent care FSA.

### What types of FSA are offered?

District U-46 offers two Flexible Spending Accounts to employees: a Health Care Account and a Dependent (Child or Elder) Care Account. FSAs offer you an opportunity to set aside pre-tax money from your paycheck for health-related and dependent care-related expenses. You can elect to contribute to one or both accounts if you do not elect a HDHP medical option, even if you do not enroll in either the dental or medical plan options.

- Health Care Account** – can be used for certain medical, dental and vision expenses, prescription drug copays, vision exam and eyeglasses, orthodontia, medical and dental deductibles, copays, and coinsurance, for you and your eligible dependents that are NOT paid for by your health care plans. You may contribute up to \$2,700 to your flexible health care account. The plan allows you to rollover up to \$500 of unused 2019 Health Care FSA contributions to the next year. Be sure to take the rollover into consideration when electing your 2020 Health Care FSA deduction amounts. You cannot rollover FSA funds from 2019 into 2020 if you elect the Gold + HSA or Silver + HSA health plans for 2020. This is due to IRS regulations which prevent you from having an FSA while enrolled in a high deductible health plan.
- Dependent Care Account** – can be used to reimburse daycare expenses for your children, or for an adult dependent, so you are able to work. You must submit your 2019 dependent care claims by March 15, 2020, or any remainder in your 2019 dependent care account will be forfeited. \$5,000 is the maximum amount that may be contributed per family – two parents may each contribute separately, but the combined maximum contribution for a family cannot exceed \$5,000. This account cannot be used for health care expenses and can only be used for your dependents.

### FSA Direct Deposit

To simplify distributions from the District’s Flexible Spending Accounts, employees can elect to have funds automatically distributed from their FSA account to their checking account by electing the direct deposit option. For employees who want to elect this option, log on to [www.myuhc.com](http://www.myuhc.com) and click on “Claims & Accounts.”

### FSA Automatic Payment Settings

Employees who elect a Health Care FSA and are also enrolled in the District’s medical and/or dental coverage may choose to enable UHC’s automatic payment feature which automatically submits any medical, pharmacy or dental expenses to the employee’s Health Care FSA for

reimbursement. This timesaving feature eliminates the need for a separate claim form and submission to the FSA. You will need to enable this feature as of January 1<sup>st</sup> by logging into [www.myuhc.com](http://www.myuhc.com) and clicking on “Claims & Accounts”, then select the Plan Balances tab, select “Healthcare Flexible Spending Account”, and click on “Manage Automatic Payment Settings.” Please note that this is a change from prior years –you will need to activate this feature if you would like reimbursement payments to be sent to you from your FSA without submitting a claim for reimbursement.

### FSA Worksheet

When determining how much you would like to contribute to your FSA, you should keep in mind the following:

- Only employees enrolled in the PPO medical plan may contribute to a Healthcare FSA. If you are enrolled in the Gold or Silver High Deductible Health Plans, you may NOT have a Healthcare FSA.
- You may not make a mid-year change in the amount elected to contribute to a FSA.
- The plan allows you to rollover up to \$500 of unused Health Care FSA contributions to the following year, if you enroll in and contribute to an FSA for the following calendar year, and you must be enrolled in the PPO medical plan in 2019 and 2020 in order to have a healthcare FSA and have funds roll over from 2019 to 2020. If you enroll in the Gold or Silver High Deductible Plans for 2020 and have FSA funds left from 2019, they will be forfeited, since you cannot have a healthcare FSA with a high deductible health plan.
- Over-the-counter medicines and drugs (other than insulin) are only reimbursable if accompanied by a prescription.

This worksheet can be used to estimate how much you should elect to contribute to your FSA.

