

# City of Elmhurst Retiree Benefit Summary

If a retiree voluntarily removes themselves or a dependent from the City's retiree health, dental and/or vision insurance, the retiree and/or dependent will not be able to return to the insurance plan at any time and will no longer be eligible to participate in the benefit moving forward. Employees and/or dependents may only participate in the City's insurance plan(s) as a retiree if they are enrolled in the City's insurance plan(s) at the time of retirement.



**2026**

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# Insurance Benefits



# Insurance Terminology

## **Deductible**

The deductible is the amount you pay out of your pocket before the plan will begin to pay. Annual deductibles reset each year on January 1st .

## **Embedded Deductible**

In a health plan with an embedded deductible, no single individual enrolled in family coverage will pay more than the individual deductible amount.

## **Copayments**

Copayments (or copays) are fixed dollar amounts you are expected to pay to receive certain services such as office visits, procedures, or prescription drugs.

## **Coinsurance**

Coinsurance is a percentage of costs for health care services that you will be expected to pay once the annual deductible has been met.

## **Out-of-Pocket Maximum**

The out-of-pocket maximum is the annual cap on the dollar amount you are expected to pay out of pocket for services (including deductibles, copays, and/or coinsurance). Once the annual out-of-pocket maximum is met, the plan will cover 100% of any remaining medical expenses for the year.

## **Premium**

Premium is the amount to be paid for insurance coverage, whether services are used or not.

# Insurance Benefits

## Medical Insurance

**Carrier:** BlueCross BlueShield

**Website:** [www.bcbsil.com](http://www.bcbsil.com)

**Phone:** 800-828-3116

### **Blue Choice Options - Preferred Provider Organization Plan (BCO PPO)**

The BCO PPO plan is a “traditional” PPO plan with a deductible, coinsurance, and copays. You have the flexibility of seeing any doctor, hospital, or specialist you choose, without a referral. The plan accesses 3 networks:

Tier 1: Blue Choice Options (BCO). You pay the least out-of-pocket.

Tier 2: PPO. You pay more out-of-pocket than BCO, but still considered in-network.

Tier 3: Out-of-Network. You pay the highest out-of-pocket cost and may be subject to balance-billing.

### **High Deductible Health Plan**

The HDHP is a high deductible health plan that provides health care benefits after the deductible has been met. All medical services, with the exception of preventive care, are paid for by you at 100%, less carrier discounts, prior to meeting your entire annual deductible.

### **HMO Plan**

The HMO gives you access to certain doctors and hospitals but restricts services to in-network providers. There are no out-of-network benefits. Your care is managed by a Primary Care Physician (PCP). If you require a specialist, outpatient procedure or hospitalization, your PCP must refer you.

### **Prescription Drugs Generic Default**

For the medical plans with a drug copay card, brand drugs will default to generic when a equivalent is available. If your doctor determines you cannot tolerate the available generic equivalent, your doctor can write dispense as written/do not substitute on the prescription. Otherwise, you will pay the brand drug copay amount plus the difference in cost between the brand drug and its generic equivalent.

# Insurance Benefits

## Medical Plan Details

	HMO (Group #B05096)	BCO PPO 300 (Group #305948)			PPO HDHP 3300 (Group #230713)	
Calendar Year (1/1—12/31) Deductible & Out of Pocket	In-Network Benefits Only	In-Network		Out-of- Network	In-Network	Out-of- Network
Network	Blue Advantage	BCO	PPO		PPO	
<b>Deductible</b>						
Individual	\$0	\$300	\$600	\$900	\$3,400	\$6,800
Family	\$0	\$900	\$1,800	\$3,600	\$6,800	\$13,600
<b>Coinsurance</b>						
Member Responsibility	0%	10%	20%	30%	0%	20%
<b>Out-of-Pocket Max</b>						
Individual	\$1,500	\$1,300	\$2,600	\$5,200	\$3,400	\$13,600
Family	\$3,000	\$3,900	\$7,800	\$15,600	\$6,800	\$27,200
<b>Physician Services</b>						
Preventive Care	\$0 Copay	\$0 Copay	\$0 Copay	30% After Ded	Plan Pays 100%	20% After Ded
Physician Visit	\$30 Copay	\$20 Copay	\$30 Copay	30% After Ded	0% After Ded	20% After Ded
Specialist Visit	\$50 Copay	\$40 Copay	\$50 Copay	30% After Ded	0% After Ded	20% After Ded
Diagnostic Testing	\$0 Copay	10% After Ded	20% After Ded	30% After Ded	0% After Ded	20% After Ded
Lab Testing	\$0 Copay	10% After Ded	20% After Ded	30% After Ded	0% After Ded	20% After Ded
Inpatient Hospital	\$0 Copay	10% After Ded	20% After Ded	30% After Ded	0% After Ded	20% After Ded
Emergency Room	\$150 Copay	\$150 Copay			0% After Ded	
Telehealth via MDLive	N/A	\$20 Copay		N/A	\$48 Copay	N/A
<b>Pharmacy (In-Network)</b>						
Generic/Formulary/Non-Formulary/Specialty						
Prescription Out-of-Pocket Max					Applies to Medical Out of Pocket Maximum	
Individual	\$1,000		\$2,000			
Family	\$2,000		\$6,000		Deductible Applies	
Retail* (30 days)	Copays: \$10 / \$40 / \$60 / \$75		Copays: \$10 / \$25 / \$75 / \$100**			
Mail Order** (90 days)	Copays: \$10 / \$40 / \$60		Copays: \$10 / \$25 / \$75		Deductible Applies	

