2017 Open Enrollment

TO: **BENEFITS ELIGIBLE EMPLOYEES**

FROM: **THE CORNERSTONE INSURANCE GROUP**

SUBJECT: **OPEN ENROLLMENT NOTIFICATION – January 1, 2017**

The Cornerstone Insurance Group has been working closely with District staff to evaluate your current group medical coverage and ancillary benefit package. Though the world of employee benefits is ever-changing and securing affordable healthcare is becoming quite difficult, through negotiations and market analysis, **O'Fallon CCSD #90** was able to maintain our current benefits package for a minimal increase in cost.

We will be renewing the current **Blue Cross Blue Shield** medical insurance and **Guardian** dental and life coverage for 2017 plan year. We will also be offering a new voluntary vision plan through **Guardian** to replace the current Spectera vision program. Please see the attached comparison for the 3 medical plan options, dental and vision options as well as the payroll deductions for all benefits.

What do you need to do during the OPEN ENROLLMENT period?

- If you want to keep your CURRENT BENEFIT ELECTIONS with no changes (Employee Only, Employee & Spouse, etc.), all of your current benefit elections will automatically carry over and remain effective for 2017 benefit year.
- If you want to *change* any of your current benefit elections, you will need to complete a change form to update your benefit elections.
- *If you do NOT take the MEDICAL insurance* – you must sign an annual waiver of coverage form to comply with the Affordable Care Act.
- If you have VISION and want to continue or ADD vision, you must complete a Guardian vision enrollment form to make the transition from Spectera.

All paperwork needs to be submitted to the District office by **December 15, 2016.**

NOTE: After the Open Enrollment Period, you cannot make changes to your coverage during the year unless you experience a change in family status, such as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or legal separation
- Switch from part-time to full-time

You have **30** days from a change in family status to make changes to your current coverage.

Open Enrollment Review Session – Thursday, December 1st @ 3:45 – Carriel Jr. High

- Please attend for a brief summary of coverages relating to the District benefits and HRA.

Building Open Enrollment Visits – See attached schedule

- Individual opportunity meet with a Cornerstone representative on-site and answer questions

As always, if you cannot attend the review session or need assistance throughout the year, please contact Kari Unterbrink (kariu@cornerstoneinsurancegroup.com) or Ashley Peterson (ashleyp@cornerstoneinsurancegroup.com) or call our office at 618.288.4900.

Open Enrollment Meetings

Date	Building	Time
Tuesday 12/6	Marie Schaefer	3:30 PM
Wednesday 12/7	Laverna Evans	11:15 am - 1pm
Wednesday 12/7	District Office	1:15 pm - 2:15 pm
Wednesday 12/7	Edward Fulton	2:30 pm - 3:15 pm
Wednesday 12/7	Hinchcliffe	3:30 PM
Thursday 12/8	Estelle Kampmeyer	11:15 am - 1pm
Thursday 12/8	Amelia Carriel	2:30 pm - 3:15 pm
Thursday 12/8	Delores Moye	3:30 PM

**CIG Representative will be available for any questions, individual consultation, distributing and collecting enrollment material and change forms.

THE CORNERSTONE INSURANCE GROUP
SOLID PARTNERSHIPS BUILT ON TRUST

If you cannot attend a meeting please contact Cornerstone Insurance

O'Fallon District 90
Learning today, leading tomorrow

THE CORNERSTONE INSURANCE GROUP

Medical Insurance Cost per Pay – Effective January 1, 2017

OPTION 1 - HRA PLAN				
HRA	Current	Jan 1st	Current	Jan 1st
	26 pays	26 pays	20 pays	20 pays
Employee Only	$7.30	$4.57	$9.49	$5.94
Employee & Spouse	$213.52	$220.03	$277.58	$286.04
Employee & Children	$193.53	$199.43	$251.59	$259.26
Family	$224.71	$232.63	$292.12	$302.42

OPTION 2 – HIGH DED PLAN				
NO HRA	Current	Jan 1st	Current	Jan 1st
	26 pays	26 pays	20 pays	20 pays
Employee Only	$0.00	$0.00	$0.00	$0.00
Employee & Spouse	$171.87	$171.78	$223.43	$223.31
Employee & Children	$153.30	$152.82	$199.29	$198.66
Family	$179.83	$180.62	$233.78	$234.81

OPTION 3 – HSA PLAN				
H.S.A.	Current	Jan 1st	Current	Jan 1st
	26 pays	26 pays	20 pays	20 pays
Employee Only	$0	$0.00	$0	$0.00
Employee & Spouse	$65.11	$62.84	$84.65	$81.70
Employee & Children	$50.18	$47.59	$65.23	$61.87
Family	$64.78	$63.23	$84.22	$82.19

Dental Insurance Cost per Pay – Effective January 1, 2017

LOW PLAN	Current	Jan 1st	Current	Jan 1st
	26 pays	26 pays	20 pays	20 pays
Employee Only	$9.55	$9.84	$12.41	$12.79
Employee +1	$17.54	$18.06	$22.80	$23.48
Employee + 2 (Family)	$33.23	$34.23	$43.20	$44.50

HIGH PLAN	Current	Jan 1st	Current	Jan 1st
	26 pays	26 pays	20 pays	20 pays
Employee Only	$21.47	$22.11	$27.91	$28.75
Employee +1	$39.41	$40.59	$51.23	$52.77
Employee + 2 (Family)	$57.25	$58.97	$74.43	$76.66

**NEW Guardian Vision (replaces Spectera)

VISION	Current	Jan 1st	Current	Jan 1st
	26 pays	26 pays	20 pays	20 pays
Employee Only	$4.53	$3.37	$5.89	$4.39
Employee +1	$8.21	$5.12	$10.67	$6.65
Employee + 2 (Family)	$13.90	$9.00	$18.07	$11.69

Please contact Cornerstone Insurance by calling 800-645-2026 if you have questions.

Kariu@cornerstoneinsurancegroup.com

O'Fallon District #90

January 1, 2017

MEDICAL INSURANCE PLAN OPTIONS

OPTION 1 - HRA PLAN			OPTION 2 - HIGH DED PLAN		OPTION 3 - H.S.A. PLAN	
	BCBS Plan Purchased	***NET Benefit AFTER Reimbursement (HRA)***		***BCBS Plan - No HRA***		***BCBS H.S.A***
Deductible	$3,000/$6,000	***$400/$1,200***	***Deductible***	$3,000/$6,000	***Deductible***	$2,500/$5,000
(Ind/Fam)		*Member pays 1st $400 per member*	*(Ind/Fam)*		*(Ind/Fam)*	*non-embedded*
		District reimburses up to $2,600 per member			***District Contribution***	***$750 Annual***
Coinsurance	$2,000/$4,000	***$800/$1,600***	***Coinsurance***	$2,000/$4,000	***Coinsurance***	$2,500/$5,000
(Ind/Fam)		*Member pays 1st $800 coinsurance per member*	*(Ind/Fam)*		*(Ind/Fam)*	*80% / 20%*
		District reimburses up to $1,200 per member				
Net Major Medical OOP	$5,000/$10,000	***$1,200/$2,400***	***Major Medical OOP***	$5,000/$10,000	***Major Medical OOP***	$5,000/$6,850
(Ded + Coinsurance)		***Does NOT include Copays***				
Preventative Care	100% - NO Copay	100% - NO Copay	***Preventative Care***	100% - NO Copay	***Preventative Care***	100% - NO Deductible
Primary Doctor Copay	$25	$25	***Primary Doctor Copay***	$25	***Primary Doctor Copay***	Ded + Coins
Specialist Copay	$50	$50	***Specialist Copay***	$50	***Specialist Copay***	Ded + Coins
Pharmacy Copays	$12/$30/$50	$12/$30/$50	***Pharmacy Copays***	$12/$30/$50	***Pharmacy Copays***	Ded + Coins
ER Copay	$300	$300	***ER Copay***	$300	***ER Copay***	Ded + Coins
Urgent Care	$50	$50	***Urgent Care***	$50	***Urgent Care***	Ded + Coins

