



IPBC
Intergovernmental
Personnel Benefit
Cooperative

2026 Open Enrollment

Open Enrollment

Open enrollment will run from 11/10-11/23

- Election changes take effect January 1, 2026
 - Elect/waive/change coverage
 - Add/remove dependents from coverage
- Outside of the Open Enrollment period, you must have a qualified life event/status change to make changes to your benefit elections
 - Qualified Events include marriage, divorce, legal separation, annulment, death of spouse, birth, adoption, spouse's open enrollment
 - Employees have 30 days, from when the event occurs, to notify Human Resources.

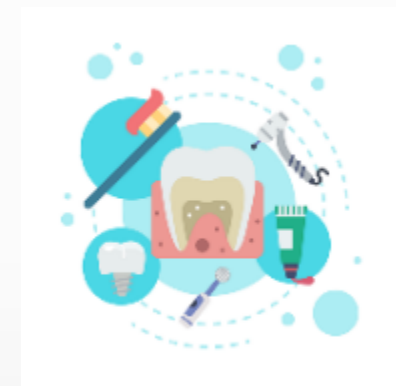
Summary of Providers



- **Medical:** claims administrator for the District's HMO/PPO medical plans



- **RX:** manages your prescription drug benefit. Retail and mail-order prescription services for the medical programs are administered through Express Scripts



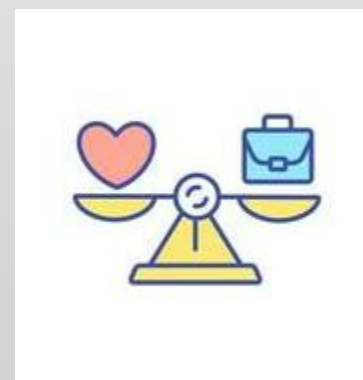
- **Dental:** administrator of dental benefits for you and your family



- **Vision:** administrator of vision benefits for you and your family



- **Life:** insurance carrier for your basic employer paid life insurance benefits and new employee paid supplemental life insurance



- **EAP:** Employee assistance program

Medical Coverage

PPO	HDHP/HSA	HMO
No referrals required	No referrals required	Care is PCP driven – you must select a medical group/PCP Referrals required for specialists
PCP visit is \$25 copay, Specialist visit is \$35 copay. Other services are subject to deductible and coinsurance	Services are subject to deductible before the plan pays (except for preventive services) This includes prescriptions!	Fixed predictable copays on covered services. PCP visit is \$20 copay, Specialist visit is \$40 copay There is no deductible or coinsurance that applies to the plan
Coverage both in and out of network (at different levels)	Coverage both in and out of network (at different levels)	Coverage is provided for in network services only
Full PPO network with coverage around the U.S	Full PPO network with coverage around the U.S	You must stay in the HMO network: no out-of-network coverage except in emergencies

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



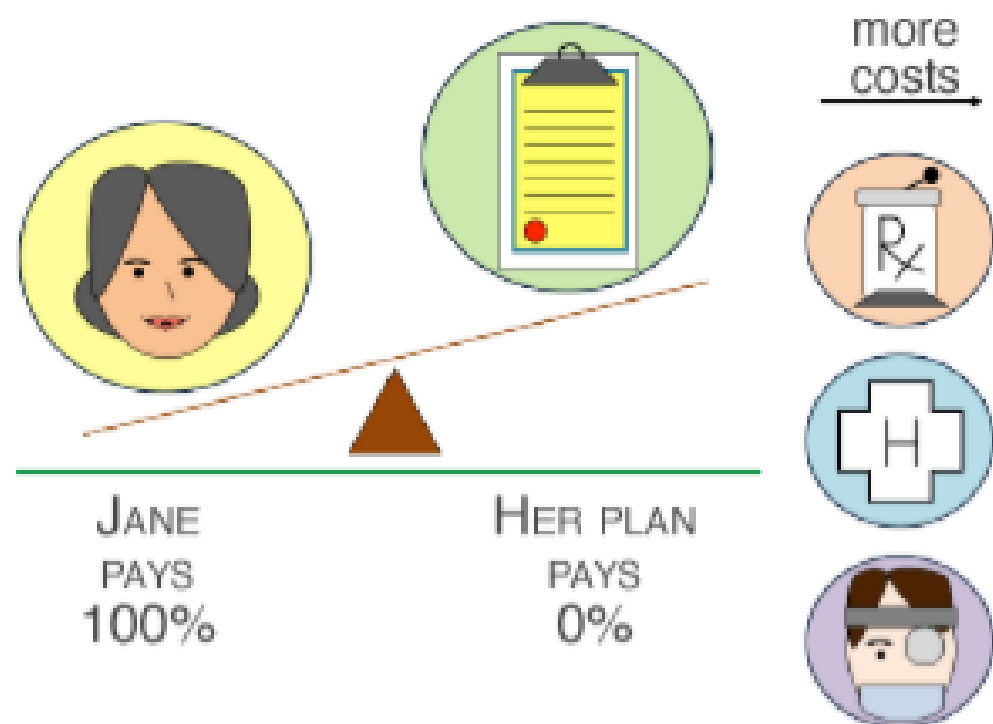
Medical Glossary of terms

- Deductible - The amount you pay for most covered services **before your health plan starts to pay**. When you go to a provider that is in the plan's network, before you meet the deductible you may pay a **discounted amount** that has been negotiated with the provider.
- Coinsurance - The **percentage of the costs** of a covered health care service you pay after you've paid your deductible. You pay 100 percent of the full allowed amount **until** you meet your deductible.
- Copay - The **set dollar amount** you pay for a covered health care service at the time you get care or when you pick up a prescription drug.
- Out-of-Pocket Maximum - The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copays and coinsurance, your health plan pays 100 percent of the costs of covered benefits. The out-of-pocket maximum doesn't include your monthly premium payments or anything you spend for services your plan doesn't cover.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Example of cost-sharing

Jane's Plan Deductible: \$1,500



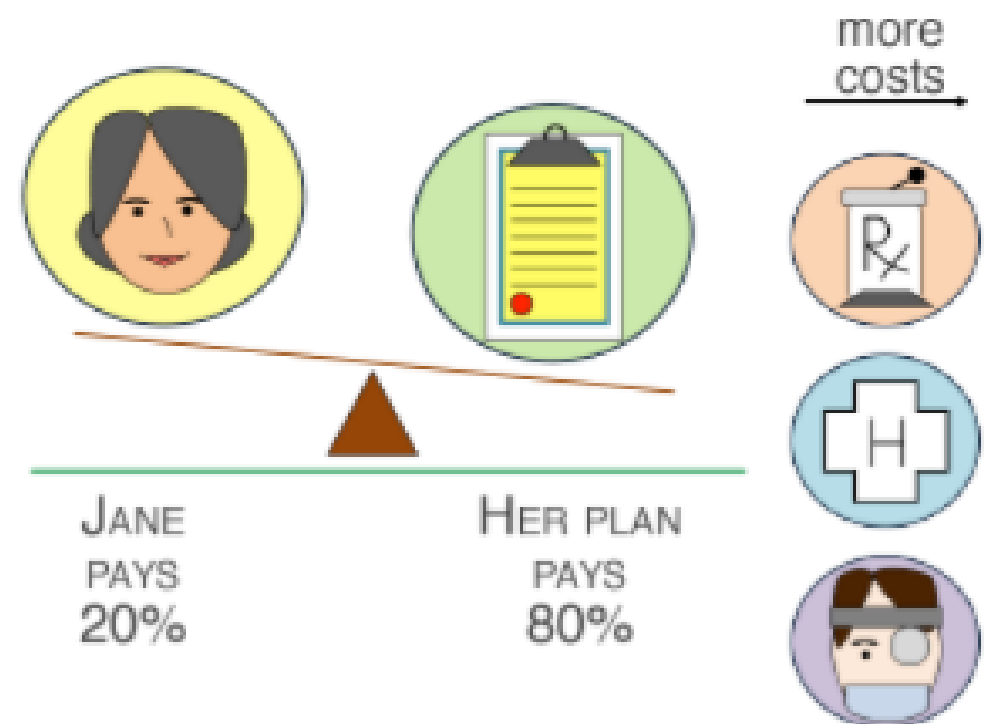
Jane hasn't reached her \$1,500 deductible yet
Her plan doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0

Coinsurance: 20%



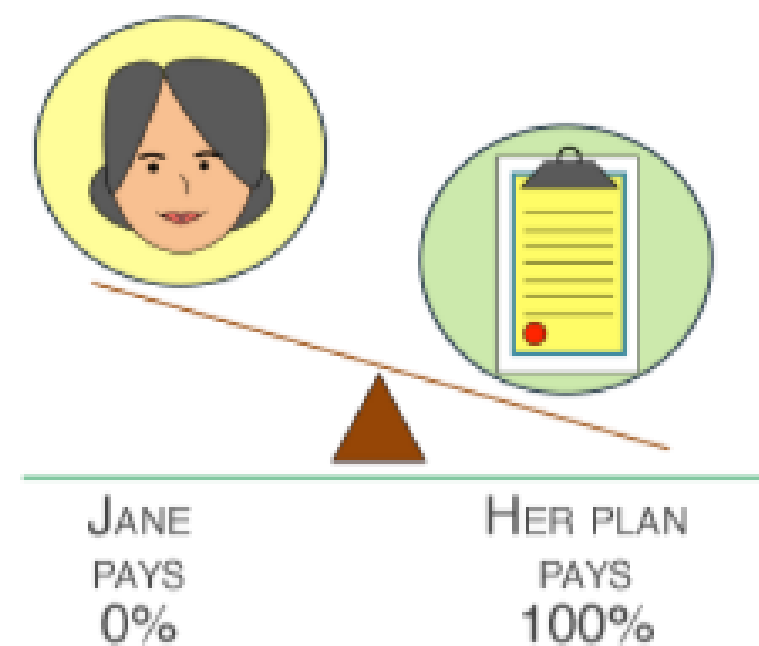
Jane reaches her \$1,500 deductible, coinsurance begins
Jane has seen a doctor several times and paid \$1,500 in total, reaching her deductible. So her plan pays some of the costs for her next visit.

Office visit costs: \$125

Jane pays: 20% of \$125 = \$25

Her plan pays: 80% of \$125 = \$100

Out-of-Pocket Limit: \$5,000



Jane reaches her \$5,000 out-of-pocket limit
Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$125

Jane pays: \$0

Her plan pays: \$125

FSA

HSA

Control

Owned by the employer

Owned by the employee

Funding

Employer and/or employee
funded

Employer and/or employee
funded

Health plan eligibility

Must be offered a group health plan
by employer

Must be enrolled in a high
deductible health plan

Can participants invest funds?