\*For Out-Of-Network drug providers, you are responsible for the retail copay or deductible plus 25% of the eligible amount.

\*\*Out-Of-Network Specialty drug coverage is not provided

## How to Find a Provider

Visit [www.bcbsil.com](http://www.bcbsil.com) and click "Find a Doctor or Hospital."

Call Customer Service toll-free:

**HMO:** 800-892-2803

**PPO:** 800-828-3116

# Insurance Benefits

## Making the Most of Your Medical Benefits

Retirees enrolled in the BlueCross BlueShield medical plan have access to the following services:

### **BlueAccess for Members:** [www.bcbsil.com](http://www.bcbsil.com)

A secure member website that gives you immediate access to health care benefit information and easy-to-use tools.

### **BlueAccess Mobile™**

You are able to access your BlueAccess for Members account straight from your mobile device. Choose to receive text messaging for Rx refill reminders, diet and fitness tips, claim updates and more. Download the application straight to your smartphone for immediate access.

### **24/7 Nurseline: 800.299.0274 (PPO & HDHP members only)**

General health information and guidance for specific conditions from fevers to bee stings as well as coaching on appropriate treatment paths.

### **Maternity Care Program: 888.421.7781**

Personalized support provided by Obstetrical nurses.

### **Mail Order Prescriptions:** [express-scripts.com/rx](http://express-scripts.com/rx) or 833-715-0942

Members can save time and money by calling 24/7 to refill or transfer a current prescription or get started with home delivery.

### **Accredo:** [www.accredo.com](http://www.accredo.com) or 833-721-1619

Accredo is the prescription specialty drug vendor

### **Blue365 Discounts**

As a member you have access to additional special program discounts. Details can be accessed at [www.bcbsil.com](http://www.bcbsil.com) under the “My Coverage” tab and then Discounts.

### **Well onTarget<sup>SM</sup> Member Wellness Program**

Access health and wellness resources that can help you manage your health with resources such as health assessments, health coaching, tracking tools and many more!

### **Virtual Visits—MDLIVE (PPO & HDHP members only)**

MDLIVE’s telehealth program provides enrolled members with access to non-emergency medical care without even leaving the couch. Visit a doctor virtually 24 hours a day, 7 days a week for a variety of different ailments and symptoms ranging from allergies, asthma, aches, infections, cold/flu, and more. Log on to [MDLIVE.com/bcbsil](http://MDLIVE.com/bcbsil) or call 888.676.4204 today to find out additional info on this convenient benefit.

# Insurance Benefits

## Tips to Save Money

### Preventive/Wellness Exams

- Each covered member is eligible for an annual preventive exam and other appropriate services
- Females are eligible to receive an annual well-woman exam covered at 100% in addition to their annual preventive exam

### Prescription Drugs

- Ask your doctor if there's a generic version of the medication being prescribed
- Take advantage of the Generic Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates
- Use mail order to save on copays

### High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are less costly at free-standing, in-network imaging centers than at hospitals
- Finding an in-network provider will save a substantial amount of money

### Accessing Medical Care

The emergency room is a costly experience for issues that aren't true emergencies. There are alternatives that can offer you quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- **Doctor's office:** for non-life threatening symptoms, schedule your appointment.
- **Convenient Care Clinics:** Utilize for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc.
- **Urgent Care (UC):** less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.
- **Virtual Visits (MDLIVE):** BlueCross BlueShield's telehealth program provides access to non-emergency medical care from the comfort of your home.