Health Care Flexible Spending Account	
Expenses not covered by insurance may include:	
Deductibles, coinsurance or copayments	\$
Dental care (exams, fillings, crowns)	\$
Hearing care (exams, hearing aids, batteries)	\$
Infertility treatment	\$
Insulin and diabetic supplies	\$
Prescription drugs (e.g., cholesterol medications)	\$
Transportation expenses (to receive medical care)	\$
Vision care (exams, contacts, eyeglasses, laser surgery)	\$
Weight loss program (done at doctor’s direction to treat an existing disease)	\$
Wheelchairs	\$
<b>Annual Health Care Flexible Spending Account Election</b>	<b>\$</b>

For more information about these benefit programs, please refer to the online Benefits Guide available at <https://www.u-46.org/Page/9184>

## Voluntary Vision Program

Participation in the vision program is voluntary. If you enrolled in the vision plan in 2019, and want to keep the same selection, you must click the “No Changes” button next to the vision section during Open Enrollment to retain your coverage for 2020. If you not enrolled in 2019, you will not be enrolled for 2020 unless you make a positive election in Munis Self-Service.

### Vision Plan Design Summary

Below is brief summary of the vision program insured by EyeMed:

Vision Care Services	In-Network	Out-of-Network
Eye Exam	\$0 copay	\$60
Fundus Photography Benefit	Up to \$39	N/A
<b>Exam Options:</b>		
Standard Contact Lens Fit and Follow-up*	Paid in full fit and two follow up visits	\$40
Premium Contact Lens Fit and Follow-up**	10% off Retail, then \$55 allowance	\$40
Frames (any available frame at provider location)	\$0 copay, \$150 allowance, 20% off balance over \$150	\$58
<b>Standard Plastic Lens</b>		
Single Vision	\$10 copay	\$25
Bifocal	\$10 copay	\$40
Trifocal	\$10 copay	\$55
Standard Progressive Lens	\$75 copay	\$40
Premium Progressive Lens	Varies (see price list)	\$40
<b>Lens Options</b>		
UV Coating	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate	\$40	N/A
Std. Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Photocromatic/Transition Plastic	\$75	N/A
Other Add-ons and Services	20% off retail price	N/A
<b>Contact Lens (includes materials only)</b>		
Conventional	\$130 allowance, 15% off balance over \$130	\$92
Disposable	\$130 allowance, plus balance over \$130	\$92
Medically Necessary	\$0 copay, paid-in-full	\$200
Laser Vision Correction	15% off retail or 5% off promotional price	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Lens or Contacts	Once every 12 months	
Frames	Once every 24 months	

#### NOTES TO CHART

\* Standard Contact Lens Fitting – spherical clear contact lenses in conventional wear and planned replacements (Examples: disposable, frequent replacement, etc.)

\*\* Premium Contact Lens Fitting – all lens designs, materials, and specialty fittings other than Standard Contact Lenses (Examples: toric, multifocal, etc.)

The District uses EyeMed’s Insight Network. This network includes Pearle Vision, LensCrafters, Sears Optical, Target Optical, JCPenney Optical, and many other providers.

### Vision Rates for Active Employees for 2020

Employees pay for the vision benefit through pre-tax deductions every payroll. The District will contribute 50% towards the overall cost of coverage with participants contributing the remaining 50%. However, a dependent veteran child will pay 100% of the premium. Employee rates are listed below:

Tier	Total Premium	Employee Portion	EE Contribution Per Pay Period	
			26 deductions	19 deductions
Employee	\$92.00	\$46.00	\$1.76	\$2.41
EE + Spouse	\$174.00	\$87.00	\$3.34	\$4.57
EE + Children	\$182.00	\$91.00	\$3.52	\$4.81
Family	\$268.00	\$134.00	\$5.17	\$7.07
Dep Vet Child	\$92.00	\$92.00	\$3.52	\$4.81

PLEASE NOTE: You have the option to enroll in one of three medical options and choose not to enroll in the vision option. Or, you may choose to enroll in of the three medical options and the vision program. In addition, you may select different coverage tiers for each benefit option, such as, family coverage for medical and employee only for vision.

The Vision Program is insured by EyeMed.