DENTAL INSURANCE PLAN OPTIONS

LOW PLAN		HIGH PLAN	
Preventative Care	80%	***Preventative Care***	100%
Basic Services	70%	***Basic Services***	80%
Major Services	0%	***Major Services***	50%
Deductible	$50 (waived for preventative care)	***Deductible***	$50 (waived for preventative care)
Annual Maximum	$750	***Annual Maximum***	$1,500
Orthodontia	not covered	***Orthodontia***	50%
Lifetime Ortho Max	not covered	***Lifetime Ortho Max***	$1,000

VISION INSURANCE

VSP or Davis Network		
	*****Choice of Network…Same Benefits*****	
		In-Network Benefits
Eye Exam	*Once every Calendar Year*	$10 copay
Lenses Benefit	*Once every Calendar Year*	
	Single/Bifocal/Trifocal/Lenticular	$25 copay
Contact Lenses	*Once every Calendar Year **In Lieu of eyeglass lenses*	
	Medically Necessary Contacts	$25 copay
	Elective Contacts	$130 allowance (no copay)
Frames	*Once every OTHER Calendar Year*	$130 retail max +20% off

O'Fallon CCSD#90

Section 105 Employer Provided Deductible Reimbursement Plan

Reimbursement Request

Employee's Name:	**Social Security No:**
Mailing Address:_____	**Telephone No. or Email Address:** _____

Instructions:

- Complete the necessary information below for qualifying expenses incurred by you or your eligible dependents for which you request reimbursement.
- Expenses covered by your medical care plan must be submitted under that Plan first, even if it will be applied to the deductible or otherwise unpaid by the medical care plan, and **the resulting EOB must be submitted with your reimbursement request.**
- Claims incurred during a Plan Year may be filed up to 90 days after the end of the Plan Year or within 90 days after your termination in this plan.
- You are responsible for the first **$400** of deductible expenses per covered individual. Your employer will provide reimbursement up to **$2,600** per covered individual.
- You are responsible for the first **$800** of coinsurance expenses per covered individual. Your employer will provide reimbursement up to **$1,200** per covered individual.
- Your maximum out-of-pocket is **$1,200** per individual / **$2,400** per family.

EXPENSE DETAIL: **(or you may attach a spreadsheet)**

Date expense incurred	Type of expense	Name and Relationship of Person Incurring Expense	Name of Provider	Amount Requested
			Total Requested	

I certify that the requested amounts are not reimbursable by any form of insurance or other benefit plan, and that I have not, nor will not, deduct these expenses on my personal income tax return. I further certify that I have read and understand the limitations on reimbursements as explained in the Summary Plan Description, and I have determined that the submitted expenses are eligible for reimbursement. I hereby agree to indemnify my Employer for any taxes, interest, or penalties imposed due to the failure of my requested expense reimbursements to qualify as eligible expenses under the Deductible Reimbursement Plan.

Signature _____ Date _____

Mail or Fax to:
The Cornerstone Insurance Group, Admin Division
721 Emerson Road, Suite 500
St. Louis, MO 63141
Phone – 314.373.2930 / Fax – 314.373.2931
admindept@cornerstoneinsurancegroup.com
Secure Consumer Portal: https://cigpart.lh1ondemand.com

TO: **Employees of O'Fallon CCSD #90 covered under the Group Health Insurance PLAN OPTION 1 (HRA)**

FROM: **The Cornerstone Insurance Group - Employee Benefits Consultant**

DATE: **December 1, 2016**

RE: **Medical Insurance & Health Reimbursement Program**

Effective January 1, 2017, Blue Cross Blue Shield of Illinois will continue to be the medical carrier for **O'Fallon CCSD #90**. As a reminder, the Cornerstone Insurance Group will administer the Health Reimbursement Arrangement (HRA) using our new enhanced technology. Instructions for reimbursement are below:

Mail or Fax Explanation of Benefits (EOB) with Claim Form to
The Cornerstone Insurance Group, Admin Division
721 Emerson Road, Suite 500
St. Louis, MO 63141
Phone – 314.373.2930 / Fax – 314.373.2931
Email to: admindept@cornerstoneinsurancegroup.com

Secure Consumer Portal: https://cigpart.lh1ondemand.com

If you have not already signed in and are NOT a new enrollee:
You will login as an EXISTING USER for the first time

Username: first letter of your first name + last name + last 4 digits of SSN
Password: last 4 digits of SSN (you can change after initial login)

If you are a NEW enrollee:
Please contact Cornerstone Rep to provide temporary login/pw

You must login from a computer/tablet prior to the mobile application access

If you have questions regarding the new reimbursement procedures or need assistance please contact our office by calling 618.288.4900 and ask for Kari Unterbrink (kariu@cornerstoneinsurancegroup.com) or Ashley Peterson (ashleyp@cornerstoneinsurancegroup.com).

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document by calling 1-800-828-3116 or at https://policy-srv.box.com/s/qmeayn7ush59omwezdgfayn2e0zn67nm

8

Important Questions	Answers	Why this Matters:
What is the overall deductible?	In-Network: **$3,000** Person/**$6,000** Family Out-of-Network: **$6,000** Person/**$12,000** Family Doesn't apply to certain preventative care, copays, prescription drugs, and emergency room services. Copays don't count toward the **deductible**.	You must pay all the costs up to the **deductible**, amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible**.
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	Yes. For In-Network: **$5,000** Person/**$10,000** Family For Out-of-Network: **$10,000** Person/**$20,000** Family Prescription drug expense limit: **$2,000** Individual/**$4,000** Family	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out–of–pocket limit?	Premiums, balance billed charges, and healthcare this plan doesn't cover.	Even though you pay these expenses, they don't count toward the **out-of-pocket limit**.
Does this plan use a network of providers?	Yes. See www.bcbsil.com or call **1-800-828-3116** for a list of participating providers.	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	No.	You can see a **specialist** you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about **excluded services**.

Questions: Call 1-800-828-3116 or visit us at www.bcbsil.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at http://www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use In-Network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$25 copay/visit	30% coinsurance	No benefits will be provided for services which are not, in the reasonable judgment of Blue Cross and Blue Shield, medically necessary.
	Specialist visit	$50 copay/visit	30% coinsurance	---none---
	Other practitioner office visit	10% coinsurance	30% coinsurance	Chiropractic services are limited to 25 visits per benefit period.
	Preventive care/screening/immunization	No Charge	30% coinsurance	---none---
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	30% coinsurance	---none---
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	---none---

O'Fallon CCSD#90 provides a **Health Reimbursement Account (HRA)** for all health plan participants, which runs on a calendar year to coincide with the health plan deductible. An employee is responsible for the first $400 of health plan deductible expenses per covered individual. Your employer will provide reimbursement up to $2,600 per covered individual. An employee is responsible for the first $800 of coinsurance expenses per covered individual. Your employer will provide reimbursement up to $1,200 per covered individual.
Your maximum out-of-pocket is $1,200 per individual / $2,400 per family.

