



This summary is designed to give you an outline of the health benefit programs offered through Prospect Heights School District 23. Contained in the summary are tips for you on using the plans.

Your 2024 Benefit Summary provides information on your district's benefit plans, including:

- BCBS Member Resources
- Medical Options—PPO and HMO
- Dental
- Vision
- Medical Plans Comparison
- Blue365 Discount Programs

## BCBS Member Resources

### Blue Access for Members

To access the many resources available to Blue Cross and Blue Shield members, register to participate in Blue Access for Members at [www.bcbstl.com](http://www.bcbstl.com). To register, click on "Log In" tab located on the right side of the homepage and click on "Register Now" for new users. Be sure to have your BCBS ID card handy.

Blue Access is available 24 hours a day, 7 days a week, 365 days a year.

### Blue Access Features

- Cost Estimator
- Claim status
- View your personal information
- Locate a provider
- Access to health and wellness information
- Compare hospitals and physicians
- Receive email alerts
- Print a temporary ID card or order a replacement card
- View and print Explanation of Benefits (EOB)

### BCBS Global Core

BCBS Global Core provides members with access to doctors and hospitals in nearly 200 countries and territories around the world. Members can also search for providers, file a claim, translate medical terms, and much more.

To take advantage of the BCBS Global Core program, visit [www.bcbstlglobalcore.com](http://www.bcbstlglobalcore.com) or download the BCBS Global Core mobile app. The BCBS Global Core Service Center is available **24 hours a day, 7 days a week**, toll-free at **800.810.BLUE (2583)** or by calling collect at **804.673.1177**.

### Wellbeing Management

The Wellbeing Management program is designed to help you take charge of your health and provide you with the tools to better manage your benefits. Members have access to a variety of resources through Blue Cross and Blue Shield's secure website and Blue Access for Members.

### 24/7 Nurseline — Around-the-Clock, Toll-Free Support (PPO Members Only)

**The 24/7 Nurseline can help you figure out if you should call your doctor, go to the ER or treat the problem yourself.**

Health concerns don't always follow a 9-to-5 schedule. Fortunately, registered nurses are on call at **800.299.0274** to answer your health questions, wherever you may be, 24 hours a day, 7 days a week.

**Note:** For medical emergencies, call 911 or your local emergency service first.

### Teladoc Diabetes and Hypertension Management (only available to PPO members)

The Teladoc for Diabetes and Hypertension management programs provide 24/7 personalized coaching, connected blood glucose meter, connected blood pressure monitor and an app to help manage chronic conditions. Services are covered as preventative with no out-of-pocket costs to members. The program is provided to all PPO members as well as covered family members with diabetes or hypertension. Join today at [TeladocHealth.com/Smile/EBC](http://TeladocHealth.com/Smile/EBC) or call **(800) 835.2362**. Use registration code: **EBC**

### Benefits Value Advisor (PPO and HDHP w/HSA plans only)

Call a Benefits Value Advisor to help you compare cost on your next procedure!

The BVA is a personal concierge service that will help you choose doctors, providers, and facilities while helping you to maximize your benefits.

A Benefits Value Advisor can:

- Help you compare costs at different providers near you
- Help you schedule your appointment
- Tell you about online educational tools

Call **800.458.6024** before your next procedure!

### BCBS Member Rewards (PPO and HDHP w/HSA plans only)

Earn **CASH REWARDS** when you choose a low-cost provider for certain services and procedures. The program uses the Provider Finder® —a database of independently contracted providers, which can help members:

- Compare costs and quality for numerous procedures
- Estimate out-of-pocket costs
- Assist in making treatment decisions with their doctors

Using this resource to shop for services based on price and location, as well as quality metrics, allows you to earn cash for selecting lower-cost care. The result puts extra cash in your pocket. **Please note, all rewards are taxable to the member.**

### Seasons of Life

Seasons of Life is an outreach program that provides personalized claims resolution assistance to members and their families who are dealing with the death of a loved one. Seasons of Life ensures that members and their families have compassionate help when they need it.

