



# **School District U-46 Open Enrollment Guide 2018 Plan Year**

**Open Enrollment: Oct 30 – Nov 10, 2017**

***Active Enrollment Required!***

*Engage  
Manage  
Achieve  
A Healthier Life*

## Need Additional Assistance? Attend a Live Open Enrollment Meeting!

School District U-46 will be holding live Open Enrollment Meetings at the following dates and times:

**Tuesday, October 24, 2017**

4:00 P.M. – 5:00 P.M.

Larkin High School

Room A 20

**Thursday, November 2, 2017**

4:00 P.M. – 5:00 P.M.

Elgin High School

Library

# Have you talked to alex®?

**Walk through your options at  
[www.myalex.com/districtu46/2018](http://www.myalex.com/districtu46/2018)**



**ALEX® is YOUR personal benefits counselor. Available 24/7.**

Picking the right benefit plans can be a challenge.

- Which medical plan is best for me?
- How much should I save in my flexible spending accounts?
- Should I get extra life insurance?
- Does a health savings account make sense for me?

These decisions are important and a lot goes into making the right choice. To make the process easier for you, School District U-46 has brought in an easy-to-use online tool called ALEX.

All you have to do is log on and respond to ALEX's questions. ALEX will prompt you for some basic information about you and your family, ask a few questions about your personal situation (everything you say remains confidential, of course), and help you figure out what to choose based on your responses.

Talking with ALEX feels like having a conversation with a real person, and because ALEX uses simple language and avoids insurance jargon, his explanations and recommendations are easy to understand.

ALEX is available from any computer or device with an internet connection. If you have any questions about how anything works, ALEX can walk you through them.

Start a conversation with ALEX today. Visit [www.myalex.com/districtu46/2018](http://www.myalex.com/districtu46/2018).



October 23, 2017



Dear Colleagues,

School District U-46 strives to offer a competitive benefits package to support the health and well-being of its employees and their dependents. We will open enrollment for 2018 benefit plans on October 30 and ask that you submit your elections by November 10, 2017. New enrolments and changes become effective January 1, 2018.

Take time to **engage** and **manage** options each year so you can **achieve** a healthy lifestyle for you and your family. This year, there is an important change to the PPO plan that may impact your choice for the medical option. For this reason, you will definitely want to consider and compare all three available options to see which plan is the best fit for you. **Engage** in the process by tapping *ALEX*, a unique, online experience that aims to help you make decisions about your benefit options. "Talking" with ALEX is easy; answer some basic questions about your personal situation (your answers remain anonymous, of course), and ALEX will crunch some numbers and explain your available benefit options — all with a healthy dose of humor. Visit ALEX at [www.myalex.com/districtu46/2018](http://www.myalex.com/districtu46/2018) if you have questions about your benefit plan options. Find out why 88 percent of District employees who used ALEX last year indicated that they better understood their medical options.

You can better **manage** your health care costs by using a number of ideas, which are highlighted in the *Managing Your Healthcare Costs* section of this guide. Take advantage of the tax savings offered by Health Savings or Flexible Spending Accounts. Use network doctors rather than out-of-network providers. Use the UHC cost estimator. Utilize your free EAP mental health benefits before you dip into your health plan.

We all would like to **achieve** a healthier lifestyle. District U-46 provides many opportunities for employees and their families to reach their health goals. Get a flu shot! Get an annual physical! Participate in the Real Appeal weight loss program! All are free if you are enrolled in any one of the District's medical options.

During Open Enrollment, all eligible employees must log in to [Munis Self Service](#) to review their elections. All benefit eligible employees **must log in** to make their elections or waive coverage. If you waived coverage for 2017, you will need to waive coverage again for 2018. If you do not make an election by November 10<sup>th</sup>, or waive coverage, you (and only you) will be enrolled in the Silver + HSA and the dental plan.

I encourage you to carefully review and consider the information provided in the 2018 Benefits Open Enrollment Guide. Should you have any questions, please contact our Benefits Department at [benefits@u-46.org](mailto:benefits@u-46.org).

Thank you for all you do for our students and families. I wish you and your families the best of health always.

Sincerely,

A handwritten signature in black ink, appearing to read "Tony Sanders", with a stylized flourish at the end.

Tony Sanders  
Chief Executive Officer  
School District U-46

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The Fox Valley offers a number of fall activities for the whole family. See <http://northernfoxrivervalley.com/fall-family-fun/> for more information

## How do I use this Guide?

This Enrollment Guide contains three important sections:

- *Engaging* in the decision making process of selecting the best health care option for you and your family along with making decisions regarding financial security for your family.
- *Managing* your health care costs efficiently while reducing your costs.
- *Achieving* a healthier life by participating in various activities.