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.bcbsil.com	Generic drugs	$12 copay/ prescription for up to 34 day supply. $24 copay/ prescription for up to 90 day supply.	$12 copay/ prescription for up to 34 day supply.	34 day retail/90 day mail. For Out-of Network drug provider you are responsible for 25% of the eligible amount after the copay. Dispensing limit may apply to certain drugs. Certain women's preventative services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service RX Out-of-Pocket Expense Limit: $2,000 Individual/$4,000 Family
	Formulary brand drugs	$30 copay/ prescription for up to 34 day supply. $60 copay/ prescription for up to a 90 day supply.	$30 copay/ prescription for up to 34 day supply.	
	Non-Formulary brand drugs	$50 copay/ prescription for up to 34 day supply. $100 copay/ prescription for up to a 90 day supply.	$50 copay/ prescription for up to 34 day supply.	
	Specialty drugs	Covered	Not Covered	Coverage based on group policy. Specialty retail limited to a 30 day supply. Prior authorization may be required.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	---none---
	Physician/surgeon fees	10% coinsurance	30% coinsurance	---none---
If you need immediate medical attention	Emergency room services	$300 copay/visit	$300 copay/visit	Copay waived if admitted.
	Emergency medical transportation	10% coinsurance	10% coinsurance	---none---
	Urgent care	$50 copay/visit	30% coinsurance	---none---

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	---none---
	Physician/surgeon fee	10% coinsurance	30% coinsurance	---none---
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	10% coinsurance	30% coinsurance	$25 PCP copay applies to Psychotherapy office visit only.
	Mental/Behavioral health inpatient services	10% coinsurance	30% coinsurance	---none---
	Substance use disorder outpatient services	10% coinsurance	30% coinsurance	$25 PCP copay applies to Psychotherapy office visit only.
	Substance use disorder inpatient services	10% coinsurance	30% coinsurance	---none---
If you are pregnant	Prenatal and postnatal care	$25 copay	30% coinsurance	Copay applies to first prenatal visit (per pregnancy).
	Delivery and all inpatient services	10% coinsurance	30% coinsurance	---none---
If you need help recovering or have other special health needs	Home health care	10% coinsurance	30% coinsurance	---none---
	Rehabilitation services	10% coinsurance	30% coinsurance	---none---
	Habilitation services	10% coinsurance	30% coinsurance	---none---
	Skilled nursing care	10% coinsurance	30% coinsurance	---none---
	Durable medical equipment	10% coinsurance	30% coinsurance	Benefits are limited to items used to serve a medical purpose. DME benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice service	10% coinsurance	30% coinsurance	---none---
If your child needs dental or eye care	Eye exam	Not Covered	Not Covered	---none---
	Glasses	Not Covered	Not Covered	---none---
	Dental check-up	Not Covered	Not Covered	---none---

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover **(This isn't a complete list. Check your policy or plan document for other excluded services.)**

- Acupuncture
- Bariatric surgery
- Cosmetic Surgery
- Dental care (Adult)
- Hearing aids
- Long-term care
- Routine eye care (Adult)
- Routine foot care (with exception of person with a diagnosis of diabetes)
- Weight loss programs

Other Covered Services **(This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)**

- Chiropractic care
- Infertility treatment
- Most coverage outside the United States. See www.bcbsil.com.
- Non-emergency care when traveling outside the U.S.
- Private Duty Nursing (with exception of inpatient private duty nursing)

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, contact the plan at 1-800-828-3116. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-800-541-2767 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact Blue Cross and Blue Shield of Illinois at 1-800-828-3116 or visit www.bcbsil.com.com, or contact the U.S Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at (877) 527-9431 or visit http://insurance.illinois.gov.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-828-3116.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-828-3116

Chinese (中文): 如果需要中文的帮助，**请拨打这个号码** 1-800-828-3116

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-828-3116

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays** $3,920
- **Patient pays** $3,620

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$3,000
Copays	$20
Coinsurance	$400
Limits or exclusions	$200
Total	**$3,620**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays** 1,960
- **Patient pays** $3,440

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$3,000
Copays	300
Coinsurance	$60
Limits or exclusions	$80
Total	**$3,440**

NOTE: These examples do not reflect utilization of the benefits available through the HRA plan.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

GUARDIAN®

O'FALLON COMMUNITY CONSOIDATED SCHOOL DISTRICT 90

Dental Benefit Summary

Group Number: 00483112

About Your Benefits:

A visit to your dentist can help you keep a great smile and prevent many health issues. But dental care can be costly and you can be faced with unforeseen expenses. Did you know, a crown can cost as much as $1,400[1]? Guardian dental insurance will help you pay for it. With access to one of the largest network of dental providers in the country, who agreed to charge negotiated fees for their services of up to 30% less than average charges in the same community, you will benefit from lower out-of-pocket costs, quality care from screened and reviewed dentist, no claim forms to file, and excellent customer service. Enroll today and smile next time you see your dentist!

[1]http://health.costhelper.com/dental-crown.html.

Option 1 or 2: With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

Your Dental Plan	**Option 1: PPO** LOW PLAN		**Option 2: PPO** HIGH PLAN	
Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Your Monthly premium				
You and 1 dependent (Spouse or Child)				
You, spouse/domestic partner and child(ren)				
Calendar year deductible	*In-Network*	*Out-of-Network*	*In-Network*	*Out-of-Network*
Individual	$50	$50	$50	$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	*In-Network*	*Out-of-Network*	*In-Network*	*Out-of-Network*
Preventive Care	80%	80%	100%	100%
Basic Care	70%	70%	80%	80%
Major Care	0%	0%	50%	50%
Orthodontia	Not Covered		50%	50%
Annual Maximum Benefit	$750	$750	$1500	$1500
Maximum Rollover	No		Yes	
Rollover Threshold			$700	
Rollover Amount			$350	
Rollover In-network Amount			$500	
Rollover Account Limit			$1250	
Lifetime Orthodontia Maximum	Not Applicable		$1000	
Dependent Age Limits(Non-Student/Student)	26/30 ‡		26/30 ‡	

‡**Family coverage** for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service.

A Sample of Services Covered by Your Plan:

		LOW PLAN		HIGH PLAN	
		Option 1: PPO *Plan pays (on average)*		**Option 2: PPO** *Plan pays (on average)*	
		In-network	*Out-of-network*	*In-network*	*Out-of-network*
Preventive Care	Cleaning (prophylaxis)	80%	80%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	80%	80%	100%	100%
	Limits:	Under Age 19		Under Age 19	
	Oral Exams	80%	80%	100%	100%
	Sealants (per tooth)	80%	80%	100%	100%
	X-rays	80%	80%	100%	100%
Basic Care	Anesthesia*	70%	70%	80%	80%
	Fillings‡	70%	70%	80%	80%
	Perio Surgery	70%	70%	80%	80%
	Periodontal Maintenance	70%	70%	80%	80%
	Frequency:	Once Every 6 Months (Standard)		Once Every 6 Months (Standard)	
	Repair & Maintenance of Crowns, Bridges & Dentures	70%	70%	80%	80%
	Root Canal	70%	70%	80%	80%
	Scaling & Root Planing (per quadrant)	70%	70%	80%	80%
	Simple Extractions	70%	70%	80%	80%
	Surgical Extractions	70%	70%	80%	80%
Major Care	Bridges and Dentures	0%	0%	50%	50%
	Dental Implants	Not Covered	Not Covered	50%	50%
	Inlays, Onlays, Veneers**	0%	0%	50%	50%
	Single Crowns	0%	0%	50%	50%
Orthodontia	Orthodontia	Not Covered		50%	50%
	Limits:			Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filing material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.GuardianAnytime.com
Click on "Find A Provider"; You will need to know your plan and dental network, which can be found on the first page of your dental benefit summary.