### Teladoc

Your district offers virtual care, through Teladoc, to you and your dependents enrolled in medical coverage through the district. With Teladoc, members can connect with a doctor in minutes, not hours or days like the ER, urgent care or doctor's office. Plus, you can get care from anywhere in the US: home, office, or on the road!

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care:

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On a vacation, on a business trip, or away from home
- For short-term prescription refills when medically necessary

Set up your account by going to [Teladoc.com](http://Teladoc.com), calling **1.800.Teladoc** or downloading the Teladoc mobile app. Once you register your account and complete your medical history, you will have access to speak with a doctor by phone or video on your mobile device, computer, or phone.

\*Copay for PPO/HMO is \$0\*

\*Copay for HDHP members is \$53\*

## Your Medical Options

### Blue Cross and Blue Shield of Illinois

**Blue Cross and Blue Shield of Illinois (BCBSIL)** is the claims administrator for your district's medical plan(s).

Contact Blue Cross for questions regarding:

- Eligibility
- Plan benefits
- Status of claim payments

Please remember to present your insurance ID card to your healthcare provider at your appointment. This informs providers where they need to send your claims and identifies you as a Blue Cross member.

### PPO Medical Plan

To find a contracting doctor or hospital, just go to [www.bcbsil.com](http://www.bcbsil.com) and use the Provider Finder.

PPO Customer Service: **800.458.6024**  
(8:00 a.m. to 6:00 p.m., Monday through Friday).

IL Network Provider Search: **800.458.6024** (8:00 a.m. to 6:00 p.m., Monday through Friday) or [www.bcbsil.com](http://www.bcbsil.com).

### PPO RX Information

Prime Therapeutics is the administrator of the PPO prescription drug program. They oversee the retail and mail order prescriptions under this plan. Your medical ID card also serves as your prescription ID card. PPO members utilize the Balanced Drug List. To find a participating retail pharmacy or for more information on the Balanced Drug List, log into Blue Access for Members and click on the prescription drug link or visit [myprime.com](http://myprime.com).

### Prescription Drug Inquiry Unit

Phone: **800.423.1973** (Available 24 Hours Per Day, 7 Days Per Week) | Website: [myprime.com](http://myprime.com)

### Home Delivery Customer Service

through Express Scripts  
Phone: **833.715.0942** | Website: [express-scripts.com/rx](http://express-scripts.com/rx)

### Specialty Customer Service

through Accredo Pharmacy  
Phone: **833.721.1619** | Website: [accredio.com](http://accredio.com)

### HMO Medical Plan

When you join one of the HMOs of Blue Cross and Blue Shield of Illinois, you choose a contracting medical group within your network and then a family practitioner, internist or pediatrician from your chosen medical group to serve as your primary care physician (PCP).

To find a medical group and PCP in either network, go to [www.bcbsil.com](http://www.bcbsil.com) and use the Provider Finder.

HMO Customer Service: **800.892.2803**  
(8:00 a.m. to 6:00 p.m., Monday through Friday).

Your HMO ID number is located on your ID Card (Blue Cross and Blue Shield of IL).

### HMO RX Information

Prime Therapeutics is the administrator for the HMO prescription drug program. Your HMO medical card serves as your prescription ID card. HMO members utilize the Performance Drug List. To find a participating retail or mail-order pharmacy and for more information visit [myprime.com](http://myprime.com). Or, log into BlueAccess for Members and click on the Prescription Drugs link.

### Prescription Drug Inquiry Unit

Phone: **800.423.1973** (Available 24 Hours Per Day, 7 Days Per Week) | Website: [myprime.com](http://myprime.com)

### Hearing Aid Benefit Coverage

Benefits will be provided for Hearing Aids for covered persons when a Hearing Care Professional prescribes a Hearing Aid to augment communications. Some related services are included, such as audiological examinations and selection, fitting and adjustment of ear molds to maintain optimal fit when Medically Necessary; Hearing Aid repairs will be covered when deemed Medically Necessary.

## Dental Plan

### MetLife Dental Coverage

**MetLife** is the administrator of the dental benefits for you and your family. As a member of this plan, you are free to use any dentist; however, additional discounts will be realized if you use one that participates in the MetLife PDP Plus Network.