No

Yes

Can participants roll over funds?

No

Yes

Health Savings Account (HSA)

HSA – Benefits & Requirements

- You must be enrolled in a HDHP plan
- You have no other health coverage and are not enrolled in an FSA plan
- You are not enrolled in Medicare
- You can not be claimed as a dependent on someone else's tax return
- Funds rollover each year, so you can use your HSA to save tax-free money for retirement
- At age 65, you can take penalty-free distributions from your HSA for any reason, including non-medical reasons
- Your funds stay in your account even if you leave the organization

Annual Contribution limit



Individual maximum
contribution limits

\$4,400



Family maximum
contribution limits

\$8,750

Catch-up for over age 55:

\$1,000

Contributions:

- Pre-tax employer contributions - \$1,000 single, \$2,000 family
- Pre-tax employee payroll contributions
- Post-tax employee contributions outside of payroll deductions

Health FSA

Health FSA – Benefits & Requirements



- Cover certain expenses with pre-tax money, saving you money on taxes
- Funds available day one
- Multiple members of household can each elect up to the plan maximum yearly
- \$680 can be rolled over to the next plan year
- Funds left over beyond \$680* for claims incurred in 2025 will be forfeited to the plan

What does the plan cover?



IRS* determined eligible medical expenses include but are not limited to:

- Doctor visits
- Over-the-counter and prescription medication
- Dental and vision care
- First-aid products
- Baby and Child care products
- Smoking cessation products

* Please refer to Publication 502 on [irs.gov](https://www.irs.gov) for a complete list.

Annual contribution limit

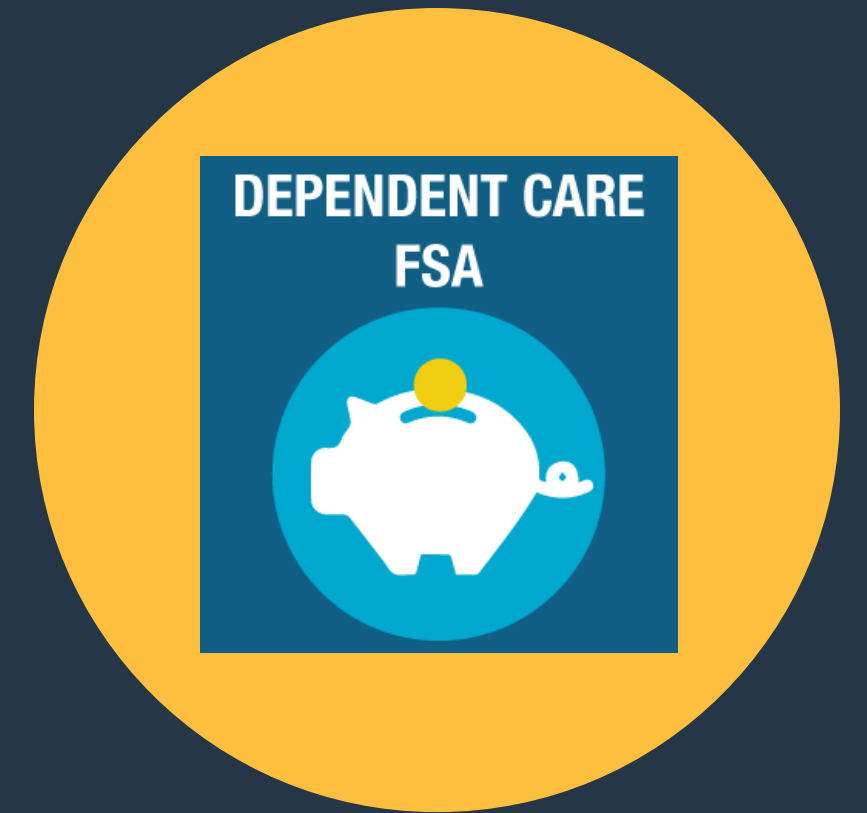
2026 Health FSA benefit maximum per Year:

Health FSA: **\$3,400**



Dependent Care FSA

DCFSA Benefits and Requirements

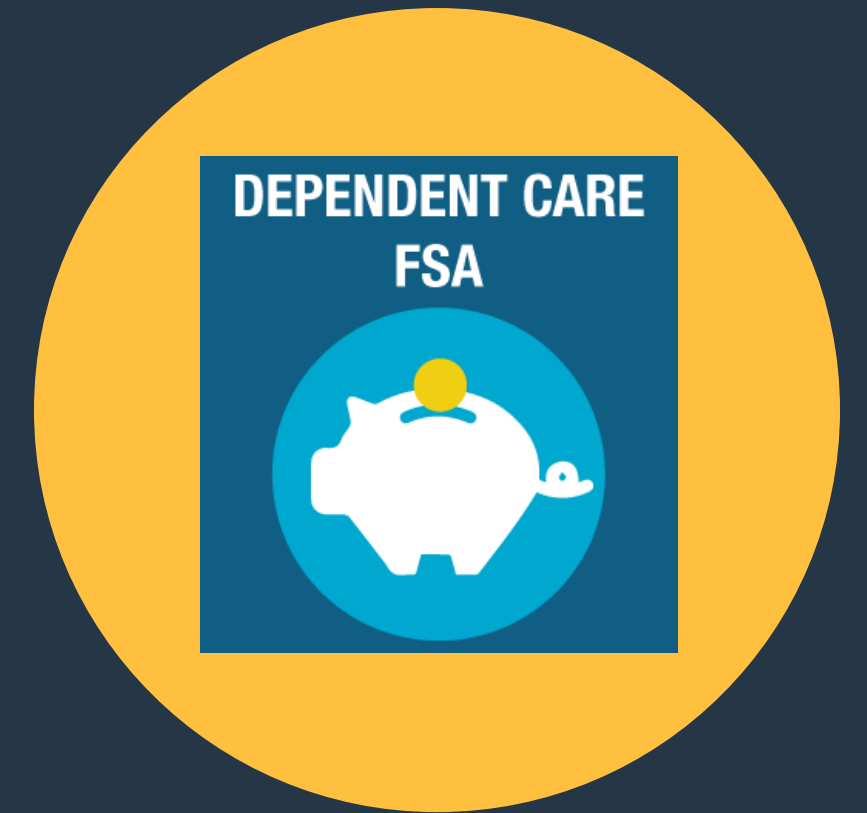


- Cover certain expenses with pre-tax money, saving you money on taxes
- Funds available after each payroll contribution is made
- If you are married, both you and your spouse must be working
- Expenses must be for a child younger than 13 or a spouse or tax dependent who is not physically or mentally able to take care of themselves
- Services received must be from a licensed childcare or adult care facility
- Expenses can not be for future services
- No rollover of unused funds

What does the plan cover?

Eligible DCFSA expenses include but are not limited to:

- Licensed child day care
- Preschool
- Summer day camps
- After school care
- Elder care obtained from a licensed facility



* Please refer to Publication 503 on [irs.gov](https://www.irs.gov) for a complete list.

Annual contribution limit

2026 DCFSA benefit maximum:

DCFSA: **\$7,500 per year, \$3,750 for married
individuals filing a separate tax return**



Commuter benefits

Commuter Benefits and Requirements



Pay for transportation to and from work – tax free

- Funds available after each payroll contribution is made
- Funds can NOT be used for gas expenses or any maintenance related expenses on your vehicle

What does the plan cover?

Eligible modes of transportation include but are not limited to:

- Train
- Bus
- Subway
- Ferry
- Vanpool (must seat at least six adults)



Monthly contribution limit
2026 commuter benefit maximum
per month:

Transit: **\$340**

Any money contributed to your transit benefit rolls
over every month until it's used or you are no longer
eligible.



HDHP/HSA Option



This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Benefits	Blue Cross Blue Shield of Illinois	
	In-Network	Non-Network
Lifetime Maximum	Unlimited	
Deductible	\$1,700 individual / \$3,400 family	\$1,900 individual / \$5,650 family
Coinsurance	90% after deductible	70% after deductible
Out-of-Pocket	\$3,200 individual / \$6,400 family	\$5,150 individual / \$10,600 family
Office Visit Copay (PCP)	90% after deductible	70% after Deductible
Office Visit Copay (Specialist)	90% after deductible	70% after Deductible
Inpatient Hospital	90% after Deductible	70% after Deductible
Hospital Emergency Care	90% after deductible	
Preventive Care	100%	70% after Deductible
Prescription Drug Retail	90% after deductible	Not Covered
Prescription Drug Mail Order	90% after deductible	
HSA Employer Funding	\$1,000 single \$2,000 family	

PPO Option



This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Benefits	Blue Cross Blue Shield of Illinois	
	In-Network	Non-Network
Lifetime Maximum	Unlimited	
Deductible	\$750 individual / \$2,250 family	\$850 individual / \$3,750 family
Coinsurance	90% after deductible	70% after deductible
Out-of-Pocket	\$2,000 individual / \$6,000 family	\$3,250 individual / \$6,700 family
Office Visit Copay (PCP)	\$25 Copay	70% after Deductible
Office Visit Copay (Specialist)	\$35 Copay	70% after Deductible
Inpatient Hospital	90% after Deductible	\$300 + 70% after Deductible
Hospital Emergency Care	\$200 copay; then 80%; waived if admitted	
Preventive Care	100%	70% after Deductible
Prescription Drug Retail	\$10 generic \$30 brand name formulary \$50 non-formulary	Not Covered
Prescription Drug Mail Order	\$15 generic \$35 brand name formulary \$55 non-formulary	

HMO Option



- Advocate medical group is no longer in-network with HMO Illinois plan effective July 1, 2025.
- Franciscan Health Crown Point, St. Johns hospital, St. Mary’s hospital, Northwestern Memorial hospital, and Northwestern Lake Forest hospital are not in-network with HMO Blue Advantage plan.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



Benefits	Blue Cross Blue Shield of Illinois HMO Illinois and Blue Advantage
	In-Network
Lifetime Maximum	Unlimited
Deductible	N/A
Coinsurance	100%
Out-of-Pocket	\$1,500(Individual) \$3,000(Family)
Office Visit Copay (PCP)	\$20 Copay
Office Visit Copay (Specialist)	\$40 Copay
Inpatient Hospital	100%
Outpatient Hospital	100%
Hospital Emergency Care	\$100 Copay (waived if admitted)
Preventive Care	100%
Prescription Drug Retail	\$10 generic \$30 brand name formulary \$50 non-formulary
Prescription Drug Mail Order	\$15 generic \$35 brand name formulary \$55 non-formulary

What is preventive care, what is not.

What's covered?