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.

PPO and or Indemnity Special Limitation: Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3 – DG2000

GUARDIAN®

O'FALLON COMMUNITY CONSOIDATED SCHOOL DISTRICT 90

Vision Benefit Summary

Group Number: 00483112

About Your Benefits:

Eye care is a vital component of a healthy lifestyle. With vision insurance, having regular exams and purchasing contacts or glasses is simple and affordable. The coverage is inexpensive, yet the benefits can be significant! Guardian provides rich, flexible plans that allow you to safeguard your health while saving you money. Review your plan options and see why vision insurance may be a great benefit for you.

Option 1: Visit any doctor with your **Full Feature** plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network.

Option 2: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Wal-Mart®, JCPenney®, Sears®, Target®, Sam's Club®, Pearle®, and Visionworks®.

Your Vision Plan	**Option 1: VSP Network**		**Option 2: Davis Vision Network**	
Your Network is	VSP Choice Network		Davis Vision	
Your Monthly premium	**$ 7.31**		**$ 7.31**	
You and 1 dependent	$ 11.09		$ 11.09	
You, spouse/domestic partner and child(ren)	$ 19.49		$ 19.49	
Copay				
Exams Copay	$ 10		$ 10	
Materials Copay *(waived for non-formulary elective contact lenses)*	$ 25		$ 25	
Sample of Covered Services	*You pay (after copay if applicable):*		*You pay (after copay if applicable):*	
	In-network	*Out-of-network*	*In-network*	*Out-of-network*
Eye Exams	$0	Amount over $39	$0	Amount over $50
Single Vision Lenses	$0	Amount over $23	$0	Amount over $48
Lined Bifocal Lenses	$0	Amount over $37	$0	Amount over $67
Lined Trifocal Lenses	$0	Amount over $49	$0	Amount over $86
Lenticular Lenses	$0	Amount over $64	$0	Amount over $126
Frames	80% of amount over $130[1]	Amount over $46	80% of amount over $130*[2]	Amount over $48
Contact Lenses *(Elective)*	Amount over $130	Amount over $100	N/A	N/A
Contact Lenses *(Elective and conventional)*	N/A	N/A	85% of amount over $130*	Amount over $105
Contact Lenses *(Planned replacement and disposable)*	N/A	N/A	85% of amount over $130*	Amount over $105
Contact Lenses *(Medically Necessary)*	$0	Amount over $210	$0	Amount over $210
Contact Lenses *(Evaluation and fitting)*	15% off UCR	No discounts	No discounts	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts	Avg. 40-60% off retail price	No discounts

Your Vision Plan	Option 1: VSP Network		Option 2: Davis Vision Network	
Glasses *(Additional pair of frames and lenses)*	20% off retail price**	No discounts	Courtesy discount from most providers	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts	Up to 25% off the usual charge or 5% off promotional price	No discounts
Service Frequencies				
Exams	Every calendar year		Every calendar year	
Lenses *(for glasses or contact lenses)*‡‡	Every calendar year		Every calendar year	
Frames	Every two calendar years‡‡‡		Every two calendar years	
Network discounts *(cosmetic extras, glasses and contact lenses.)*	Limitless within 12 months of exam.		Applies to first purchase & courtesy discount from most providers on subsequent purchases.	
Dependent Age Limits (Non-Student/ Student)	26/30		26/30	

Visit www.GuardianAnytime.com and click on "Find a Provider"

VSP

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- Family coverage for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service.
- ** For the discount to apply your purchase must be made within 12 months of the eye exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- [1]Extra $20 on select brands
- ‡‡‡*The VSP system considers contact lenses to be the equivalent of a full pair of eyeglasses (lenses and frames) so while the member can obtain contact lenses one year and standard eyeglass lenses the next year, the frames benefit would not be available until 24 months or two calendar years, depending on the plan design, after the date the member obtained the contact lenses.*

Davis

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- Family coverage for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service.
- Contact lenses from Davis Vision's Collection are available at most private practice locations with Full Feature and Materials Only plans. Contacts from the collection are covered in full including fitting and evaluation, in excess of the plan's materials copay. Elective contacts that are not part of the Collection are covered up to the plan's elective contact lens allowance and the materials copay is waived.
- *Due to lower prices available at Wal-mart and Sam's Club locations, discounts do not apply. Members will pay 100% of the amount over their allowance.
- For Davis Vision, complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period. Only charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use.
- [2]Extra $50 at Visionworks stores

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00483112.

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

Baker,Chad R OD
6663 Edwardsville Crossing Dr
Edwardsville, IL 62025
(618) 659-2320
English

Becherer,Paul D OD
1 Park Pl
Swansea, IL 62226
(618) 233-3040
English

Bush,John F OD
3990 N Illinois St
Swansea, IL 62226
(618) 277-1130
English

Bush,John F OD
111 W Lincoln St
Belleville, IL 62220
(618) 234-1774
English

Carr,Natalie J OD
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888
English

Chen,Wen Y MD
12 Professional Park Dr
Maryville, IL 62062
(618) 288-7266
English

Chen,Wen Y MD
2421 Corporate Center,#102
Granite City, IL 62040
(618) 931-6980
English

Crago,Kelli E OD
852 Cambridge Blvd,#200
O'Fallon, IL 62269
(618) 628-2903
English

Cuff,Marcus A OD
4111 N Illinois St
Swansea, IL 62226
(618) 234-3053
English

Cuff,Marcus A OD
1950 Edwardsville Club Plaza Rd
Edwardsville, IL 62025
(618) 656-3199
English

Diehl,Jason R OD
1025 Columbia Center
Columbia, IL 62236
(618) 281-8611
English

Dohrman,Kyle D OD
3248 Green Mt Crossing Dr
Shiloh, IL 62269
(618) 622-9225
English

Dohrman,Kyle D OD
2525 Green Mt Commons Dr
Belleville, IL 62221
(618) 233-7800
English

Dohrman,Kyle D OD
2645 N Illinois St
Swansea, IL 62226
(618) 767-5100
English

Dohrman,Kyle D OD
6663 Edwardsville Crossing Dr
Edwardsville, IL 62025
(618) 659-2320
English

Eghigian,David S OD
1003 E Wesley Dr a
O'Fallon, IL 62269
(618) 624-3937
English

Eigenbrodt,John R OD
1950 Edwardsville Club Plaza Rd
Edwardsville, IL 62025
(618) 656-3199
English

Ernst,David D OD
852 Cambridge Blvd,#200
O'Fallon, IL 62269
(618) 628-2903
English

Ferguson Jr,Homer A MD
3990 N Illinois St
Swansea, IL 62226
(618) 277-1130
English