Contact MetLife at **800.942.0854** for questions regarding:

- Network providers
- Eligibility status
- Plan benefits
- Claim status and claim forms

Additionally, you can access MyBenefits at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits). This website offers you the ability to manage your personal information on your own personalized homepage, where you can view claims status and eligibility information, as well as view a summary of your dental benefits.

MetLife Dental PPO Plans Comparison		
Benefit	In-Network	Out-of-Network
<b>Deductibles</b> (calendar year)	\$50 Individual	
<b>Type A: Preventive Services</b> (cleanings & exams)	Deductible waived, reimbursed at 100%	
<b>Type B: Basic Services</b> (fillings, endodontics, periodontics and oral surgery)	Deductible applies, reimbursed at 100%	Deductible applies, reimbursed at 80%
<b>Type C: Major Restorative</b> (crowns, bridges & dentures)	Deductible applies, reimbursed at 60%	Deductible applies, reimbursed at 50%
<b>Orthodontics</b> (to age 19)	Deductible waived, reimbursed at 50% to a lifetime maximum of \$1,000	
<b>Annual Maximum Benefit</b>	\$1,000	

Dependent Age: to 26 for all unmarried or married dependents and to age 30 for all unmarried military dependents who are Illinois residents.

MetLife offers a vision discount program through Vision Service Plan (VSP). For more information or to find a participating provider visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

### Personal Finance App

Download MetLife's free Personal Finance App to manage your finances to get the most out of your money. MetLife's Personal Finance App focuses on developing good money habits and is designed to celebrate small wins one step at a time. Available on the App Store and Google Play.



## Vision Plan

Your vision benefits are offered by VSP. Visit [vsp.com](https://vsp.com) for more details on your vision benefit, to find in-network providers, and for exclusive savings and promotions for VSP members.

VSP Vision Plans Comparison		
Benefit	Description	Copay
Well Vision Exam - every 12 months		\$10
Prescription Glasses		\$25
Frames - every 24 months	\$200 allowance 20% off amount over your allowance	Included in Prescription Glasses
Standard Lenses - every 12 months	Single vision, bifocal, trifocal	Included in Prescription Glasses
Lens Enhancements	Standard Progressive Lens	\$55
	Premium Progressive Lens	\$95 - \$105
	Custom progressive lenses	\$150 - \$175
	Average 20-25% off other lens options	
Contact Lenses (instead of glasses)	\$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60
Extra Savings and Discounts	<b>Glasses and Sunglasses</b> 20% off additional glasses and sunglasses from any VSP doctor within 12 months of your last Well Vision Exam.	
	<b>Laser Vision Correction</b> On average 15% off the regular price or 5% off the promotional price at contracted facilities only.	




## Voluntary Life Insurance

You can enroll in voluntary life insurance for a benefit amount of either one, two, or three times your annual earnings. For more information, contact the district office.