In addition, there is a section of important information about your rights and other general information.

## When is Open Enrollment?

Open enrollment begins Monday, October 30, 2017 and ends at Midnight (CST) on Friday, November 10, 2017.

## What changes can I make?

Open Enrollment is your opportunity to elect the following through Munis Self Service: <https://selfservice.u-46.org/MSS/>

- Medical Plan (options are dependent upon eligibility)
  1. Silver + HSA
  2. Gold + HSA
  3. PPO Plan

**\*Please note that:**

If you were hired after December 31, 2015, you are required to participate in either the Silver + HSA or Gold + HSA for at least the first two years of your employment. You will **not** be eligible to be enrolled in the PPO Plan until January 1<sup>st</sup> of the calendar year after your second anniversary of employment with the District.

- Payroll deductions to Health Savings Account if either the Silver + HSA or Gold + HSA is elected
- Dental Plan
- Vision Plan
- Flexible Spending Accounts:
  - Health Care, if the PPO is elected
  - Dependent Care
- Supplemental Life Insurance

In addition to the above benefit choices, open enrollment is the time for you to add or subtract dependents to your coverage.



Hawthorne Hill Nature Center is the perfect place to enjoy and learn about the natural landscapes that surround our region. The nature center provides year round opportunities for experiencing nature.

You can only make changes outside of Open Enrollment if you have a qualified life event or family status change (such as marriage, divorce, death, loss of coverage or the birth or adoption of a child). See page 32 for more information. If you have a family status change and you want to make coverage changes, you must contact the Benefits Department within 31 days of the event.

## Who can be enrolled as a Dependent?

An employee may enroll a dependent who meets the following criteria: (1) spouse, (2) qualifying child, (3) adult child, and (4) dependent veteran child. Children under the age of 26 are eligible to participate, as well. Documentation of dependent status will be required for all new dependents (marriage or civil union certificate, birth certificate, or court order). For more information, visit [http://www.u-46.org/files/gaLIG/7488325bc02ddec93745a49013852ec4/Definition\\_of\\_Dependent\\_2015.pdf](http://www.u-46.org/files/gaLIG/7488325bc02ddec93745a49013852ec4/Definition_of_Dependent_2015.pdf)





## Do I need to make an election?

All benefit-eligible employees must login to make elections during this year's **ACTIVE** open enrollment.

- **Continuing Your Current 2017 Election** – If you were enrolled in either the Silver CDHP, the Gold CDHP, or the PPO plan last year, and you want to stay in the same plan with the same tier (employee only, employee plus spouse, employee plus children, family), you can click the “No Changes” button next to each section.
- **Waiving Medical Coverage** – You must “actively” waive coverage, or you (and only you) will be enrolled in the Silver + HSA at the single coverage level and the dental plan at the single coverage level.

Below is a summary of the name changes to the District's plans.

2017 Plan Name	2018 Plan Name
Silver CDHP	Silver + HSA
Gold CDHP	Gold + HSA
PPO Plan	PPO Plan

## Is there a tool to help me choose the right benefit options for me and my family?

The District provides an online benefits counselor – ALEX – to help you choose the right plan for you and your family. ALEX can provide information about the District's benefit program, specifically on

- Medical
- Dental
- Supplemental Life Insurance
- Tax Savings (*i.e.*, FSAs and HSAs)
- Other ancillary benefits

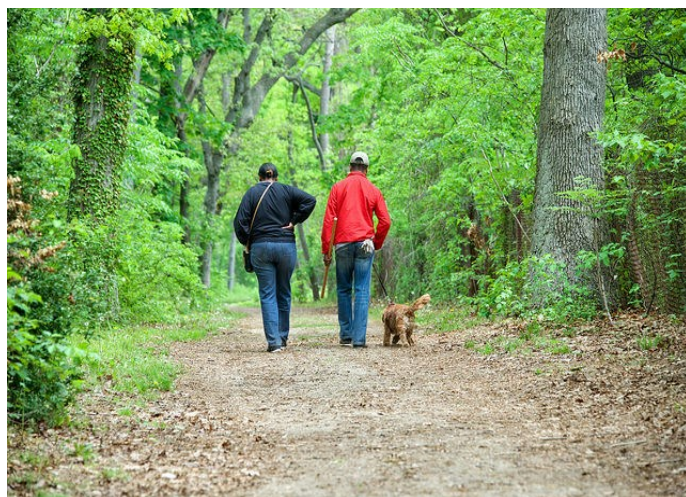
ALEX will help you understand your benefits and will email you a personalized benefits summary based on your responses to the questions.

Prior to using ALEX, make a list of how many times you and your family had office visits, any planned surgeries, and the maintenance prescriptions you use on a regular basis.