Foster,Rachel M OD
915 N Main St,#1
Columbia, IL 62236
(618) 281-2400
English

Gewe,Michael E OD
3540 N Belt W c
Belleville, IL 62226
(618) 235-4433
English

Goggin,Stephanie R OD
6620 Center Grove Rd,#3
Glen Carbon, IL 62034
(618) 659-1900
English

Hager,Lisa A OD
1 Park Pl
Swansea, IL 62226
(618) 233-3040
English

Hamm,Keith R OD
3248 Green Mt Crossing Dr
Shiloh, IL 62269
(618) 622-9225
English

Hamm,Richard B OD
1200 N State St
Freeburg, IL 62243
(618) 539-5620
English

Havera,Mark A OD
601 Beltline Rd
Collinsville, IL 62234
(618) 223-5212
English

Havera,Mark A OD
3405 Nameoki Rd
Granite City, IL 62040
(618) 219-8909
English

Helfrich,Melissa K OD
3030 Frank Scott Pkwy W,#1
Belleville, IL 62223
(618) 744-7555
English

Hendricks,Julie B OD
12 Professional Park Dr
Maryville, IL 62062
(618) 288-7266
English

Hendricks,Julie B OD
18 Ginger Creek Pkwy
Glen Carbon, IL 62034
(618) 656-7774
English

Hendricks,Julie B OD
2421 Corporate Center,#102
Granite City, IL 62040
(618) 931-6980
English

Herberts,Jeffrey P OD
119 N Morrison Ave
Collinsville, IL 62234
(618) 344-0511
English

Johnson,Mark D OD
10 Lincoln Hwy
Fairview Heights, IL 62208
(618) 624-0222
English

Johnson,Mark D OD
2525 Green Mt Commons Dr
Belleville, IL 62221
(618) 233-7800
English

Jones,Bart A MD
3990 N Illinois St
Swansea, IL 62226
(618) 277-1130
English

Jones,Eric OD
314 Fountains Pkwy d
Fairview Heights, IL 62208
(618) 622-3013
English

Jones,Eric OD
3990 N Illinois St
Swansea, IL 62226
(618) 277-1130
English

Jones,Eric OD
18 Ginger Creek Pkwy
Glen Carbon, IL 62034
(618) 656-7774
English

Jones Iii,Lewis F OD
6620 Center Grove Rd,#3
Glen Carbon, IL 62034
(618) 659-1900
English

Kerksick,Kelly K OD
915 N Main St,#1
Columbia, IL 62236
(618) 281-2400
English

Kirby,Nathan J OD
601 James R Thompson Blvd
East Saint Louis, IL 62201
(618) 482-8355
English

Kleindorfer,Mark A OD
1801 Pontoon Rd
Granite City, IL 62040
(618) 931-2700
English

Kleinhoffer,John W OD
1312 Mercantile Dr
Highland, IL 62249
(618) 654-9999
English

Klinsky,Claire M OD
201 W St Louis St
Lebanon, IL 62254
(618) 537-6356
English

Klinsky,Robert J OD
201 W St Louis St
Lebanon, IL 62254
(618) 537-6356
English

Kloke,Vivian M OD
852 Cambridge Blvd,#200
O'Fallon, IL 62269
(618) 628-2903
English

Lampe,Mary K OD
823 9th St
Highland, IL 62249
(618) 654-9848
English

Levi,Christina J OD
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888
English

Massie,Dirk F OD
4111 N Illinois St
Swansea, IL 62226
(618) 234-3053
English

Mcdaniel,Marianne W OD
100 E Main St
Mascoutah, IL 62258
(618) 566-8899
English

Meier,Gary D OD
18 Ginger Creek Pkwy
Glen Carbon, IL 62034
(618) 656-7774
English

Miller,Mindy M OD
2645 N Illinois St
Swansea, IL 62226
(618) 767-5100
English

Murphy,George Michael OD
4933 Benchmark Centre Dr
d
Swansea, IL 62226
(618) 628-3939
English

Rafati,Jennifer B OD
2525 Green Mt Commons Dr
Belleville, IL 62221
(618) 233-7800
English

Rafati,Jennifer B OD
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888
English

Rafati,Jennifer B OD
1025 Columbia Center
Columbia, IL 62236
(618) 281-8611
English

Ritzel,William V OD
22 N Jackson St
Belleville, IL 62220
(618) 233-1270
English

Rock,Becky L OD
12603 IL-143
Highland, IL 62249
(618) 882-4262
English

Rozell,Dana S OD
10 Lincoln Hwy
Fairview Heights, IL 62208
(618) 624-0222
English

Rozell,Dana S OD
601 Beltline Rd
Collinsville, IL 62234
(618) 223-5212
English

Sacho,Gregory R OD
108 S Main St
Columbia, IL 62236
(618) 281-4595
English

School Of Optometry,Un Of Mo ES
601 James R Thompson Blvd
East Saint Louis, IL 62201
(618) 482-8355
English

Sieron,Craig A OD
5308 W Main St
Belleville, IL 62226
(618) 257-9800
English

Smith,Stefan M OD
12 Professional Park Dr
Maryville, IL 62062
(618) 288-7266
English

Smith,Stefan M OD
18 Ginger Creek Pkwy
Glen Carbon, IL 62034
(618) 656-7774
English

Smith,Stefan M OD
2421 Corporate Center,#102
Granite City, IL 62040
(618) 931-6980
English

Snowden,Claud R OD
3307 Wabash Ave,#2
Granite City, IL 62040
(618) 876-5873
English

Sweeney,Sarah A OD
3540 N Belt W c
Belleville, IL 62226
(618) 235-4433
English

Thorpe,Charissa L OD
201 W St Louis St
Lebanon, IL 62254
(618) 537-6356
English

Tinge,Kimberly R OD
823 9th St
Highland, IL 62249
(618) 654-9848
English

Triplett Janssen,Alicia OD
6620 Center Grove Rd,#3
Glen Carbon, IL 62034
(618) 659-1900
English

Unger,Alice E OD
534 Edwardsville Rd
Troy, IL 62294
(618) 667-2000
English

Unger,Thomas K OD
534 Edwardsville Rd
Troy, IL 62294
(618) 667-2000
English

Vogel,Gary L OD
3540 N Belt W c
Belleville, IL 62226
(618) 235-4433
English

Walk,Lacey L OD
10 Lincoln Hwy
Fairview Heights, IL 62208
(618) 624-0222
English

Walk,Lacey L OD
2645 N Illinois St
Swansea, IL 62226
(618) 767-5100
English

Wilson,Joshua D OD
3540 N Belt W c
Belleville, IL 62226
(618) 235-4433
English

Yates,Mark A OD
12 Professional Park Dr
Maryville, IL 62062
(618) 288-7266
English

Yates,Mark A OD
2421 Corporate Center,#102
Granite City, IL 62040
(618) 931-6980
English

Amerias Best N
10840 Lincoln Trail
Fairview Heights, IL 62208
(618) 397-8880

Andrews,Laurie E N
235 St Clair Square
Fairview Heights, IL 62208
(618) 624-8854

Andrews,Laurie E N
2220 Troy Rd
Edwardsville, IL 62025
(618) 659-9604

Baker,Chad N
6663 Edwardsville Crossing Dr
Edwardsville, IL 62025
(618) 659-2320

Baker,Chad N
3405 Nameoki Rd a
Granite City, IL 62040
(618) 219-8909

Baker,Chad N
12603 IL-143
Highland, IL 62249
(618) 882-4262

Balabas,Barbara N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Balabas,Barbara N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Barber,Valerie J N
1560 US-50
O'Fallon, IL 62269
(618) 397-6575