Recommended routine gender and age-specific preventive care and screenings — such as physical and ob-gyn exams, mammograms and other cancer screenings, well-child care and immunizations — both facility and professional services

Important to remember:

Lab tests related to a condition such as diabetes or asthma **are not** considered preventive

Mammogram Example

PREVENTIVE

- Jane has a regular preventive mammogram performed (in-network)
Preventive coverage = your plan pays 100%, no copay

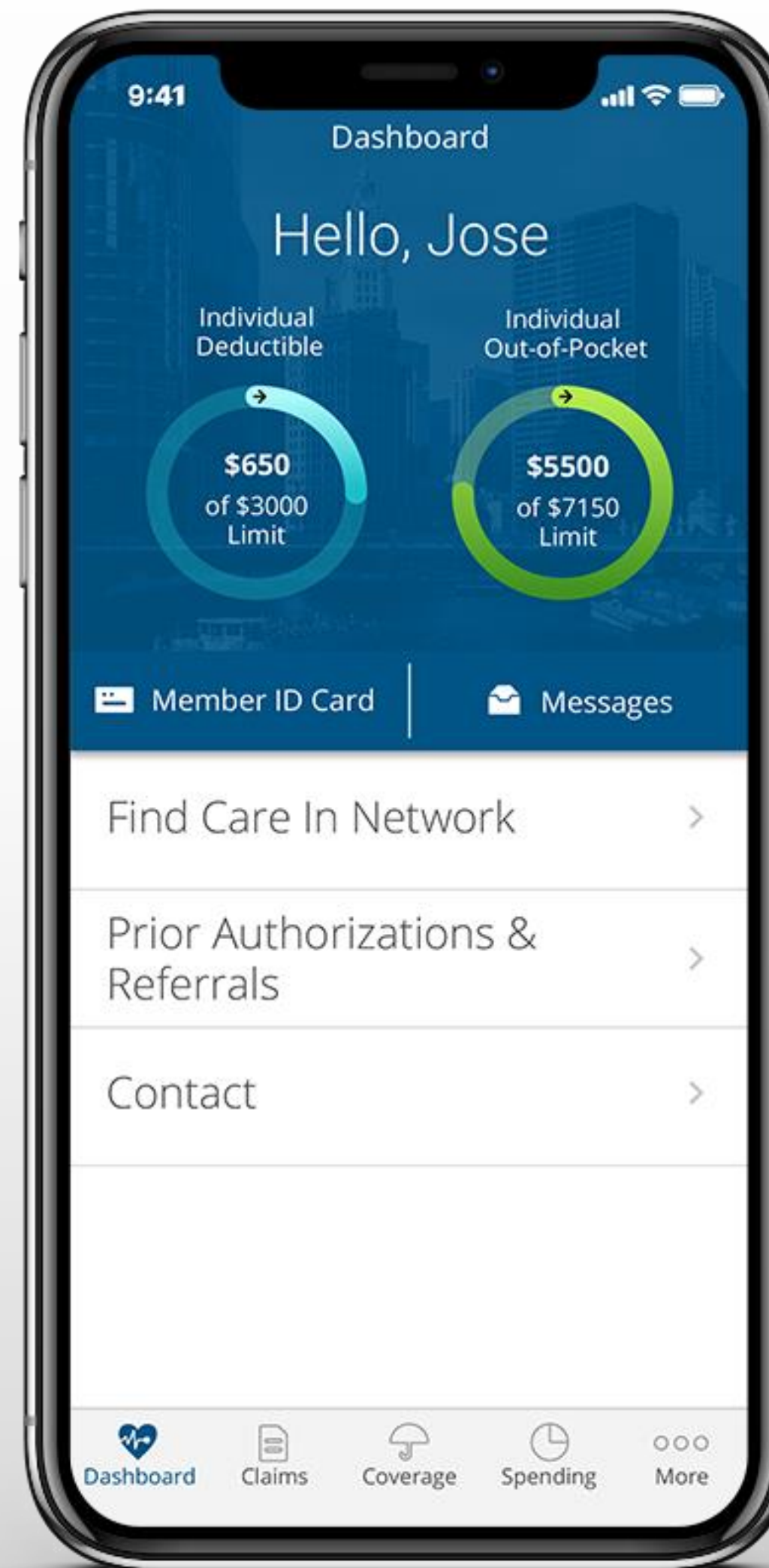
DIAGNOSTIC

- Jane's mammogram results showed signs of suspicious growths
- Jane is asked to go in for a second mammogram
- This second mammogram is **diagnostic or medical** — not preventive

BCBS Programs for ALL Members

BCBSIL App for Mobile Devices

- Find an in-network doctor, hospital or urgent care facility or search for Spanish-speaking doctors
- Access your claims, coverage and deductible information
- Access temporary digital member ID card
- Secure login with Face ID (iOS only) and Fingerprint ID
- **Let us know your communication preferences**



To download the app, go to Google Play, the App Store or text* **BCBSILAPP to 33633**

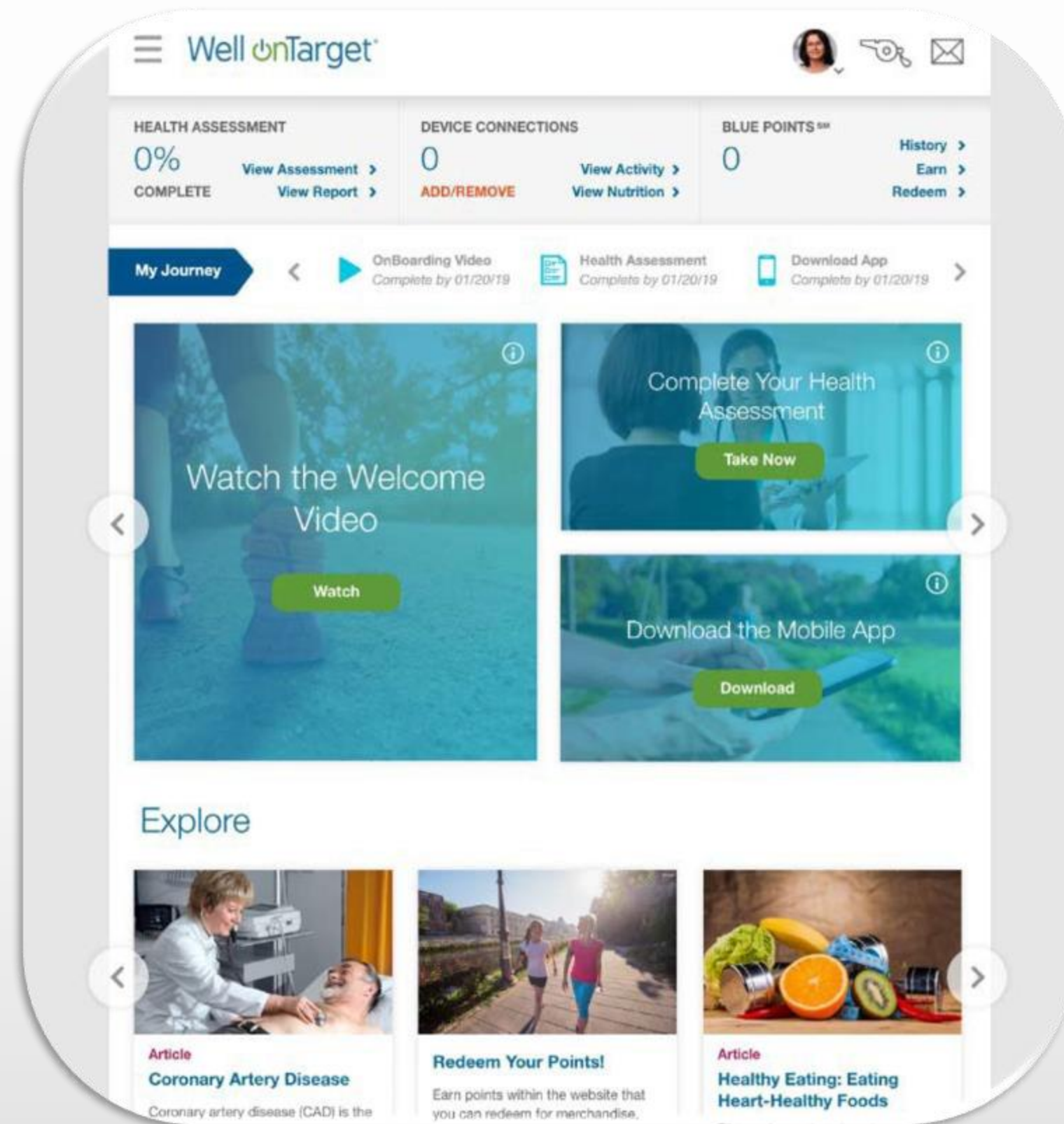


*Message and data rates may apply.