# Prospect Heights School District 23

## Prospect Heights School District 23 Medical Plans Comparison

	Blue Cross and Blue Shield PPO Plan		Blue Cross and Blue Shield PPO HDHP 1500 HSA <sup>2</sup>		Blue Cross and Blue Shield Blue Advantage HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible*</b>						
Individual	\$300	\$900	\$1,600	\$4,800	N/A	
Family	\$900	\$2,700	\$3,200	\$9,600	N/A	
<b>Coinsurance</b>	90%	70%	80%	60%	100%	No coverage
<b>Out-of-Pocket Limit*</b> (deductible included)						
Individual	\$1,800	\$4,650	\$4,800	\$14,400	\$1,500 copay	N/A
Family	\$5,400	\$13,950	\$9,600	\$28,800	\$3,000 copay	N/A
<b>Covered Expenses</b>						
<b>Hospital</b>						
Inpatient Services	90%	70%	80%	60%	100%	No coverage
Outpatient Surgery	90%	70%	80%	60%	100%	No coverage
Emergency Room	90%		80%	60%	100% after \$100 copay (waived if admitted)	
<b>Physician</b>						
Inpatient Services	90%	70%	80%	60%	100%	No coverage
Outpatient Surgery	90%	70%	80%	60%	100%	No coverage
Office Visits	90%	70%	80%	60%	100% after \$30 copay	No coverage
<b>Other</b>						
X-ray and Lab	90%	70%	80%	60%	100%	No coverage
Therapy-Speech, occupational or physical therapy	90% <sup>1</sup>	70% <sup>1</sup>	80%	60%	100% (60 visits combined per calendar year)	No coverage
Mental/Nervous-Inpatient	90%	70%	80%	60%	100%	No coverage
Mental/Nervous-Outpatient	90%	70%	80%	60%	100% after \$30 copay	No coverage
Substance Abuse-Inpatient	90%	70%	80%	60%	100%	No coverage
Substance Abuse-Outpatient	90%	70%	80%	60%	100% after \$30 copay	No coverage
Wellcare	100%	50%	100%	60%	100%	No coverage
<b>Prescription Drugs</b>	<b>Prime Therapeutics</b>		<b>Prime Therapeutics</b>		<b>Prime Therapeutics</b>	
Retail Pharmacy 34-day supply	\$15 Generic \$30 Preferred Brand \$50 Non-Preferred Brand		80%		\$15 Generic \$30 Preferred Brand \$50 Non-Preferred Brand	
Mail Order 90-day supply	\$30 Generic \$60 Preferred Brand \$100 Non-Preferred Brand		80%		\$30 Generic \$60 Preferred Brand \$100 Non-Preferred Brand	

\*Deductible and Out-of-Pocket amounts accumulate based on the benefit period of Jan 1 to Dec 31.<sup>1</sup>Speech— 77 visits per year | Physical/ Occupational— 200 visits per year

Dependent Age: to 26 for all married or unmarried dependents and to age 30 for all unmarried military dependents who are Illinois residents.

Note: This is an outline of the benefit schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

<sup>2</sup>The HDHP PPO Plan has an aggregate deductible and embedded out-of-pocket. Under this model, those enrolled in family coverage are responsible for the family deductible before coinsurance applies and an individual is only responsible for the single out-of-pocket amount before services are paid at 100%. Please note, all services are subject to deductible with the exception of Wellcare. DEDUCTIBLE DOES NOT APPLY TO WELLCARE.

Prospect Heights SD 23 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 847.870.3800 x5559.

UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 847.870.3800 x5559.





**What is a High Deductible Health Plan?**

The high deductible health plan (HDHP) your district offers is considered to be qualified HDHP and therefore you are eligible to open a Health Savings Account (HSA). An HDHP will normally have a lower monthly premium in comparison to a traditional PPO insurance plan. In order for a plan to be considered ‘qualified’ by the IRS it must meet the following requirements:

- 1. The deductible must be a minimum of \$1,500 for individual and \$3,000 for family.
- 2. No services can be paid for or covered prior to meeting the deductible (with the exception of preventive care)
- 3. There are no prescription drug copays. Once the deductible is met, the coinsurance applies.

**What is an HSA?**

An HSA (Health Savings Account) is a tax-free account you can use to pay for current and future medical expenses (even medical expenses during retirement). An HSA has triple tax benefits:

- The money goes in tax free
- The money grows tax free
- Your withdrawals for qualified medical expenses – including any earnings – are tax free.

**Who’s Eligible?**

You’re eligible to enroll in an HSA if:

- You enroll in a high-deductible health plan and
- You are only covered by a high-deductible health plan, and you have not signed up for Medicare coverage and
- You are currently not enrolled in a Health Flexible Spending Account plan, unless it is a Limited Health FSA.

If you’re covered under your spouse’s plan and that plan is not a high deductible health plan or your spouse contributes to a Health Care FSA, then you are NOT eligible to contribute to an HSA.

**Opening your HSA Account**

As the owner of the account, you will need to complete paperwork available on our marketplace to open your HSA bank account. You can contribute to your account in any amount up to the annual IRS limits below:

- |  |        |         |
|--|--------|---------|
| • Employee Only Coverage               | —————> | \$4,150 |
| • Family Coverage                      | —————> | \$8,300 |
| • Additional “Catch Up” if 55 or Older | —————> | \$1,000 |

**Pay Health Care Expenses**

Each time you have a qualified expense, you decide whether to:

- Pay out of your pocket and let your HSA grow for future eligible expenses (e.g. medical expenses during retirement)
- Use your HSA to pay for eligible medical expenses, such as your annual deductible and coinsurance. Your HSA can also help to pay for vision care, dental care, and prescription drugs. For a complete list of eligible expenses, visit [www.irs.gov](http://www.irs.gov).