Barber,Valerie J N
5915 N Illinois St
Fairview Heights, IL 62208
(618) 397-4010

Barber,Valerie J N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Barber,Valerie J N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Barber,Valerie J N
3717 Nameoki Rd b
Granite City, IL 62040
(618) 876-2438

Becherer,Paul D N
1 Bellevue Park Plaza
Belleville, IL 62226
(618) 233-3040

Birsinger,Jerri N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Birsinger,Jerri N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Bishop,Denise J N
10840 Lincoln Trail
Fairview Heights, IL 62208
(618) 397-8880

Blink Llc N
1003 E Wesley Dr a
O'Fallon, IL 62269
(618) 624-3937

Boules,Sameh A N
1560 US-50
O'Fallon, IL 62269
(618) 397-6575

Boules,Sameh A N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Boules,Sameh A N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Brave,Jennifer R N
1560 US-50
O'Fallon, IL 62269
(618) 397-6575

Brave,Jennifer R N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Brave,Jennifer R N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Browning,Lee J N
601 James R Thompson Blvd,#2030
East Saint Louis, IL 62201
(618) 274-0169

Bulmann,Jennifer N
601 James R Thompson Blvd,#2030
East Saint Louis, IL 62201
(618) 274-0169

Carr,Natalie N
1560 US-50
O'Fallon, IL 62269
(618) 397-6575

Carr,Natalie N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Carr,Natalie N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Clarkson Eyecare N
3248 Green Mt Crossing Dr
Shiloh, IL 62269
(618) 622-9225

Clarkson Eyecare N
10 Lincoln Hwy,#101
Fairview Heights, IL 62208
(618) 624-0222

Clarkson Eyecare N
2525 Green Mt Commons Dr,#290
Belleville, IL 62221
(618) 233-7800

Clarkson Eyecare N
601 Beltline Rd
Collinsville, IL 62234
(618) 223-5212

Clarkson Eyecare N
1025 Columbia Center
Columbia, IL 62236
(618) 281-8611

Crown Vision Center N
1560 US-50
O'Fallon, IL 62269
(618) 397-6575

Crown Vision Center N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Diehl,Jason R N
1025 Columbia Center
Columbia, IL 62236
(618) 281-8611

Dr David Ernst N
3717 Nameoki Rd b
Granite City, IL 62040
(618) 876-2438

Dr Jennifer Karr N
1530 W Hwy 50
O'Fallon, IL 62269
(618) 628-7064

Dr Jennifer Karr N
400 Jct Dr W
Glen Carbon, IL 62034
(618) 659-1870

Dr Lewis Eyrich N
5 Illini Dr
Glen Carbon, IL 62034
(618) 659-7341

Dr. John W. Kleinhoffer N
1312 Mercantile Dr
Highland, IL 62249
(618) 654-9999

Dr.theresa A. Haas N
12495 IL-143
Highland, IL 62249
(618) 651-8708

Eghigian,David N
1003 E Wesley Dr a
O'Fallon, IL 62269
(618) 624-3937

Eigenbrodt,John R N
1950 Edwardsville Club Plaza Rd
Edwardsville, IL 62025
(618) 656-3199

Eigenbrodt Vision Center P.c. N
1950 Edwardsville Club Plaza Rd
Edwardsville, IL 62025
(618) 656-3199

Eyrich,Lewis J N
5 Illini Dr
Glen Carbon, IL 62034
(618) 659-7341

Feezel,Lacey L N
10 Lincoln Hwy,#101
Fairview Heights, IL 62208
(618) 624-0222

Ford,Randy D N
235 St Clair Square
Fairview Heights, IL 62208
(618) 624-8854

Ford,Randy D N
5915 N Illinois St
Fairview Heights, IL 62208
(618) 397-4010

Hager,Lisa A N
1 Bellevue Park Plaza
Belleville, IL 62226
(618) 233-3040

Hamill,Diane N
235 St Clair Square
Fairview Heights, IL 62208
(618) 624-8854

Hamm,Casey N
601 James R Thompson Blvd,#2030
East Saint Louis, IL 62201
(618) 274-0169

Hamm,Keith R N
3248 Green Mt Crossing Dr
Shiloh, IL 62269
(618) 622-9225

Hamm,Keith R N
2525 Green Mt Commons Dr,#290
Belleville, IL 62221
(618) 233-7800

Hartig,David B N
2608 Green Mt Commons Dr
Belleville, IL 62221
(618) 236-2266

Havera,Mark A N
601 Beltline Rd
Collinsville, IL 62234
(618) 223-5212

Havera,Mark A N
6663 Edwardsville Crossing Dr
Edwardsville, IL 62025
(618) 659-2320

Havera,Mark A N
3405 Nameoki Rd a
Granite City, IL 62040
(618) 219-8909

Helfrich,Melissa K N
5915 N Illinois St
Fairview Heights, IL 62208
(618) 397-4010

Hill,Geoffrey N
5 Country Club Executive Park
Glen Carbon, IL 62034
(314) 567-7771

Hill,Gregory N
5 Country Club Executive Park
Glen Carbon, IL 62034
(314) 567-7771

Hill Vision Services N
5 Country Club Executive Park
Glen Carbon, IL 62034
(314) 567-7771

Hohenberger,Mary C N
1560 US-50
O'Fallon, IL 62269
(618) 397-6575

Hohenberger,Mary C N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Hohenberger,Mary C N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Hubbard,Joel T N
235 St Clair Square
Fairview Heights, IL 62208
(618) 624-8854

Jcp 10411 N
245 St Clair Square
Fairview Heights, IL 62208
(618) 632-6550

Johnson,Robin L N
245 St Clair Square
Fairview Heights, IL 62208
(618) 632-6550

Johnson,Thomas J N
10 Lincoln Hwy,#101
Fairview Heights, IL 62208
(618) 624-0222

Johnson,Thomas J N
3405 Nameoki Rd a
Granite City, IL 62040
(618) 219-8909

Jones Iii,Lewis F N
6620 Center Grove Rd,#3
Glen Carbon, IL 62034
(618) 659-1900
Spanish

Karr,Jennifer M N
1530 W Hwy 50
O'Fallon, IL 62269
(618) 628-7064

Karr,Jennifer M N
2608 Green Mt Commons Dr
Belleville, IL 62221
(618) 236-2266

Karr,Jennifer M N
400 Jct Dr W
Glen Carbon, IL 62034
(618) 659-1870

Kleinhoffer,John W N
1312 Mercantile Dr
Highland, IL 62249
(618) 654-9999

Kueker,Julie K N
2608 Green Mt Commons Dr
Belleville, IL 62221
(618) 236-2266

Kueker,Julie K N
400 Jct Dr W
Glen Carbon, IL 62034
(618) 659-1870

Levi,Christina N
1560 US-50
O'Fallon, IL 62269
(618) 397-6575

Levi,Christina N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Levi,Christina N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Lochhead,Christine J N
5915 N Illinois St
Fairview Heights, IL 62208
(618) 397-4010

Long,Jacqlyn E N
1560 US-50
O'Fallon, IL 62269
(618) 397-6575

Long,Jacqlyn E N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Mascoutah Eye Care N
100 E Main St
Mascoutah, IL 62258
(618) 566-8899