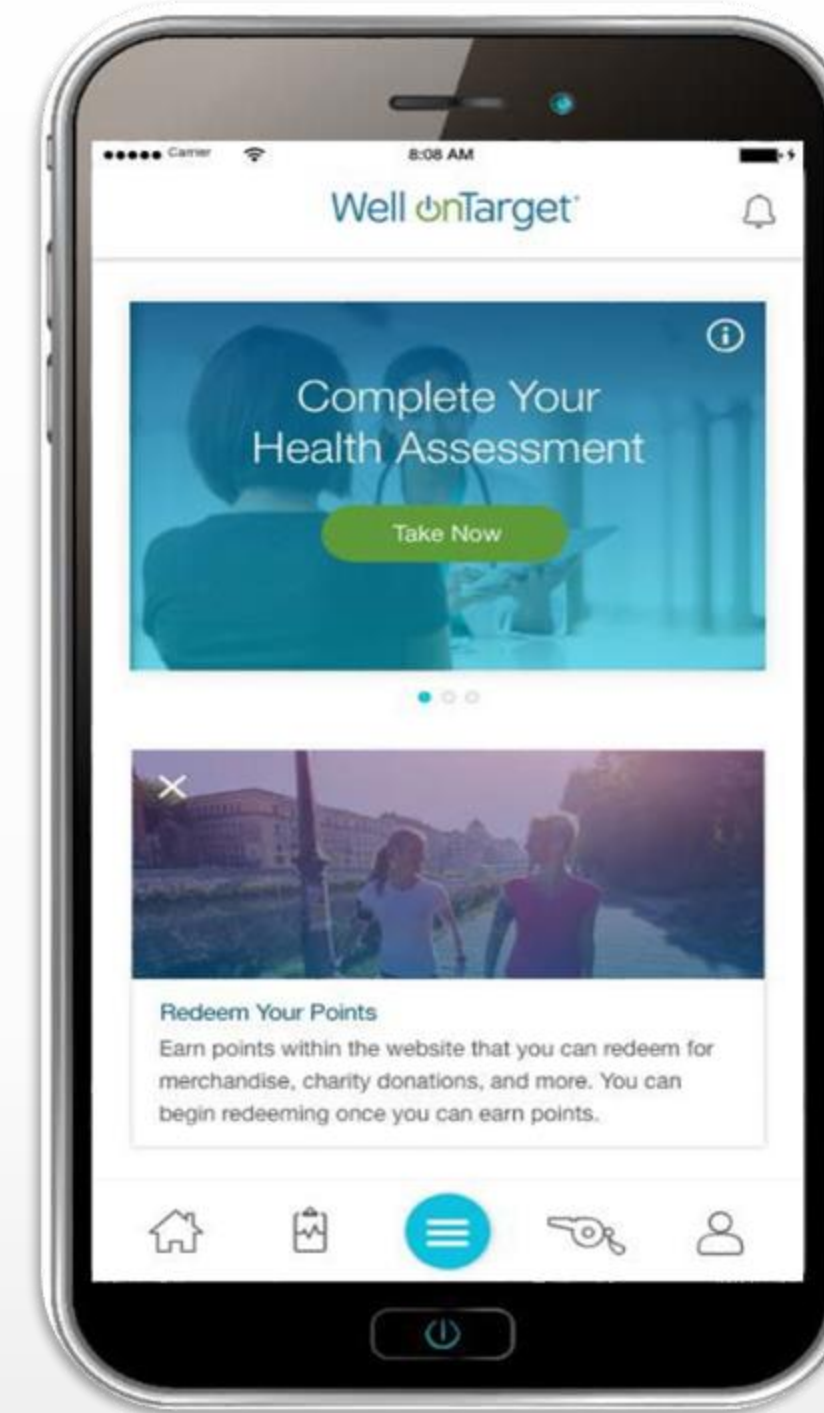
Screen images are for illustrative purposes only.

BCBS Wellness Programs

Member Wellness Portal

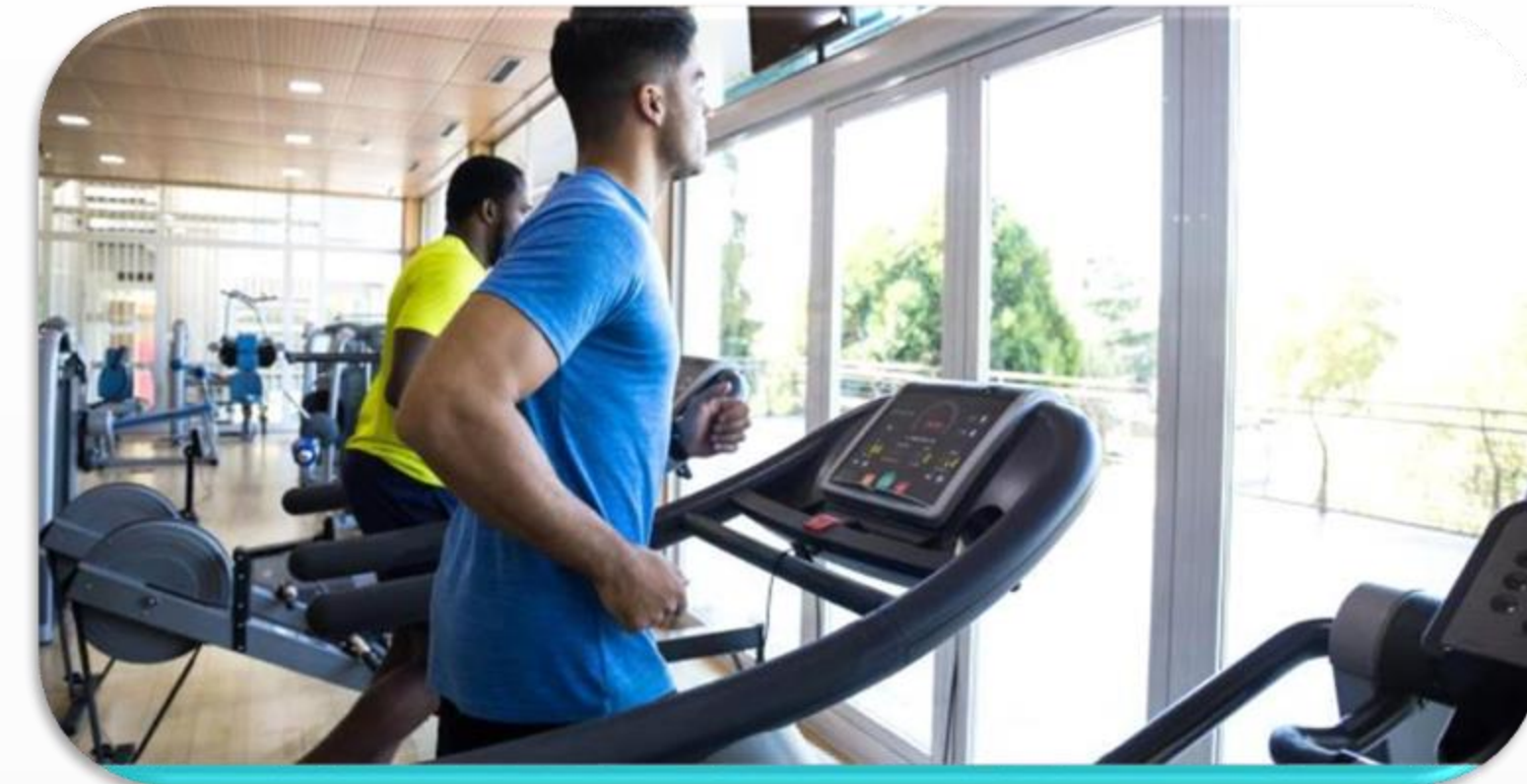


Log in to Well onTarget on a desktop computer to start the process and authentication



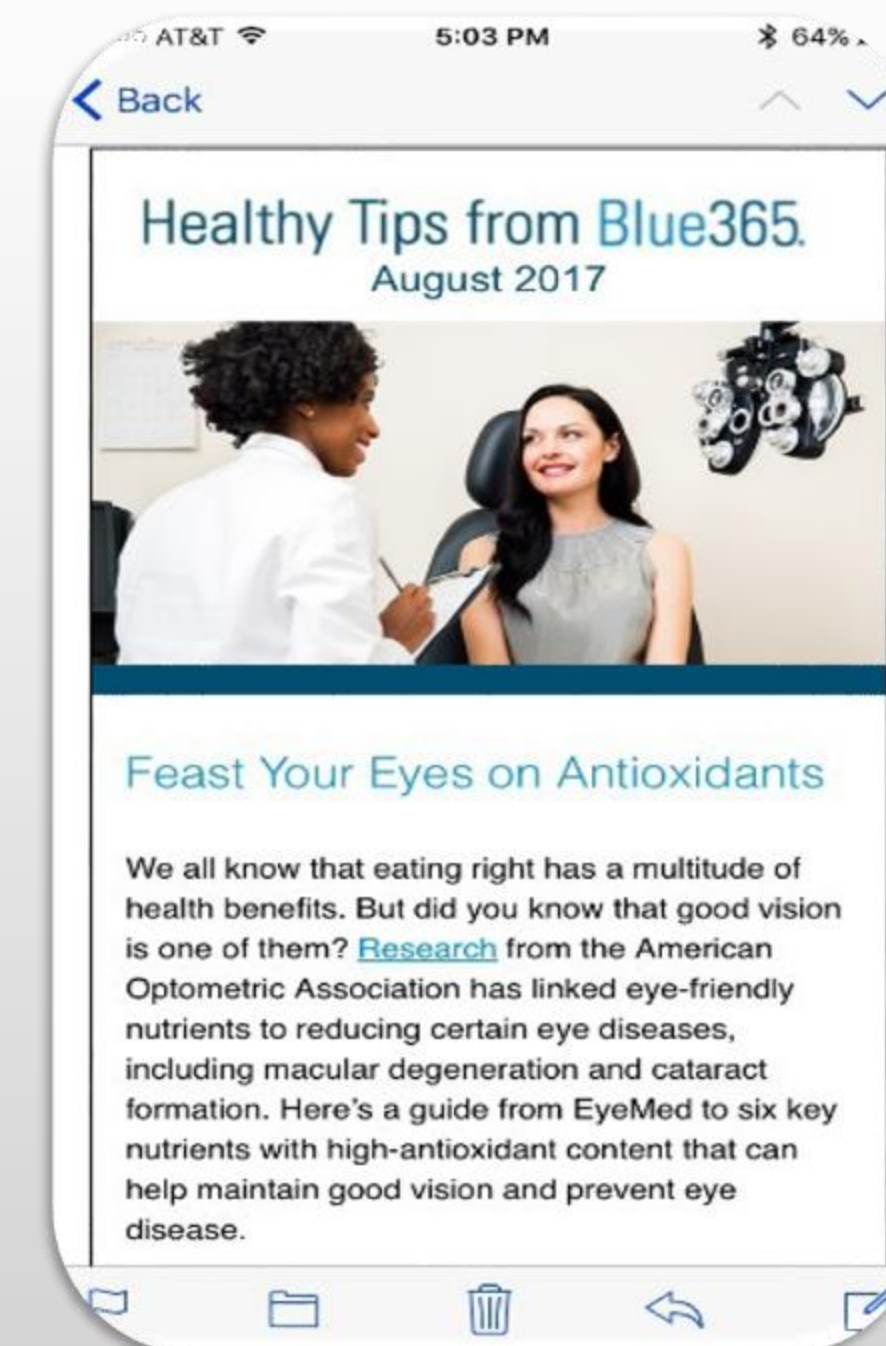
AlwaysOn Wellness
MobileApp
Well onTarget®

Fitness Program



Blue Points Program and Blue 365

Log in to Blue Access for MembersSM - click Fitness Program or Member Discount Program in Quick Links to reach the enrollment page.



Flexible Gym Network

A choice of gym networks to fit budgets and preferences.*

CLASSIC			LUXURY			
Base	Core	Power	Elite	Pro	Signature	Premier
\$19/mo	\$29/mo	\$39/mo	\$129/mo	\$159/mo	\$199/mo	\$239/mo
3,500+ Standard Gyms	8,500+ Standard Gyms	13,000+ Standard Gyms	Access to 1 Luxury Gym + All 13,000+ Standard Gyms (Luxury Gyms differ by tier, 180+ Available)			
Digital Content: Video and Live Stream						
Studio Class Rewards: 30% off every 10 th Class						

- **Studio Class Network:** Boutique-style classes and specialty gyms are pay-as-you-go with 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount. Member pays one enrollment fee for the entire family.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice.