**Roll Over Your HSA Balance—This is an Account You Own**

Money you don’t spend rolls over from year-to-year, so if you switch to another medical plan or even retire, your HSA and the money in it is still yours to keep. You can choose to save it to pay for eligible health care expenses tax-free during retirement.



## Employee Assistance Program

Prospect Heights SD 23 offers its employees and their families an employee assistance program at no cost. A professional EAP counselor can provide confidential services related to: emotional, personal and stress-related concerns, chemical dependency, prenatal care, child care, parenting, special needs, legal and financial matters, academic and financial aid referrals, convenience services (auto care, home repair, moving specialists, etc.) and pet care, elder care, health and wellness, pre-retirement lifestyle planning and marriage, family and relationship issues.

Contact the district office or contact ACI Specialty Benefits toll-free at **855.775.4357** or email [rsli@acieap.com](mailto:rsli@acieap.com).

## Identity Theft Protection

To protect you and your family from the devastating loss of time, money and security, you have access to an ID Recovery Program should you or your family fall victim to identity theft. In addition to the recovery program, you also have access to real-time card monitoring, as well as password and personal document protection through WalletArmor.

If you suspect your personal information has been compromised, call toll free: **1.855.246.7347**.

To protect the contents of your wallet, enroll in WalletArmor – [www.reliancestandard.com/walletarmor](http://www.reliancestandard.com/walletarmor).

## 24-Hour Travel Assistance

Traveling more than 100 miles away from home? Should you need assistance with any of the following (and more), Travel Assistance is just a phone call away.

- Passport/visa requirements
- Consulate/embassy referral
- Emergency evacuation
- Recovery of lost or stolen luggage/personal possessions
- Emergency travel arrangements

In the U.S. call toll free: **800.456.3893** or worldwide, call collect to **603.328.1966**.

## Wellness Programs

Prospect Heights SD 23 holds annual screenings and flu shots for employees through Empower Health Services. All active employees who are eligible to participate in health insurance plans can take part in this program at no cost to the individual.

Contact the district office for more information.

## Online Enrollment

All open enrollment transactions, requests to change your benefits, and updates to your demographic information are completed online. Visit [www.ebccoperative.com](http://www.ebccoperative.com) and log in by entering your user name and password.

If you are a first-time user, click on 'Register' to set up your user name, password and security questions. Our 'Company Key' is **ebc** (note: it's case sensitive).

*Forgot your user name or password?*

Click on the 'Forgot your user name or password?' link. Enter your social security number, company key (ebc) and date of birth.

Answer your Security question and then enter and confirm your new password. Click 'Continue' to return to the login page and login.

*Want to review your current plan?*

You have year-round access to your benefit summary and specific benefit elections through the site. You can also find plan information and other benefit documents in the Reference Center.



# Flexible Spending Account (FSA)

## Discovery Benefits

An FSA allows you to set aside a portion of your salary, before taxes, to pay for qualified medical or dependent care expenses. Because that portion of your income is not taxed, you end up with more money in your pocket. Follow these three steps and start making plans for that extra money you'll bring home:

1. Plan—how much money you want to set aside
  2. Spend— on dependent care and out-of-pocket medical expenses
  3. Collect—the money you've set aside
- Health FSA—set aside money to pay expenses not covered by your medical insurance. There are two types of accounts:
    - » If you have traditional medical insurance, you'll use a regular Health FSA for things like coinsurance, prescriptions and vision and dental expenses.
    - » If you have a high deductible health plan (HDHP) along with a health savings account (HSA), you can use a Limited Health FSA to pay for dental, vision and medical preventive care until your annual deductible is met.
  - Dependent Care Account (DCA)- set aside money for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse. To be eligible for this type of account, both you and your spouse (if applicable) must work, be looking for work, or be full-time students.