Mcdaniel,Marianne W N
100 E Main St
Mascoutah, IL 62258
(618) 566-8899

Mogil,Jill N
6570 N Illinois St a
Fairview Heights, IL 62208
(618) 628-3502

Montgomery,Jeffrey E N
1560 US-50
O'Fallon, IL 62269
(618) 397-6575

Myers,Raymond I N
601 James R Thompson Blvd,#2030
East Saint Louis, IL 62201
(618) 274-0169

NO INFO N
12603 IL-143
Highland, IL 62249
(618) 882-4262

Novel Simmons,Angel N
601 James R Thompson Blvd,#2030
East Saint Louis, IL 62201
(618) 274-0169

Nucrown Inc N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Osborne-Johnson,Donna N
12495 IL-143
Highland, IL 62249
(618) 651-8308

Pearle Vision Express N
5915 N Illinois St
Fairview Heights, IL 62208
(618) 397-4010

Perrine,Daniel R N
10840 Lincoln Trail
Fairview Heights, IL 62208
(618) 397-8880

Redfern,Jennifer N
10840 Lincoln Trail
Fairview Heights, IL 62208
(618) 397-8880

Rhomberg,Mary Beth N
601 James R Thompson Blvd,#2030
East Saint Louis, IL 62201
(618) 274-0169

Robin Johnson Od N
245 St Clair Square
Fairview Heights, IL 62208
(618) 632-6550

Rock,Becky L N
6663 Edwardsville Crossing Dr
Edwardsville, IL 62025
(618) 659-2320

Rock,Becky L N
3405 Nameoki Rd a
Granite City, IL 62040
(618) 219-8909

Rock,Becky L N
12603 IL-143
Highland, IL 62249
(618) 882-4262

Sacho,Gregory N
108 S Main St
Columbia, IL 62236
(618) 281-4500

Sam`s Club Optical N
5 Illini Dr
Glen Carbon, IL 62034
(618) 659-7341

Sams Club N
1350 W Hwy 50
O'Fallon, IL 62269
(618) 632-4501

Sears Optical N
235 St Clair Square
Fairview Heights, IL 62208
(618) 624-8854

Sears Optical N
2220 Troy Rd
Edwardsville, IL 62025
(618) 659-9604

Shea-Roeger,Jane E N
235 St Clair Square
Fairview Heights, IL 62208
(618) 624-8854

Smith,Jonathan H N
10840 Lincoln Trail
Fairview Heights, IL 62208
(618) 397-8880

Snowden,Claud R N
3307 Wabash Ave,#2
Granite City, IL 62040
(618) 876-5873

Sobieralski,Brett A N
10 Lincoln Hwy,#101
Fairview Heights, IL 62208
(618) 624-0222

Sobieralski,Brett A N
2525 Green Mt Commons Dr,#290
Belleville, IL 62221
(618) 233-7800

Sobieralski,Brett A N
6663 Edwardsville Crossing Dr
Edwardsville, IL 62025
(618) 659-2320

Storm,Derek N
1040 Collinsville Crossing Blvd
Collinsville, IL 62234
(618) 344-4480

Swetlishnoff,Dale J N
601 Beltline Rd
Collinsville, IL 62234
(618) 223-5212

Triplett-Jansse,Alicia U N
6620 Center Grove Rd,#3
Glen Carbon, IL 62034
(618) 659-1900
Spanish

Unger,Alice N
534 Edwardsville Rd
Troy, IL 62294
(618) 667-2020

Unger,Thomas N
534 Edwardsville Rd
Troy, IL 62294
(618) 667-2020

Unger Eye Care Pc N
534 Edwardsville Rd
Troy, IL 62294
(618) 667-2020

Visionworks N
6570 N Illinois St a
Fairview Heights, IL 62208
(618) 628-3502

Vogel,Gary L N
601 James R Thompson Blvd,#2030
East Saint Louis, IL 62201
(618) 274-0169

Wade,Mark D N
1560 US-50
O'Fallon, IL 62269
(618) 397-6575

Wal-mart Vision Center N
1530 W Hwy 50
O'Fallon, IL 62269
(618) 632-9066

Wal-mart Vision Center N
2608 Green Mt Commons Dr
Belleville, IL 62221
(618) 236-2266

Wal-mart Vision Center N
1040 Collinsville Crossing Blvd
Collinsville, IL 62234
(618) 344-4480

Wal-mart Vision Center N
400 Jct Dr W
Glen Carbon, IL 62034
(618) 659-1870

Wal-mart Vision Center N
12495 IL-143
Highland, IL 62249
(618) 651-8308

Walmart Vision Center #201 N
2608 Green Mt Commons Dr
Belleville, IL 62221
(618) 236-2266

Wang,Chih-Jen N
1560 US-50
O'Fallon, IL 62269
(618) 397-6575

Wang,Chih-Jen N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Wang,Chih-Jen N
2100 Troy Rd,#104
Edwardsville, IL 62025
(618) 656-8888

Weber,David J N
1530 W Hwy 50
O'Fallon, IL 62269
(618) 628-7064

Wollbrinck,Todd R N
235 St Clair Square
Fairview Heights, IL 62208
(618) 624-8854

Wollbrinck,Todd R N
400 Jct Dr W
Glen Carbon, IL 62034
(618) 659-1870

Wollbrinck,Todd R N
2220 Troy Rd
Edwardsville, IL 62025
(618) 659-9604

Wood,Anita J N
6570 N Illinois St a
Fairview Heights, IL 62208
(618) 628-3502

Yates,Mark A N
12 MARYVILLE PROFESSIONAL PAR
Maryville, IL 62062
(618) 277-1130

Yates,Mark A N
2220 Troy Rd
Edwardsville, IL 62025
(618) 659-9604

Yates,Mark A N
2421 Corporate Center,#102
Granite City, IL 62040
(618) 288-7266

College Tuition Benefit Self-Registration

Welcome to the College Tuition Benefits Rewards program! You can now create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at SAGE Scholar Consortium colleges.

How does it work?
You can use your College Tuition Benefits Rewards at over 330 private colleges and universities across the nation. 80% of SAGE colleges have received an "America's Best" ranking by US News and World Reports.

- Each Tuition Reward point equals a $1 tuition reduction
- You will receive rewards each year you have Guardian Dental Plan benefits
- Tuition Rewards can be given to your relatives including children, nephews, nieces, and grandchildren.
- See how quickly your account can grow!

Policy Year	Subscriber Reward*	Subscriber's Reward Balance (Balance does not accrue interest)
Initial Registration Subscriber and Student Rewards		2,500 (2,000 + 500)
2	2,000	4,500
3	2,000	6,500
4	**4,500 (Bonus Year)**	11,000
5	2,000	13,000
6	2,000	15,000
7	2,000	17,000

*After initial registration, future points credited 30 days after plan anniversary.

To learn more about the program and how to get started, go to: www.Guardian.CollegeTuitionBenefit.com to set up your account. If you have any questions, please feel free to visit the website or contact College Tuition Benefit directly at 215-839-0119.

Register Today!