When using ALEX, be realistic about your use of doctors. ALEX analyzes the information you give it to help you with making an informed decision about you and your family's needs. The benefit option recommended may be different if you want catastrophic protection – that is protection for a totally unplanned, major operation – vs. protection for medical costs you normally incur.

ALEX is available from any computer or device with an internet connection. Accordingly, you can access ALEX at home so that your family can participate in the decision making process.

Start a conversation with ALEX by visiting [www.myalex.com/districtu46/2018](http://www.myalex.com/districtu46/2018).



According to the Mayo Clinic, regular brisk walking can help you 1) maintain a healthy weight; 2) prevent or manage various conditions, including heart disease, high blood pressure and type 2 diabetes; 3) strengthen your bones and muscles; 4) Improve your mood; and 5) improve your balance and coordination. For more information, go to [MayoClinicWalking](http://MayoClinicWalking)

## How Do I Make Open Enrollment Elections Online?

To ensure a fast, convenient, and secure process, make your enrollment elections online. From October 30 through midnight CST November 10, 2017, **active eligible employees** must visit Munis Self Service at <https://selfservice.u-46.org/MSS/> to:

- View the plans available to you (and their costs)
- Access plan overviews
- Use the ALEX Benefit Counselor tool
- Enroll or make changes to your coverage
- Search for medical and dental providers by name, zip code, or hospital affiliation
- Review your current life insurance needs

## How To Enroll

Logon to U-46 Benefits Online at <https://selfservice.u-46.org/MSS/> and follow these on-screen instructions.

1. Enter your user ID and password.
  - a. Your user ID is your 5 digit Employee ID.
  - b. If you have not previously logged into the site or the online enrollment system,
    - (1) The first time that you log into MUNIS Self-Service you will use your 5 digit employee ID and your password will be the last 4 digits of your social security number.
  - c. After logging in for the first time, you will be required to change your password. The password has to be at least 8 digits/characters; you must have at least one number, one symbol, one capital letter and one lowercase letter. If you cannot remember your password or the answer to your security question, **please click on the link to receive a password hint, or contact the Help Desk at x4295 or [HelpDesk@u-46.org](mailto:HelpDesk@u-46.org) and they can reset your password.**
  - d. Once logged in, click on the “Employee Self Service” link and then select “Benefits.” Your current elections will be displayed – click the link that says “You must complete your open enrollment before 11/10/2017” to start the enrollment process.
2. Make and review your elections. Click the blue link to the right of each election:
  - a. Elect or waive medical and dental. If you do not make an election or waive coverage, **you will be enrolled in the Silver + HSA for medical coverage and dental benefits at the single level.**
  - b. Enroll in flexible spending accounts (Health Care and/or Dependent Care reimbursement). If you do not make an election in FSA for 2018, you will NOT be enrolled. **You will NOT be automatically re-enrolled in the FSA.**
  - c. Make a voluntary contribution to your Health Savings Account (HSA). If you are currently enrolled in the HSA, and want to continue contributing the same amount, simply click the “No Changes” button next to the Health Savings Account section. Current elections will NOT be automatically carried forward.
  - d. Enroll in the Vision Program, or click the “No Changes” button next to the Vision section. Current elections will NOT be automatically carried forward.
  - e. Enroll in or change your Supplemental Life Insurance Benefit. Click the “No Changes” button to keep your current benefit level.
3. Once all changes have been made, click on “Continue” to review all of your elections. You may further “Modify” your elections or “Submit Choices”. Once you have submitted your choices, you will have the opportunity to print a Confirmation page for your records. You can make changes until your choices have been reviewed and approved by Human Resources. Once approved, you would need to contact the Benefits Department at [Benefits@u-46.org](mailto:Benefits@u-46.org) before November 10<sup>th</sup> to re-open your enrollment.

After November 10<sup>th</sup>, you may not change your elections unless you experience a “qualified change” in status.

### No Internet Access? No Problem!

If you don't have Internet access at work or at home, Internet is available at many public libraries, community centers, and all District sites also have workstations available for staff use. Check with your Administrator for more information.

## What's new in 2018?

### The Medical Program

To bring better clarity to the plan names, the plans have been renamed to reflect the availability of a Health Savings Account:

- Silver + HSA, formerly the Silver CDHP
- Gold + HSA, formerly the Gold CDHP

Beginning in 2018, the full District HSA contribution for the Silver + HSA and Gold + HSA Plans will be made in January.