The current IRS limits for FSA contributions are as follows:

- Health Care FSA → \$3,200
- Dependent Care FSA → \$5,000

Note: In some cases, you will be required to submit your BCBS Explanation of Benefits (EOB) as substantiation for your expense. If you receive a receipt from your provider for a copay amount, make sure the receipt says "copay". If not, ask your provider to write "copay" on your receipt before leaving the office.

Vague or missing information causes your reimbursements to be delayed or become ineligible. You should always keep your receipts for documentation. If audited by the IRS at a later time, you will be required to produce documentation for all medical FSA expenses.

**Please note that if you contribute to a Health Savings Account (HSA) you can only have a Limited Scope FSA.**

For more information, contact the district office; or you can contact Discovery Benefits at **866.451.3399** or visit **[www.DiscoveryBenefits.com](http://www.DiscoveryBenefits.com)**.



## Blue365 Discount Programs

### Fitness Program

The Fitness Program is a four-tier membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 11,000 participating gyms on hand, you can work out at any place or at any time. Choose a gym close to home and one near your office. To search for a gym, please log in to Blue Access for Members or call **888.762.2583**.

Other program perks are:

- No long-term contract required. Membership is month to month.
- Enroll in a tier that fits your budget and preferences with a one time **\$19 enrollment fee**.  
(No enrollment fee for Digital Only option.)  
**Digital Only:** \$10/month  
**Base:** \$19/month  
**Core:** \$29/month  
**Power:** \$39/month  
**Elite:** \$129/month
- Automatic withdrawal of monthly fee.
- Online tools for locating gyms and tracking visits.
- Earn bonus Blue Points for joining the Fitness Program. Rack up more points with weekly visits.

### Vision Program

PPO and HMO members can receive discounts on glasses, contact lenses, laser vision correction services, examinations and accessories through Davis Vision and EyeMed providers. HMO members receive their vision exam benefit via EyeMed only. For a list of providers near you, go to [www.eyemed.com](http://www.eyemed.com), click **Find a Provider**, then choose the "Select Network" for HMO members and "Advantage Network" for PPO Members.

Davis Vision: **888.897.9350** | HMO EyeMed (Select Network): **866.273.0813** |

PPO EyeMed (Advantage Network): **866.273.0813**

**For more discount programs, sign up on the Blue365 website at [www.blue365deals.com/BCBSIL](http://www.blue365deals.com/BCBSIL)**

## Well onTarget®

### A Dynamic Wellness Program

Wellness is more than diet and fitness. It involves making healthy choices that enrich your mind, body and spirit. Well onTarget is designed to give you the tools and support you need to make these choices, while rewarding you for your hard work.

### Well onTarget features:

#### Well onTarget Member Wellness Portal

The heart of Well onTarget is the member portal. It uses the latest technology to offer you an enhanced online experience. This engaging portal links to a suite of innovative programs and tools including self-directed courses, health and wellness content, tool and trackers, and the Blue Points program.

#### Blue Points

With the Blue Points program, you will be able to earn points by regularly participating in a range of healthy activities. You can then redeem your points for popular health and wellness merchandise and services.

## Wondr

### Digital Weight Loss Program

A lot can happen in 10 weeks. Blue Cross and Blue Shield of Illinois is offering Wondr™, a digital weight loss program where you can eat your favorite foods and still lose weight. By learning science-based behavioral skills, you can finally feel like you have control. Employees, spouses and covered dependents age 18 and over enrolled in the BCBSIL medical plan are eligible to apply to the program at no cost. Visit [wondrhealth.com/EBC](http://wondrhealth.com/EBC) to learn more.

## Navigate

### Wellbeing Solutions

Your physical, financial, and emotional wellbeing are extremely important. In order to support, and offer you resources all in one place, the EBC has partnered with Navigate Wellbeing Solutions to provide a unified wellbeing engagement platform. Through the secure site, you will have access to group challenges, e-learning opportunities, health resources including workout videos and healthy recipes, and information on free programs the district provides, even if you are not enrolled in benefits. Visit [ebcwellbeing.com](http://ebcwellbeing.com) to use these comprehensive online resources and step toward your healthiest, happiest self.

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.