Taxes may apply. Individuals must be at least 18 years old to purchase a membership.



Membership Options to Choose From

- Select a plan based on lifestyle and preferences to have access to all gyms included in the plan and lower plans.
- Elite, Pro, Signature and Premier plans include the option to select a Home Gym plus access to all other gyms.
- Members have the option to change their Home Gym monthly.

Wondr

What is Wondr?

No points, plans, or counting calories.
Forget eating kale salads 24/7; Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. Our behavioral science-based program was created by a team of doctors and clinicians (which is why we left out the “e” in Wondr) and is clinically-proven for lasting results.

*Restrictions and eligibility info can be found at wondrhealth.com/IPBC

Questions? Visit support.wondrhealth.com

LET'S TALK RESULTS

In as little as 10 weeks:

84% 
LOST
WEIGHT

61% 
HAVE MORE
ENERGY

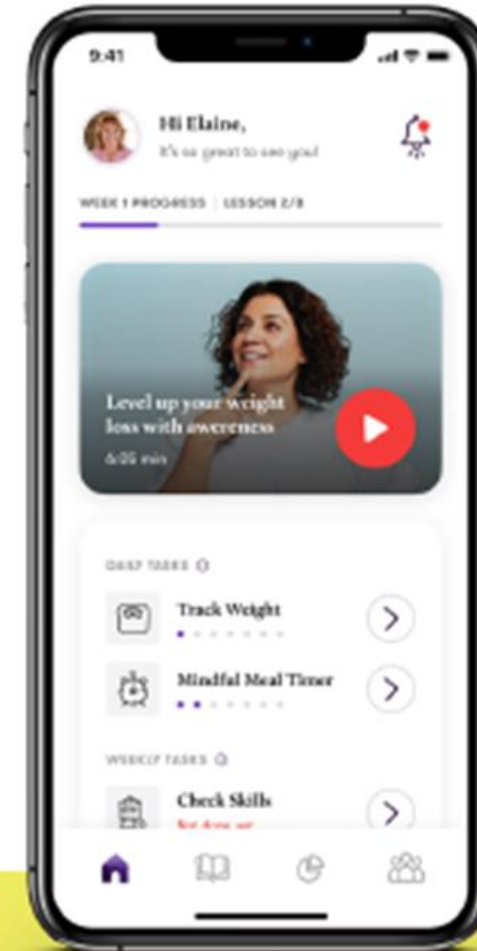
68% 
ARE MORE
PHYSICALLY
ACTIVE

62% 
FEEL MORE
CONFIDENT

85% 
FEEL MORE
IN CONTROL OF
THEIR WEIGHT

57% 
FEEL THEIR
MOOD HAS
IMPROVED

*Based on Wondr Health Book of Business



GET IT ON
Google Play

Download on the
App Store



“I love the whole idea of the psychology of things. I like to look in the why's and how it works. You can eat whatever you want. You just need to retrain your brain into thinking about how you need to eat your food.”

—Brad M.
WONDR PARTICIPANT

LOST
70 lbs | GAINED
Confidence



© 2021 WONDR | W3016.1

Clinically-proven weight loss without counting calories

Now you can lose weight, gain energy, sleep better, and improve your mind and body—all while eating your favorite foods.

IPBC has partnered with Wondr Health™ to help you improve your health at no cost to you.*

Opening to HMO population on 7/1/2022

Go to wondrhealth.com/IPBC



Go to wondrhealth.com/IPBC

Opening to HMO population on 7/1/2022

BCBS Programs for PPO Members

BCBS Health Advocacy Solutions



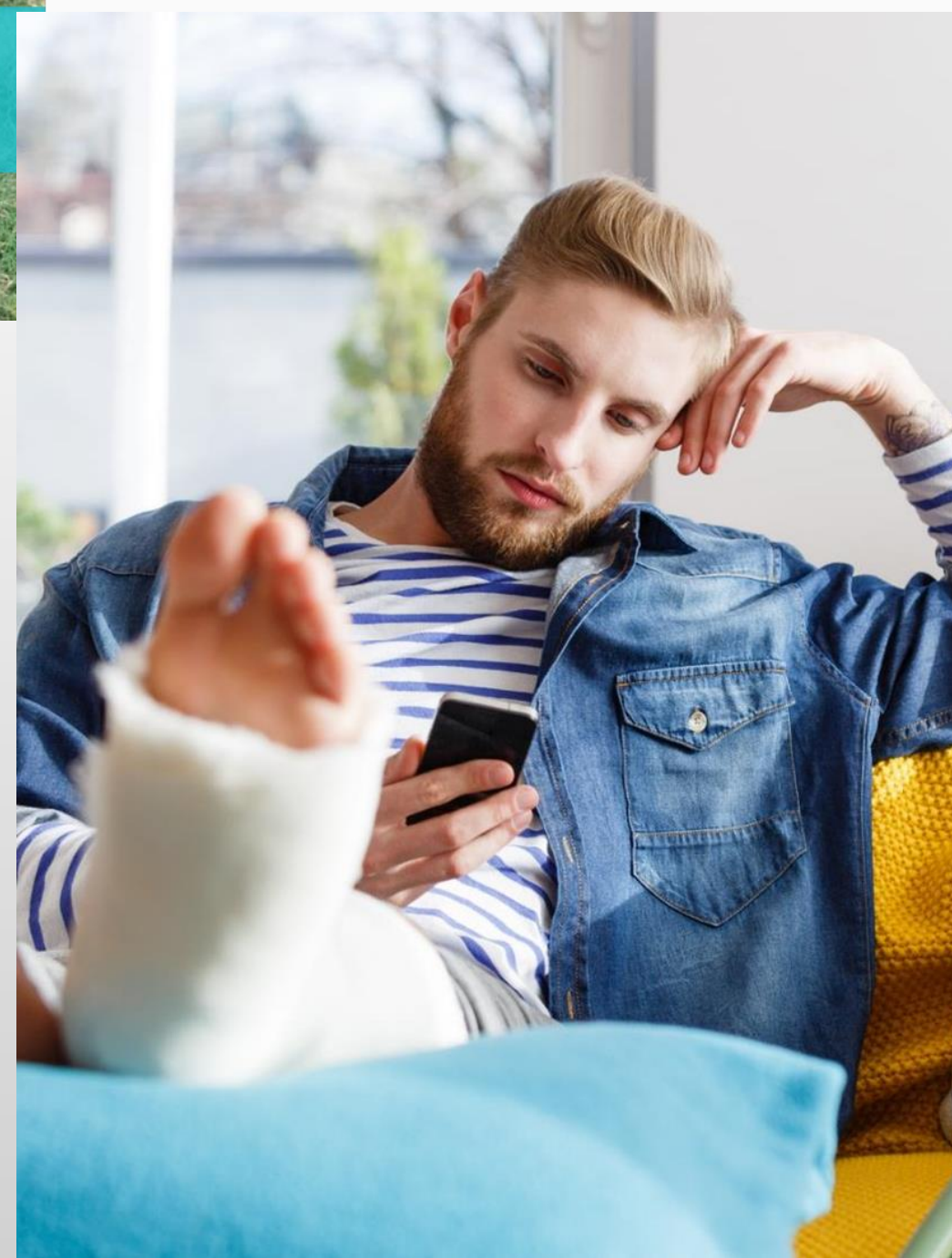
Take the easy path to better health ...
Your health advocate is your dedicated health care concierge.

Your Personal
Health Advocate:
One call that does it all

Whether you are concerned about:

- Understanding your benefits
- Scheduling appointments
- A chronic illness or a new diagnosis
- An upcoming surgery
- Getting preauthorization for a test
- Saving money on health care

Your health advocate has answers.



You Don't Have to Do It
All on Your Own

Connect with a health advocate to get personal support and guidance for any health concern. We can help you:

- Manage a health concern affecting you or someone you are caring for
- Sort out a new diagnosis and what to do next
- Find care and support for mental health issues
- Navigate complex health care journeys like:
 - Cancer
 - Diabetes
 - Caregiver support
 - Going on disability leave
 - Gender affirmation
 - Legacy planning

A Health Advocate
Might Reach Out to You

If we're calling, it's because
we think we can help!

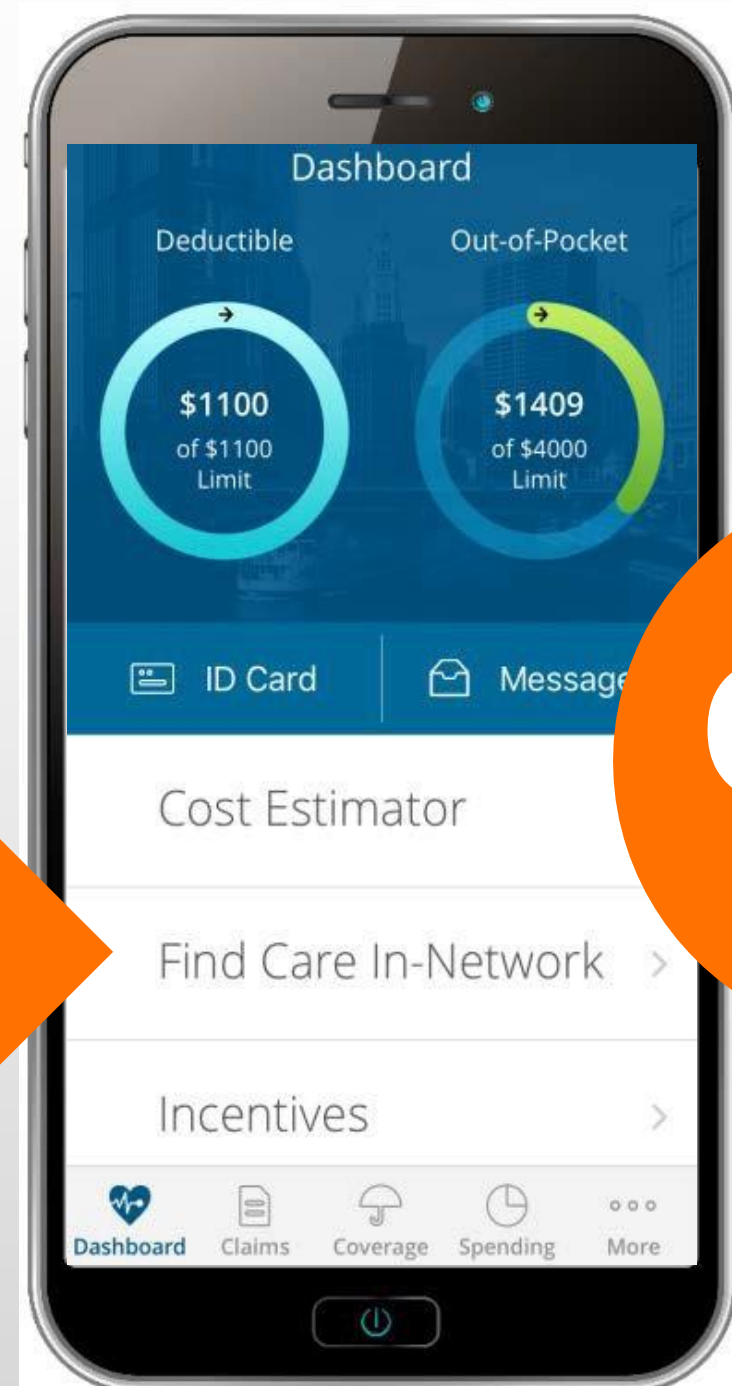
Here are a few reasons why we might be calling you:

- You or your family recently had a health event or a new diagnosis
- To help you find the right doctor or care facility for your needs
- If you had an emergency room visit, to see how you are doing and how we can help



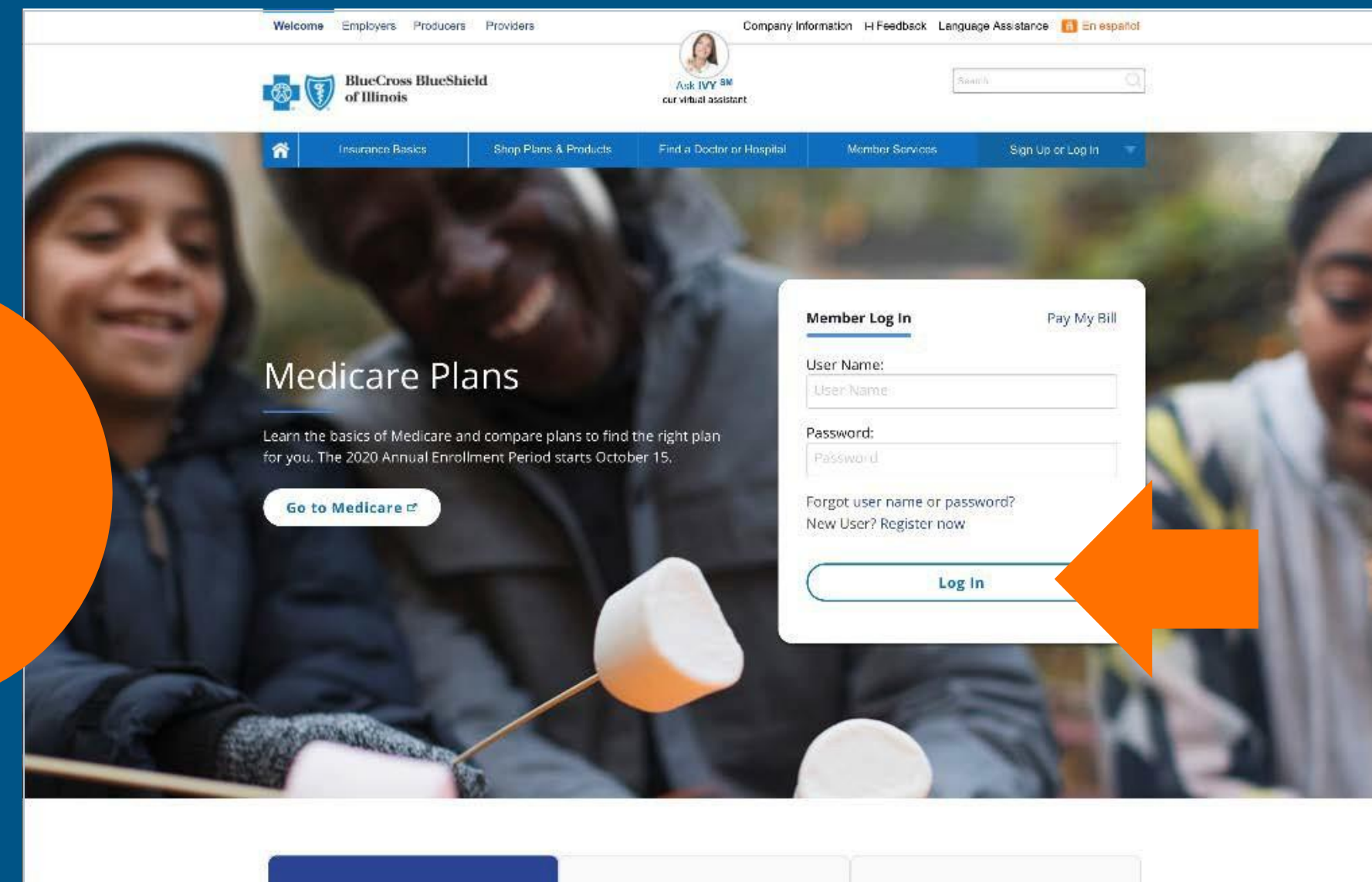
Use Member Rewards Online

Access Member Rewards
via the BCBSILApp,
just log in and click
Find Care In Network



OR

Or visit bcbsil.com, log in to
Blue Access for MembersSM and
click **Doctors & Hospitals** tab
to access Member Rewards.



How Does Member Rewards Work?

-  Your doctor recommends a medical service or procedure.
-  You visit Member Rewards online or call a Benefits Value Advisor (if applicable) to shop for options.
-  You select the location of your choice and have the service or procedure done.
-  After the claim is paid, Member Rewards verifies that the location qualifies for a reward and Sapphire Digital mails you cash reward check.

Please Note: Not available with HMO networks

BCBS Virtual Visits

How Virtual Visits Work

CONNECT

Access where mobile app, online video or telephone service is available

INTERACT

Real-time consultation with an independently contracted, board-certified doctor or therapist

DIAGNOSE

Prescriptions sent to a pharmacy of your choice (when appropriate)

Please Note: This slide is specific to PPO members, see next slide for information on MdLive for HMO members.

To register, you'll need to provide your first and last name, date of birth and BCBSIL member ID number.



Get Care When and Where You Need It

- Whether you're at home or traveling, access to an independently contracted, board-certified doctor is available 24/7.
- You can speak to an MDLIVE doctor immediately or schedule an appointment for a time that works for you.
- MDLIVE doctors can help treat many non-emergency conditions.
- A virtual visit may be a better alternative to the emergency room or urgent care center.

Please Note: This slide is specific to PPO members, not available for HMO Members.



MDLIVE, a separate company, operates and administers the virtual visits program for Blue Cross and Blue Shield of Illinois and is solely responsible for its operations and that of its contracted providers.

BCBS Wellness Programs

Teladoc Health



Omada



Hinge Health



Long term Medication



Maintenance medication

- Prescriptions are taken over a sustained period of time to treat chronic conditions
- Get a three-month (90-day) supply of your long-term medicine instead of a one-month (30-day) supply

Delivered to you from Express Scripts

- Delivered to your door with FREE standard shipping
- Transfer prescriptions easily online, by phone or via Express Scripts mobile app
- Auto-refills and refill reminders available
- Talk with a pharmacist by phone 24/7

At a CVS or Walgreens Pharmacy

- At convenient CVS and Walgreens locations near you
- Transfer your prescriptions easily in-store, by phone or online
- Ask about auto refills and refill reminders

To choose a three-month supply and avoid paying more, log in or register at express-scripts.com/90day.

You can also call the Member Services number on the back of your member ID card.

Accredo Specialty Pharmacy

If you take specialty medication, your prescription may be filled through Accredo.

- 1 Your healthcare provider will send your prescription to us via fax, phone or electronically.
- 2 We will contact your prescriber's office to verify your information and coordinate the prior authorization if you need one. Make sure the office has your correct phone number.
- 3 A pharmacist who is specialty-trained in your condition prepares and checks your prescription for accuracy.

- 4 A patient care advocate will call you within 2-5 days* to schedule delivery and check your benefits. Let us know if you prefer to speak a language other than English. You may also speak to a pharmacist.
- 5 We package your medication to protect the contents and your privacy, and ship it at no extra charge.
- 6 When it's time for a refill, we'll give you a call (or send you a text if you prefer) to schedule your next shipment.

Dental Coverage



Benefits	Delta Dental PPO	
	In-Network(PPO and PPO Premier)	Non-Network
Deductible	\$50 individual / \$150 family	\$50 individual / \$150 family
Preventative(Cleanings, Oral Exams)	100% after deductible	100% of R&C
Basic(Fillings, Perio, Endo)	80% after deductible	80% of R&C
Major(Crowns, Bridges, and Dentures)	60% after deductible	60% of R&C
Orthodontia (Children under 19)	50% after deductible	50% of R&C
Ortho Lifetime Maximum	50% up to \$1,700 per covered member	
Annual Maximum	\$1,500 per covered member	

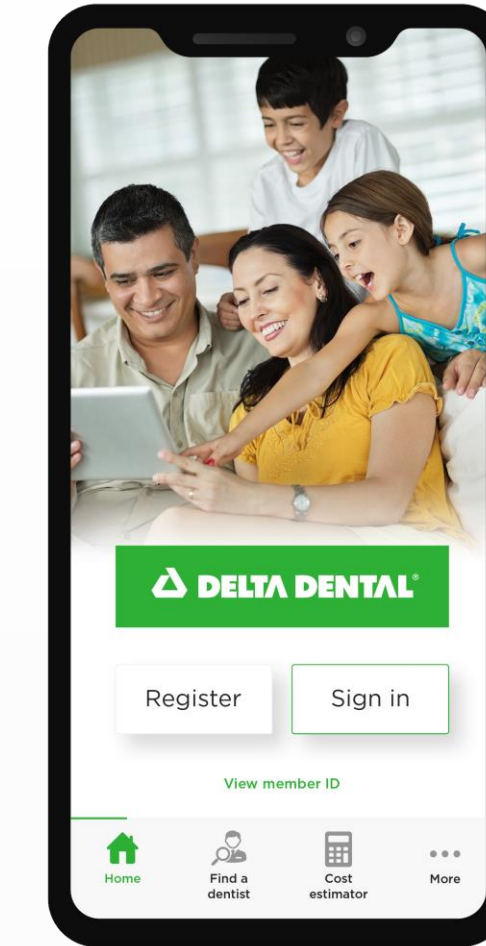


This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Delta Dental Mobile App

Access these features when you log in with your Delta Dental account:

- Access mobile ID cards and save it to your device for quick access
- Find a network dentist
- Estimate treatment costs with the Dental Cost Estimator