(Print and cut out ID Card)

College Tuition Benefits Rewards – ID Card

Register @
www.Guardian.CollegeTuitionBenefit.com

User ID: 483112

Password: Guardian

fold

COLLEGE TUITION BENEFIT.com

The College Tuition Benefit
150 E. Swedesford Road, Suite 100
Wayne, PA 19087
Phone: (215) 839-0119
Fax: (215) 392-3255

Basic (Standard) to Enhanced (Generics Plus) Drug List Changes

BlueCross BlueShield of Illinois

Products moving from Preferred Brand to Non-Preferred Brand*

ACCU-CHEK ACTIVE STRIPS	ACCU-CHEK SOFT TOUCH and SOFTCLIX LANCET	AZITHROMYCIN	CELONTIN	DEXAMETHASONE	FARESTON	INVOKAMET
ACCU-CHEK AVIVA	ACCUTREND GLUCOSE	AZOPT	CIPRODEX	DIAZEPAM	FLUOROPLEX	INVOKANA
ACCU-CHEK AVIVA PLUS	AFINITOR	BD 1ML TUBERCULIN SYRINGE	CLEOCIN	DILANTIN	FORTEO	JANUMET
ACCU-CHEK COMFORT CURVE TEST STRIPS	ALPHAGAN P	BD INSULIN SYRINGE LUER-LOK	COLCRYS	DROXIA	GABITRIL	JANUMET XR
ACCU-CHEK COMPACT PLUS	ANDRODERM	BD SYRINGE LUER-LOK/1ML	COMBIVENT RESPIMAT	ELIDEL	GANIRELIX ACETATE	JANUVIA
ACCU-CHEK COMPACT STRIPS	ARANESP ALBUMIN FREE	BENICAR/ BENICAR HCT	COTELLIC	EMCYT	IBRANCE	KADIAN
ACCU-CHEK COMPACT TEST DRUM	ASACOL HD	BYDUREON	CREON	ENJUVIA	INNOPRAN XL	KOMBIGLYZE XR
ACCU-CHEK MULTICLIX LANCET	ATROVENT HFA	CARAC	CRINONE	EPOGEN	INTRON A	LETAIRIS
ACCU-CHEK SMARTVIEW STRIP	AZILECT	CELLCEPT	DELZICOL	EXELON	INTRON A W/DILUENT	LIALDA

*May not apply to all strengths and formulations.
*May include drugs not covered under plan benefits

Basic (Standard) to Enhanced (Generics Plus) Drug List Changes (continued)

BlueCross BlueShield of Illinois

Products moving from Preferred Brand to Non-Preferred Brand*

LINZESS	NEULASTA/ NEULASTA ONPRO KIT	PREDNISOLONE SODIUM PHOSPHATE	RENVELA	TEGRETOL-XR	XARELTO/XARELTO STARTER PACK
LOTEMAX	NEXIUM	PREDNISONE	SE-NATAL 19	TIMOLOL MALEATE	ZARXIO
LUMIGAN	NILANDRON	PREDNISONE INTENSOL	SIMBRINZA	TRAVATAN Z	ZORTRESS
LYRICA	NOVOFINE PLUS 32GX4MM	PRENAPLUS	SINGLE-LET	TREXALL	ZYCLARA/ZYCLARA PUMP
MESNEX	NUCYNTA ER	PRENATABS FA	SIVEXTRO	VESICARE	ZYLET
MICROTAINER SAFETY FLOW LANCET	ONGLYZA	PRENATAL 19	SPRYCEL	VIGAMOX	
MIGRANAL	PATADAY	PROGRAF	SUBOXONE	VOLTAREN	
MULTAQ	PAZEO	PROPRANOLOL HCL	SYNJARDY	VYVANSE	
NASONEX	PENTASA	PURIXAN	TABLOID	WELCHOL	

*May not apply to all strengths and formulations.
*May include drugs not covered under plan benefits

O'Fallon CCSD#90
Benefits Election Form – Medical Enrollment 2017
Effective January 1, 2017

Please make your coverage selections below, and sign and return this form to District Office by **December 15th**

If you do not wish to participate in a plan, please check the box marked "waive," sign and return the form.

Employee Name (please print)

I choose the following medical insurance coverage:

Medical Insurance 26 pays	***Medical Insurance 20 pays***
Plan Option 1 –HRA Plan *(26 pays)* ☐ Employee only - $4.57 ☐ Employee & Spouse - $220.03 ☐ Employee & Child(ren) - $199.43 ☐ Family - $232.63	**Plan Option 1 –HRA Plan *(20 pays)*** ☐ Employee only - $5.94 ☐ Employee & Spouse - $286.04 ☐ Employee & Child(ren) - $259.26 ☐ Family - $302.42
Plan Option 2 – *(26 pays)* **High Deductible Plan – NO HRA** ☐ Employee only - $0.00 ☐ Employee & Spouse - $171.78 ☐ Employee & Child(ren) - $152.82 ☐ Family - $180.62	**Plan Option 2 – *(20 pays)*** **High Deductible Plan – NO HRA** ☐ Employee only - $0.00 ☐ Employee & Spouse - $223.31 ☐ Employee & Child(ren) - $198.66 ☐ Family - $234.81
Plan Option 3 – H.S.A *(26 pays)* ☐ Employee only - $0.00 ☐ Employee & Spouse - $62.84 ☐ Employee & Child(ren) - $47.59 ☐ Family - $63.23	**Plan Option 3 – H.S.A *(20 pays)*** ☐ Employee only - $0.00 ☐ Employee & Spouse - $81.70 ☐ Employee & Child(ren) - $61.87 ☐ Family - $82.19

Waive – NO COVERAGE - Please complete back side for WAIVER of Coverage

IMPORTANT→ If you are a new enrollment or adding dependents you will need to complete a BCBS change form in addition to this election form to provide your personal enrollment information. Please contact Cornerstone Insurance Group.

I understand the coverage I have elected is effective January 1, 2017.

Signature	Date

O'Fallon District 90
Learning today, leading tomorrow

Waiver of Group Health Benefits – 2017

Employee Name (PRINT)

I acknowledge I was offered an employer sponsored group health plan that meets the Affordable Care Act's affordability and minimum value requirements but I choose not to participate in the medical plan.

For the plan year effective ***January 1, 2017 – December 31, 2017***, I am waiving MEDICAL coverage for:

☐ Myself

☐ Spouse/Domestic Partner

☐ Dependents(s):

I am waiving coverage due to:

☐ My preference not to have coverage

☐ Coverage under my spouse's/domestic partner's plan

☐ Other coverage

This other coverage is:

☐ Employer-sponsored Group Plan ☐ Individual policy ☐Medicare ☐ COBRA ☐TRICARE ☐ Medicaid

☐ Other _____

Special Enrollment Notice and Certification – *Please review and sign below if you wish to waive coverage*

By signing below, I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents, if any. I am declining enrollment as indicated above. I understand that, if I am declining enrollment for myself or my eligible dependents (including my spouse) because of other health insurance or group health plan coverage, I may be able to enroll myself and my eligible dependents in this plan if I lose, or my eligible dependents lose, eligibility for that other coverage (or if the employer stops contributing towards my or my eligible dependents' other coverage).

I understand that I must request enrollment no more than 30 days after the date the other health plan coverage ends (or after the employer stops contributing toward the other coverage). If I do not do so, I will not be able to enroll until my employer's next annual open enrollment period.

In addition, I understand that if I have a newly eligible dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my eligible dependent(s). However, I must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

I acknowledge I was offered an employer sponsored group health plan that meets the Affordable Care Act's affordability and minimum value requirements but I choose not to participate in the medical plan.

I understand that in order to request special enrollment or obtain more information, I should contact my group administrator.

Employee Signature **Date**

_____