## Voluntary Dental Program

If you meet the eligibility requirements, you may enroll yourself and your dependents in the voluntary dental program. Your dental and medical options are independent. You have the option to enroll in one of the three medical options and choose not to enroll in the dental program. Or you can choose to enroll in both the dental program and one of the three medical options. In addition, you may select different coverage tiers for each benefit option, such as, family coverage for medical and employee only for dental. The dental program is PPO administered by United Healthcare.

Because the dental program is voluntary, if you were enrolled in the dental program in 2019, you must click the “No Changes” button next to the dental section during Open Enrollment to retain your coverage for 2020. If you were not enrolled in 2019, you will be automatically enrolled in single dental coverage for 2020 unless you waive coverage or make a positive election for a different coverage tier in Munis Self-Service.

### Dental Plan Design Summary

Benefit Type	Coverage Level
Annual Benefit Limitation	\$2,500 per covered person
<b>Preventive Care</b>	
Annual Deductible	No deductible
Coverage Level	100%*
<b>Restorative, Major and Orthodontic Care</b>	
Annual Deductible	\$25 per person; \$75 per family
Restorative Coverage	80%*
Major	50%*
Orthodontic	50%*
Lifetime Orthodontic Maximum	\$2,000 per person

\* Patients may see either a network dentist or an out-of-network dentist. However, the amount paid by the plan to an out-of-network dentist will be based upon 90% of the Reasonable and Customary charge for that service. The patient may be responsible to pay the balance if the amount charged is greater than the 90% of the Reasonable and Customary charge for that service. If a network dentist is used, the patient is not responsible for charges exceeding the network-allowed fees.

Providers in the School District U-46 Dental Program can be viewed at: <http://dbp.optum.com/content/dental-benefits-provider/en.html.html>. Select “Provider Search” and then enter “National Options PPO 30” as the network.

### Prenatal Dental Care Program

Understanding that there are severe negative consequences to poor dental hygiene, United Healthcare has created the Prenatal Dental Care Program, a special benefit for expectant mothers throughout their pregnancy and the first three months following delivery. This program provides for specific dental services, including:

- Dental cleanings,
- Deep scaling (non-surgical gum treatment), and
- Periodontal (gum) maintenance.

These services are covered at 100% and do not apply toward your annual maximum and do not apply toward your deductible.

### Dental Rates for Active Employees for 2020

For employee only coverage, the District will cover the entire cost of the dental benefit for full-time employees. The remaining coverage tiers involve an element of cost sharing on behalf of the participant.

Overall, the dental rates went down by approximately 4.4% from last year. Employee rates are listed below:

Tier	Total Premium	Employee Portion	EE Contribution Per Pay Period	
			26 deductions	19 deductions
Employee	\$660.00	\$0.00	\$00.00	\$00.00
EE + Spouse	\$1,344.00	\$684.00	\$26.31	\$36.00
EE + Children	\$1,128.00	\$468.00	\$18.00	\$24.63
Family	\$1,872.00	\$1,212.00	\$48.62	\$63.79
Dep Vet Child	\$660.00	\$660.00	\$25.38	\$34.74

### Visit [myuhcdental.com](http://myuhcdental.com)

To locate a dentist, review your coverage, check your dental claims, and learn more about oral health and dental treatments, visit [myuhcdental.com](http://myuhcdental.com). Additionally, you can compare costs using the dental cost estimator.

## Supplemental Life Insurance

Supplemental life insurance is offered to eligible employees through Reliance Standard Life Insurance Company (RSLI). Employees will pay for this coverage through after-tax payroll deductions.

### Your Options Without Evidence of Insurability

Existing coverage will automatically continue, but you must click the “No Changes” button next to your election in Munis Self Services. Because rates are based on your age as of January 1, 2020, your actual cost may increase if you change age bands.

You may increase your coverage and your spouse’s coverage by \$10,000 up to \$250,000 for yourself or \$50,000 for your spouse without evidence of insurability. If you elect to increase coverage for either you or your spouse, you will need to enter the new total amount of coverage in Munis.