Member Connection

- View benefits and claims
- Access ID cards
- Access EOBs, forms and FAQs
- Enroll in Enhanced Benefits Program



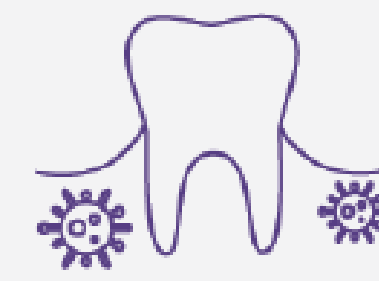
Enhanced Benefits Program

- Focus on correlation between perio disease and systemic conditions
- Provides enhanced coverage (additional cleanings/fluoride where applicable) for high-risk individuals
- Members self-report online
- Goal of improving oral and overall health

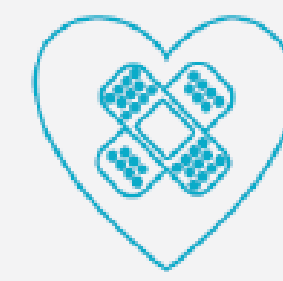
Qualified conditions include:



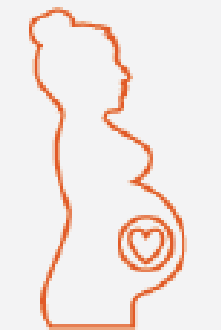
Diabetes



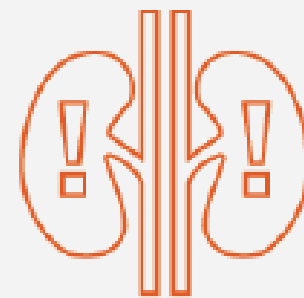
Periodontal disease



Cardiac conditions



Pregnancy



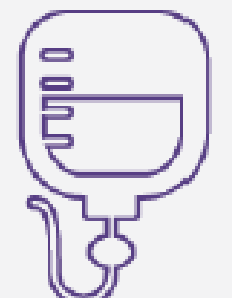
Kidney failure/
undergoing dialysis



Suppressed
immune systems**



Special
needs***



Cancer-related
chemotherapy and/or radiation

SmilePerks

- Exclusive program for Delta Dental of Illinois members
- Helps members save money on everyday expenses just by being a Delta Dental member
- Whether a major purchase like a car or trip abroad, or just savings on the day-to-day essentials, Smile Perks has members covered
- Links featured in all emails
- Flyers available



Member
Discount Program
powered by LifeMart.



amplifon Hearing Health Care.

Vision Coverage



Benefits	VSP
	In-Network
Copay	\$10 for exam \$25 for glasses
Frequency Exam Frames Lenses/Contact Lenses	12 Months 12 Months 12 Months
Frames	• \$300 allowance for featured frame brands • \$300 Visionworks frame allowance on any frame • \$250 allowance for a wide selection of frames • \$250 Walmart/Sam’s Club frame allowance • \$135 Costco® frame allowance • 20% savings on the amount over your allowance
Retinal Screening	Up to \$39 copay
Lenses Copay Standard Progressive Premium Progressive Custom Progressive	\$0 \$95-\$105 \$150-\$175
Contacts(Instead of glasses)	\$250 allowance, Up to \$60 copay



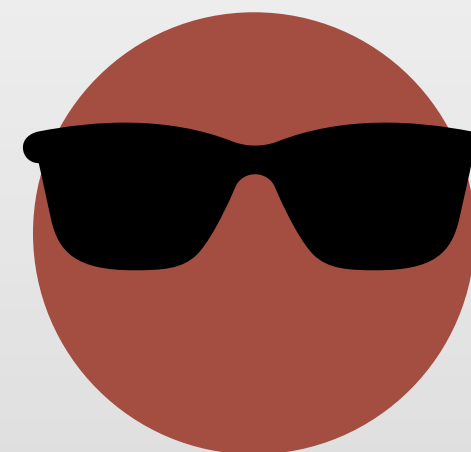
This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



VSP LightCare™

No prescription? No problem.
Defend your eyes indoors and out

Shield your eyes from the sun's ultraviolet rays or blue light from screens – all without a prescription. Simply apply your frame allowance when you visit a VSP network doctor and choose:



Sunglasses

or



Ready-made blue light-filtering glasses



Retinal Screening

Digital imaging is key to early detection and intervention

- Images of the inside of the eye
- Baseline documentation of a healthy eye
- Screen for potential disease(s)
- Can be compared year after year to monitor even the most subtle changes in the eyes
- No more than **\$39** copay
- **\$0** copay for members with diabetes

Savings Beyond Benefits

50% ▶ Save 50% on additional pairs of glasses and sunglasses at Visionworks®

\$250 ▶ Average savings at Eyeconic®, plus free shipping and returns

Plus, VSP members get access to Exclusive Member Extras

\$50 ▶ Additional \$50 on Featured Frame Brands

60% ▶ Save up to 60% on hearing aids with TruHearing®

\$1,200 ▶ Save up to \$1,200 on Lasik

\$300 ▶ Get up to \$300 in contact lens rebates

*Offers vary based on state and benefit plan. Brands and offers subject to change. *Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details. VSP is providing information to its members, but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information, please visit vsp.com/offers/special-offers/hearing-aids/truhearing. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California.

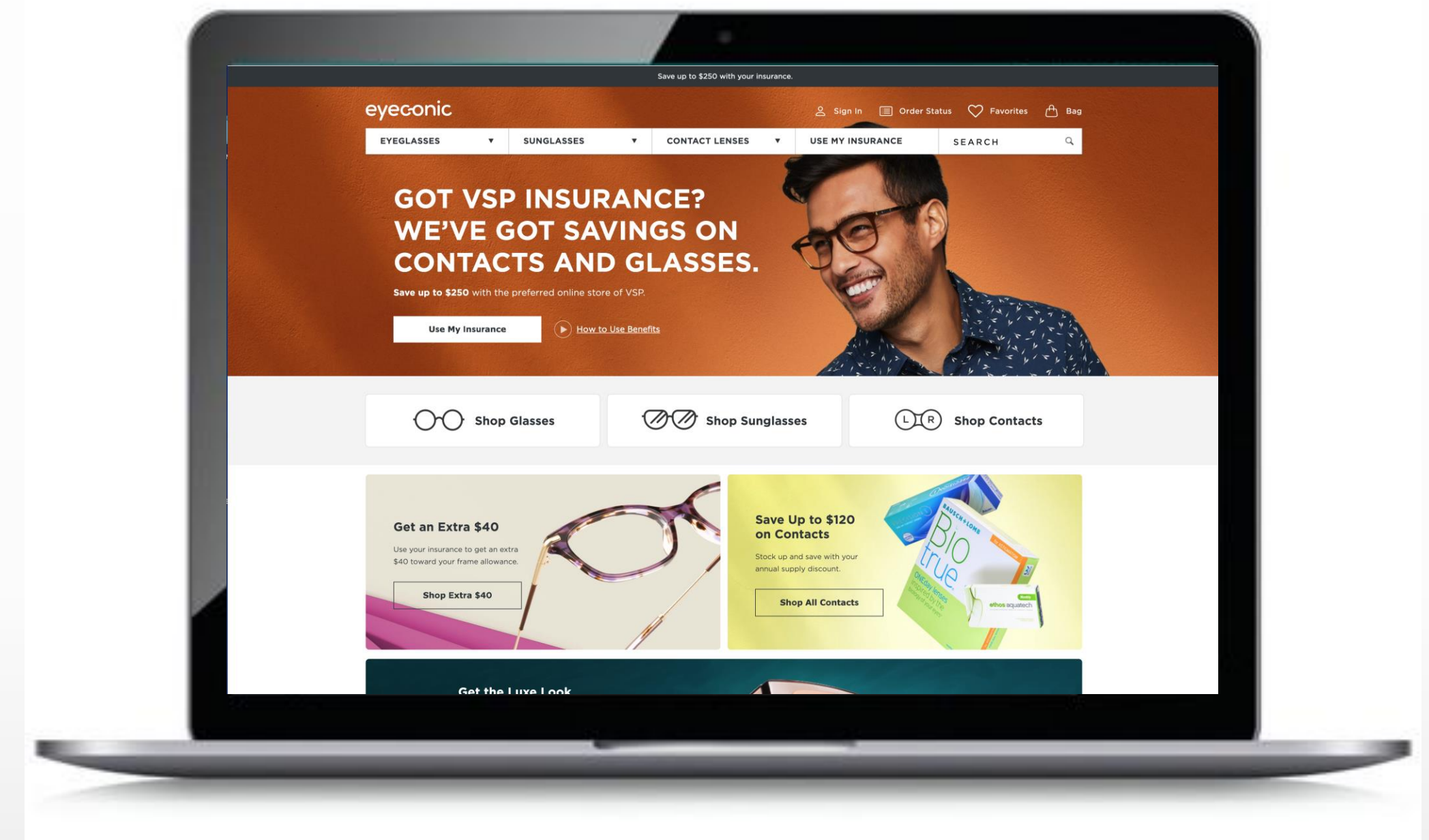


Eyewear Shopping Online at Eyeconic

Eyeconic is the VSP online eyewear store that seamlessly connects your VSP vision benefits to your account. You'll get:

- A huge selection of contact lenses and designer frames 24/7 – and the Virtual Try-On Tool.
- Free shipping and returns.
- 20% off any out-of-pocket expenses on eyewear after your frame allowance is applied.
- Specialty sizes that fit your needs.