### MedsYourWay

MedsYourWay is a program that does an automatic real-time, behind-the-scenes price comparison on select drugs, so members pay the lower available price between a participating drug discount card or plan cost-share amount.

# Insurance Benefits

## Dental Insurance

Carrier: BlueCross BlueShield

Website: [www.bcbsil.com](http://www.bcbsil.com)

Phone: 800-367-6401

### Dental Preferred Provider Organization (DPPO)

This dental plan allows the flexibility to select a dentist of your choice. Manage out-of-pocket costs more efficiently by using in-network dentists. Services are categorized according to complexity and costs.

Dental Benefits:	CORE Plan (Group #230716)		Low Plan (Group #230715)		High Plan (Group #230717)	
	BlueCare DPPO	Out-of-Network	BlueCare DPPO	Out-of-Network	BlueCare DPPO	Out-of-Network
Calendar Year (1/1 - 12/31) Deductible & Out-of-Pocket						
Individual Deductible	\$50	\$50	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150	\$150	\$150
Preventive Coinsurance*	100%	100%	100%	100%	100%	100%
Basic Coinsurance*	80%	50%	80%	80%	100%	80%
Major Coinsurance*	50%	50%	50%	50%	80%	50%
Annual Maximum	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000
Orthodontia Coinsurance**	50%	50%	50%	50%	50%	50%
Orthodontia Lifetime Maximum**	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000

\*Coinsurance in-network is based on contracted rates. Out-of-Network coinsurance is based on 90th percentile of usual and customary. Member will be balanced bill for out-of-network services. Plan pays coinsurance shown in table above.

\*\*Adults and dependent children are eligible for orthodontia coverage.

#### Preventive:

- Annual cleanings (2 per calendar year)
- X-rays
- Fluoride Treatments
- Sealants/Space Maintainers

#### Basic:

- Simple extractions
- Root Canals
- Oral Surgery
- Amalgam Fillings

#### Major:

- Dentures
- Bridges
- Partial
- Crowns and Inlays

As a BlueCross BlueShield member, you have access to the **Dental Wellness Center**, which provides information on topics such as pediatric care, cosmetic dentistry, and tips to prevent cavities, gum disease, tooth loss, and other problems. To access the wellness center, log in to the Blue Access for Members at [www.bcbsil.com](http://www.bcbsil.com) and click on the *Wellness* tab.

## How to Find a Provider

Visit [www.bcbsil.com](http://www.bcbsil.com) and click "Find Care—Find a Dentist"

Call Customer Service toll-free at **800-367-6401**

# Insurance Benefits

## Vision Insurance

Carrier: VSP

Website: [www.vsp.com](http://www.vsp.com)

Phone: 800-877-7195

Vision insurance provides coverage for eye exams, glasses, and contact lenses. Manage your out-of-pocket costs by using in-network vision providers.

You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. If you use an Out-of-network provider, you will have to file a claim form to be reimbursed up to the allowed amount.

	Frequency	In-Network	Out-of-Network
<b>Network Name</b>	VSP Choice Network		
<b>Eye Exam</b>	Every 12 Months*	\$10 Copay	Up to \$45 Reimbursement
<b>Lenses</b> - Single vision - Bifocal - Trifocal - Lenticular	Every 12 Months*	\$25 Copay	Reimbursement Varies
<b>Frames</b>	Every 24 Months*	\$130 allowance then 20% Off Balance	Up to \$70 Reimbursement
<b>Elective Contacts</b>	Every 12 Months**	\$130 Allowance	Up to \$105 Reimbursement

\*Vision benefit frequencies are based on the date of service within the calendar year.

\*\* You cannot get contacts and glasses in the same calendar year

Visit [www.vsp.com](http://www.vsp.com) to see available perks and offers.

## How to Find a Provider

Visit <https://www.vsp.com/eye-doctor>

Call Customer Service toll-free at 800-877-7195

# Mental Health

## First Stop Health

Get convenient care for you mental health and wellbeing from where you're comfortable. First Stop Health is provided to medical-enrolled employees and their covered dependents for **FREE**.

## Support for your mental health

Ready to feel your best? Get matched with a compassionate provider for care.

