

Summary of Benefits

City of Elmhurst | Public Works

2026



Vision Insurance

Vision Insurance | VSP | www.vsp.com | 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.

Vision Benefits:	Frequency	In-Network	Out-of-Network
Policy Number: 30082920	Plan Year 1/1 - 12/31	VSP Choice Network	
Eye Exam	Every 12 months*	\$10 Copay	Up to \$45 Reimbursement
Lenses Single vision / Bifocal / Trifocal / Lenticular	Every 12 months*	Covered in full after \$25 copay	Reimbursement varies
Frames	Every 24 months*	\$130 Allowance then 20% off balance	Up to \$70 Reimbursement
Elective Contacts	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 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

Insurance Benefits

Voluntary Accident

Carrier: The Hartford

Website: www.thehartford.com/employee-benefits

Since accidents can happen at any time, it's important to prepare for the unexpected. Accident insurance can help pay for out-of-pocket expenses associated with an accident by paying you a benefit for each of the covered injuries you suffer and the treatment you received. This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides. See plan highlight sheet for specific coverage details.

Payments are made directly to you to use as you see fit. They can be used to help pay for medical plan deductibles and copays (if applicable), out-of-network treatments, your family's every day living expenses, or anything else you need while recovering from an accident. Here are some, but not all, ways to trigger a payment from the accident policy:

- **Treatment:** Pays a specific benefit amount for emergency room treatment, X-Rays, diagnostic exams, physical therapy, and follow-up treatment
- **Organized Sports:** Pays a specific benefit amount for injuries sustained during organized amateur sport activities
- **Ambulance:** Pays a specific benefit amount for ambulance or air-ambulance transportation to a hospital due to injuries sustained in a covered accident
- **Miscellaneous:** Pays a specific benefit amount for concussions, breaks, sprains, burns, dislocations, lacerations, and more

Note, this coverage applies to accidents that occur on or off the job.

	Plan 1.1	Plan 2.1	Plan 3.1
	Accidental Death Benefit	Accidental Death Benefit	Accidental Death Benefit
Employee	\$50,000	\$80,000	\$100,000
Spouse	\$25,000	\$40,000	\$50,000
Child(ren)	\$13,000	\$20,000	\$25,000

See your plan documents for more information.

Insurance Benefits

Voluntary Critical Illness

Carrier: The Hartford

Website: www.thehartford.com/employee-benefits

Critical illness insurance protects your family when you are diagnosed with an unexpected covered condition by providing you with a lump sum cash benefit in the event you or an insured family member is diagnosed with a covered condition. This benefit can be used to cover medical expenses, lost income, or other financial burdens, offering peace of mind and financial support during a challenging time. This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides. See plan highlight sheet for specific coverage details. This benefit is paid for by you

Coverage Amount	
Employee Coverage Amount	\$10,000, \$20,000 or \$30,000
Spouse Coverage Amount	100% of employee coverage amount
Child(ren) Coverage Amount	50% of employee coverage amount

**Guarantee issue applies to new hires only.*

See your plan documents for more information.

Insurance Benefits

Voluntary Hospital Indemnity

Carrier: The Hartford

Website: www.thehartford.com/employee-benefits

Hospital Indemnity insurance protects your family when you have a hospital or ICU stay. This policy provides financial protection by paying you a benefit for hospital admission, hospital confinement and ICU care allowing you to focus on your recovery rather than worrying about unexpected expenses. Benefits are paid based on admission and length of stay for a defined number of days. This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides. This benefit is paid for by you.

Plan Coverage		
First Day Hospital Confinement	Up to 1 day per year	\$500, \$1,000, \$2,000
Hospital Confinement (Day 2+)	Up to 90 days per year	\$100, \$150, \$200
Daily ICU Confinement (Day 2+)	Up to 30 days per year	\$200, \$300, \$400

**Guarantee issue applies to new hires only.*

See your plan documents for more information.

Voluntary Life/AD&D Insurance

Voluntary Term Life/AD&D | The Hartford | www.TheHartford.com | 800-523-2233

Voluntary term life/AD&D allows you to purchase additional life and AD&D coverage for yourself and your dependents. Your age and the amount of insurance you elect determines the premium you'll pay. Benefits are reduced starting at age 70.

	Employee	Spouse	Child(ren)
Coverage Increments	\$10,000	\$5,000	\$2,000
Maximum Benefit Amount	\$500,000	\$250,000	\$10,000
Guaranteed Issue Amount	\$250,000	\$50,000	\$10,000

Employee must elect Voluntary Life coverage in order for spouse/child(ren) to be eligible for Voluntary Life coverage. A spouse's maximum election cannot exceed 50% of the employee's election amount.

New hires (within 31 days of eligibility date) can elect up to guarantee issued amount without Evidence of Insurability.

Evidence of Insurability **IS REQUIRED** if employee or spouse previously waived (did not enroll in) coverage when initially eligible or electing an amount that exceeds guaranteed issue amount.

Employee and spouse rates are based on employee's age.

Please remember to review your beneficiary information.

Voluntary Life benefit is portable or convertible within 31 days of leaving employment. See HR for details.

The cost of the benefit is 100% paid by employee.

Human Resources Contact Information

Contact	Human Resources Department
Email Address	hr@elmhurst.org
Phone Number	630-530-3770
Website	http://elmhurst.governmentinsurancenetwork.org