Find your product, customize your order and we do the rest. Start saving today at **eyeconic.com**® today.



eyeconic
a vsp vision company

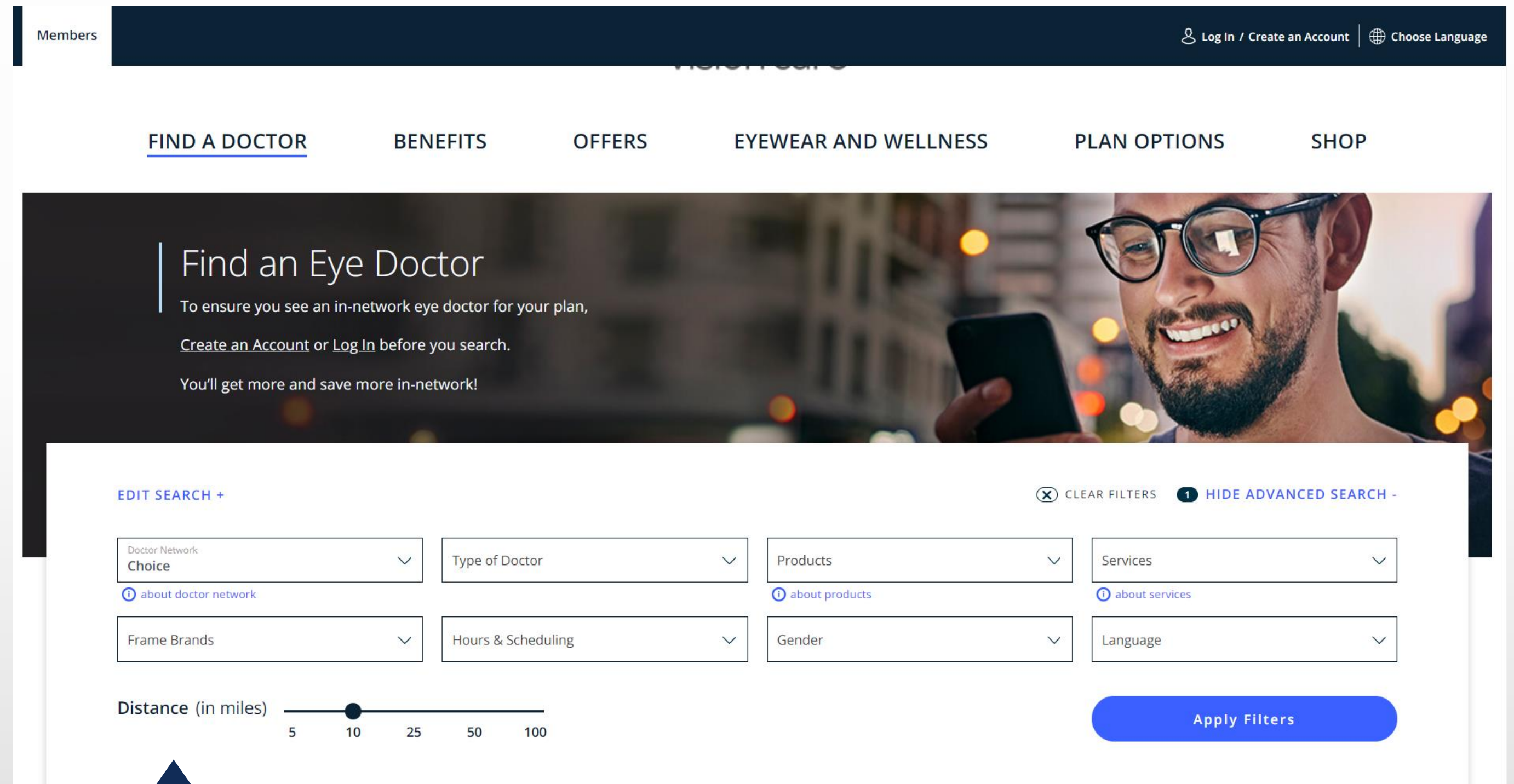
The Right Doctor for You

Using the Find a Doctor tool on **vsp.com** is easy

Visit **vsp.com/eye-doctor**
(or navigate from **vsp.com** home page)

Enter the preferences that are meaningful to you like:

- Location
- Gender
- Language
- Frame brands
- Specialty
- Services
- Hours & Scheduling



The screenshot shows the 'Find an Eye Doctor' search tool on the VSP website. The interface includes a navigation bar with links like 'FIND A DOCTOR', 'BENEFITS', 'OFFERS', 'EYEWEAR AND WELLNESS', 'PLAN OPTIONS', and 'SHOP'. The main heading is 'Find an Eye Doctor' with a subtext: 'To ensure you see an in-network eye doctor for your plan, Create an Account or Log In before you search. You'll get more and save more in-network!'. Below this is a search filter section with a grid of dropdown menus for 'Doctor Network Choice', 'Type of Doctor', 'Products', 'Services', 'Frame Brands', 'Hours & Scheduling', 'Gender', and 'Language'. Each dropdown has a corresponding 'about' link. A distance slider is located below the grid, labeled 'Distance (in miles)' with markers at 5, 10, 25, 50, and 100. To the right of the slider are links for 'CLEAR FILTERS' and 'HIDE ADVANCED SEARCH'. An 'Apply Filters' button is at the bottom right of the filter section.

A sliding distance bar makes finding a match nearby easy. You can even opt to view locations on a map.

Using Your Benefit is Easy

Once you've enrolled...

1. Create an account at **vsp.com** and review your personalized benefit information.
2. Find a VSP in-network doctor by visiting **vsp.com** or calling **800.877.7195**.
3. Simply tell your eye doctor's office that you have VSP—and we'll take care of the rest!





GROUP TERM LIFE INSURANCE



securian
FINANCIAL®



Why Life Insurance?

Group Life Insurance protects you and your family from the unexpected loss of life and income during working years.

If you die, Life Insurance benefits are disbursed to your beneficiaries to help pay for things like:

- ✓ Your mortgage or rent
- ✓ Childcare or education costs
- ✓ Medical bills and other expenses
- ✓ Funeral and burial costs





Basic Life Insurance

✓ **100% Employer Paid**



Benefit Includes:

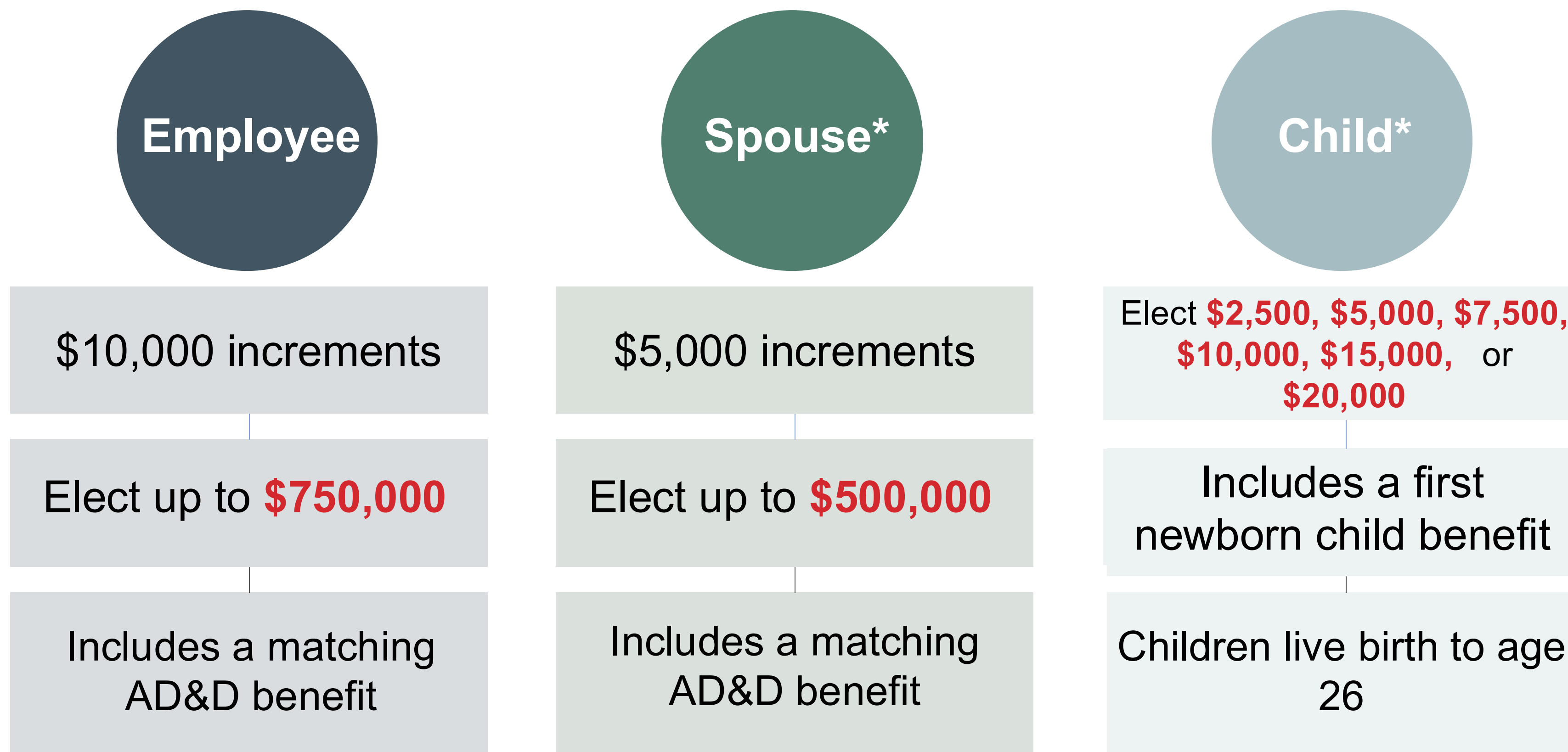
- Active full-time employees, excluding Police Officers : \$50,000
- Active Police Officers: 1 X annual salary, maximum \$125,000
- A matching Accidental Death & Dismemberment (AD&D) Benefit

*Coverage reduces beginning at age 65



Supplemental Life Insurance

✓ 100% Employee Paid



*Employee must be enrolled in supplemental life to elect spouse or child coverage and coverage cannot exceed 100% of employee's basic & supplemental coverages combined.

Life Insurance Beneficiaries & Continuation



Beneficiaries receive funds to help with their everyday living expenses, so they can continue to live the lifestyle they live today.

- ✓ To ensure any claim is paid according to your wishes and without delay, be sure to choose a beneficiary and review your choice as life progresses.

Take your Life Insurance with you after active employment - **No health questions!**

- ✓ Premium rates are generally higher than for active employees
- ✓ Enroll within 31 days of the date coverage would otherwise terminate

Employee Assistance Program

GuidanceResources®

Your Life. Your Work. Your Best.®
Your GuidanceResources® Program

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small. Program services are provided without cost to you and your household members.

Services:

Confidential Emotional Support

8 sessions per issue, per year

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

Legal Guidance

- Divorce, adoption and family law
- Wills, trusts and estate planning
- Free consultation and discounted local representation

Financial Resources

- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more
- Holistic retirement planning to support your financial security as well as your social and emotional transition

Well-Being Support

- Make positive lifestyle changes with one-on-one health coaching session over the phone or via video link
- Improve sleep habits, time management skills, self-compassion
- Get help with burnout, stress, resiliency and more

Interactive Digital Tools

- Self-care platform offers guided health programs
- Tackle anxiety, depression, stress
- Improve mindfulness, sleep, and more

Digital Support

- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings
- Schedule counseling, work-life support or other services directly online via the Connect to Care menu

Life is challenging. We can help.
Confidential 24/7 support.

Questions



This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.