- Coaches help you avoid burnout, improve stress management and more.
- Therapists help manage anxiety, depression, grief, relationship issues and more.
- Doctors can provide care for your mental health, including prescriptions\* for anxiety and depression when appropriate.

*First Stop Health services are not intended to constitute a health plan.  
\*Providers at First Stop Health do not prescribe controlled substances.  
Costs according to your medical plan may apply for prescriptions.*

## How to get care:

- 1 Log into the mobile app, visit our site [firststophealth.com](https://firststophealth.com) or call (888) 691-7867.
- 2 Answer a few quick questions. Our intake process takes <5 minutes.
- 3 Schedule your visit.
- 4 See your provider for convenient, compassionate care.

## Need help?

For pharmacy questions, issues logging in, and any help you may need, our team is available 24/7.

**App:** Click the "Help" tab

**Call:** 888-691-7867 and press 2  
**Email:** [member\\_services@fshealth.com](mailto:member_services@fshealth.com)

# Benefits Website

Visit <http://elmhurst.governmentinsurancenetwork.org> for additional resources.



Health & Wellness ▾ Other Valuable Benefits ▾ Enrolling Compliance Benefit Contacts

Eligibility & Making Changes

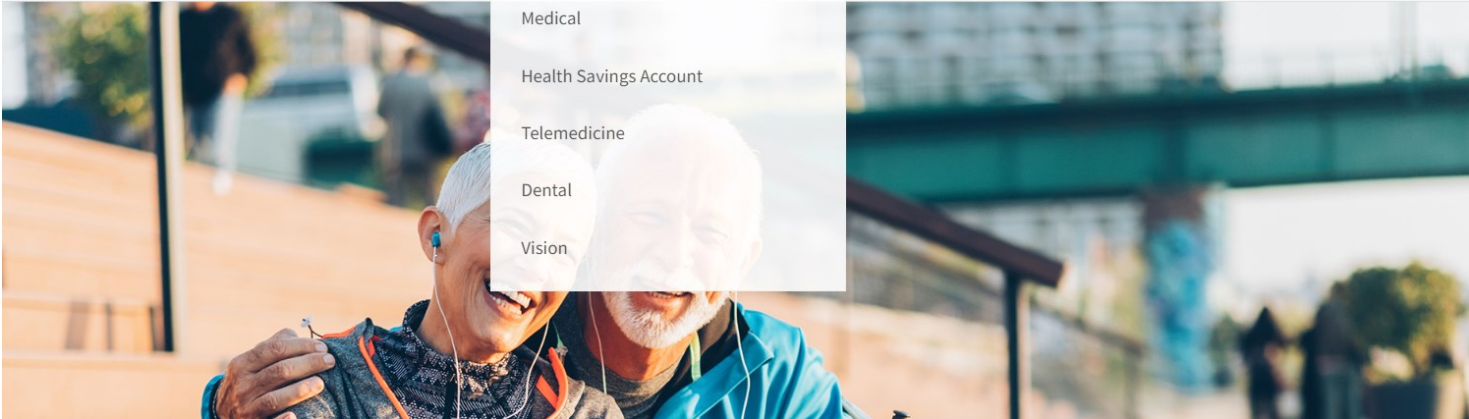
Medical

Health Savings Account

Telemedicine

Dental

Vision



# Carrier and HR Contact Information

## Medical HMO

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>Phone Number</b>	800-892-2803
<b>Policy Number</b>	B05096

## Medical PPO Plans

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>Phone Number</b>	800-828-3116
<b>Policy Number</b>	305948 / 230713

## Dental DPPO

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>Phone Number</b>	800-367-6401
<b>Policy Number</b>	230716 / 230715 / 230717

## Vision

<b>Carrier</b>	VSP
<b>Website</b>	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Phone Number</b>	800-877-7195
<b>Policy Number</b>	30082920

## Human Resources Contact Information

<b>Contact</b>	Human Resources Department
<b>Email Address</b>	<a href="mailto:hr@elmhurst.org">hr@elmhurst.org</a>
<b>Phone Number</b>	630-530-3770
<b>Website</b>	<a href="http://elmhurst.governmentinsurancenetwork.org">http://elmhurst.governmentinsurancenetwork.org</a>



NOTE: This Benefits Summary is merely intended to provide a brief overview of your employer's employee benefit programs. Employees should review the employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. Your employer reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.