You may elect life insurance for dependent children up to age 26 if you elect at least \$10,000 of supplemental coverage for yourself. The premium of \$2.00 per month provides \$10,000 for each eligible child, regardless of the number of children you have. [The benefit is limited to \$1,000 for children between 14 days and 6 months old.] If your spouse works for the District, children may only be covered by one parent.

### Your Options With Evidence of Insurability

**Employee Coverage.** You may purchase life insurance coverage in increments of \$10,000 up to \$400,000. Evidence of Insurability is required if you increase your existing coverage by more than \$10,000 per year or if the total is greater than \$250,000.

**Spousal Coverage.** Spousal coverage may be purchased in \$10,000 increments up to \$250,000. The coverage for a spouse cannot exceed the amount of your coverage. Evidence of Insurability is required if you increase your existing coverage by more than \$10,000 per year or if the total is greater than \$50,000.

### Evidence of Insurability

You will be required to provide evidence of insurability, also known as proof of good health, to receive supplemental life insurance if:

- You did not elect supplemental life insurance last year or within 31 days of being hired and you wish to enroll for more than \$10,000 of coverage for yourself and/or for your spouse.

- You enrolled in supplemental life insurance last year, but you would like to increase your existing coverage to an amount greater than \$10,000 for yourself and/or your spouse.
- The \$10,000 increase of coverage raises coverage at or above the guaranteed issue amount of \$250,000 for employees and \$50,000 for spouse.

The evidence of insurability form may be downloaded from the open enrollment website, or on the HR benefits page – [www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/EOI.new.RSLI.doc](http://www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/EOI.new.RSLI.doc)

If you have a life event which qualifies you to make a change, you may be required to provide evidence of insurability for certain levels of coverage. Examples of life events which would allow you to make a change include marriage, the birth of a child, etc. The enrollment must occur within 31 days of the life event.

### Supplemental Life Insurance Rates

The rates for supplemental life insurance are as follows:

Age of Employee/Spouse as of January 1, 2020	Rate per Month Per \$10,000
<30	\$0.58
30-34	\$0.58
35-39	\$0.69
40-44	\$0.78
45-49	\$1.04
50-54	\$1.27
55-59	\$1.84
60-64	\$3.22
65-69	\$4.83
70-74	\$8.97
75-79	\$14.84
80+	\$40.37
Child(ren)	\$2.00

**United Healthcare**

- Phone: Call Customer Care at the number found on the back of your ID card: 877-369-1196  
If you don't have your ID card, call 866-633-2446.
- Web: [www.Myuhc.com](http://www.Myuhc.com)

**United Healthcare's OPTUMRx Mail Service Pharmacy**

- Phone: 800-562-6223
- Web: Log in to myuhc.com and click on "Pharmacies and Prescriptions." From there, click on "OPTUMRx."

**HSA - Optum Bank**

- Phone: 866-234-8913
- Web: [www.optumbank.com](http://www.optumbank.com)

**FSA**

- Phone: 800-243-5543

**Nurseline**

- Phone: 877-369-1196

**Rally Technical Support**

- Phone: 877-818-5826

**Vision (EyeMed)**

- Phone: 866-9EYEMED
- Web: [portal.eyemedvisioncare.com](http://portal.eyemedvisioncare.com)

**Dental (United Healthcare)**

- Phone: 877-816-3596
- Web: [www.myuhcdental.com](http://www.myuhcdental.com)

**Life Insurance, Voluntary Critical Illness Insurance, Voluntary Hospital Indemnity Insurance (Reliance Standard Life Insurance)**

- Phone: 800-351-7500
- Web: [www.reliancestandard.com](http://www.reliancestandard.com)

**School District U-46 Benefits Team**

- Phone: 847-888-5000, extensions 5026, 5563 or 4264
- Email: [Benefits@U-46.org](mailto:Benefits@U-46.org)

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