**Embedded Deductible.** The Silver + HSA and Gold + HSA, have only one change to make the plans more affordable for employees who enroll a spouse and/or dependent children. The concept is known as an embedded deductible. Under the concept of an embedded deductible, a person does not need to meet the entire family deductible before the plan starts paying benefits as is currently the case. Instead, an individual now can meet the embedded deductible to receive plan benefits. As determined by federal regulations, the minimum embedded deductible for high deductible health plans is \$2,700 for 2018. See the schedule of benefits for more detail.

**Integrated Co-pays.** The deductible for the PPO, has been lowered to \$750 for a single person, and \$2,150 for a family. The individual network deductible for this plan is \$750. However, for 2018, you now must meet your deductible before co-pays or co-insurance apply. See the schedule of benefits for more detail.

	2017 PPO Plan with Standalone Copays	2018 PPO Plan with Integrated Copays
<b>Copay Amount</b>	\$30	\$30
<b>Integrated Copays?</b>	No	Yes
<b>Deductible</b>	\$1,000	\$750
<b>Total Claims (12 PCP Visits at \$75)</b>	\$900	\$900
<b>Members Responsibility for Deductible</b>	N/A	\$750
<b>Member Copay After Deductible</b>	\$360	\$60
<b>Total Member Cost</b>	\$360	\$810

Another PPO Plan change is having emergency room care and urgent care subject to co-insurance rather than a co-pay.

### Prescription Program

There are no changes to the prescription program, except participants in the PPO plan will need to meet their deductible first prior to the plan paying a portion of the prescription. This is the same concept that applies to the other two high deductible health plans.

### Vision Program

The vision program through EyeMed will continue to be a voluntary program. The allowance for frames will increase from \$130 to \$150. The District will switch to a new provider network - EyeMed's Insight Network. Most of the providers in the current Access Network are in the Insight Network. If your provider is not in the Insight Network, please encourage the provider to contact EyeMed and join the network.

### Wellness Program

The wellness program's activity/measurement period will be aligned now with the plan year (January 1 – December 31).

For those individuals who completed the wellness activities in effect for the old activity period September 1, 2016 – August 31, 2017, you will receive a lump sum payment of \$260 per eligible employee and/or spouse in January 2018 instead of receiving a credit per pay period.

Due to the change in activity period, no wellness activities will be recorded for the period of September 1 – December 31, 2017.

The new activity period will be January 1, 2018 – December 31, 2018.

- If you finish your wellness activities between January 1 and March 31, you will receive a lump sum payment of \$260 in May 2018.
- If you finish your wellness activities between January 1 and June 30, you will receive a lump sum payment of \$260 in August 2018.
- If you finish your wellness activities between January 1 and September 30, you will receive a lump payment of \$260 in November 2018.
- If you finish your wellness activities between January 1 and December 31, you will receive a lump payment of \$260 in February 2019.

You must be employed by the District at the time the payment is made to be eligible for the incentive.



## 2018 Medical Plan Options

The three medical options offered by U-46 are self-funded medical programs. The risk of providing the medical benefits under the District's Employee Health Care Benefits Program is borne by the District and not by an insurance company (except for claims over \$600,000 per individual, which are insured). All three plans are administered by United Healthcare on behalf of the District.

**All employees hired after December 31, 2015 are eligible to enroll in either the Gold + HSA or the Silver + HSA. New employees are required to participate in the high deductible health plans for at least the first two years of employment and will not be eligible to enroll in the PPO Plan until January 1st of the calendar year after their second anniversary of employment with the District.**

Eligible active participants will have a choice of medical options in 2018. Below is a brief description of each of the plans – a more detailed description of the cost-sharing aspects of the plans is described on the next pages. Each of the medical options will cover the same services and benefits with a difference in cost-sharing.

1. **Silver + HSA** – This plan is a PPO Plan with a Health Savings Account (HSA). The health plan uses the same PPO network and the same coverage and benefits as the other PPO plans described below. The high deductible plan will have a three-tiered network which includes: 1) premium designated “in-network” providers, 2) non-premium designated in-network providers, and 3) out-of-network providers. The differences between a consumer-driven health plan and the other PPO are the monthly premiums and the cost sharing. Once the participant meets the deductible, the plan pays 80% for “premium designated specialties” and 70% of other providers. Participants with single coverage will receive a \$480 District contribution to their HSA, and participants with any level of dependent coverage will receive a \$960 District contribution to their HSA. **These employer contributions are deposited in late January 2018.** In order to receive the contributions, the employee must be an active employee of the District and currently enrolled in the HDHP on the date the contribution is made. Employees who do not participate for the entire year will receive a pro-rated contribution. Employees may contribute more to their HSAs through payroll deduction or directly with Optum Bank.
2. **Gold + HSA** – This plan offers the same three-tiered network as the Silver + HSA, but is a higher cost option. Once the participant meets the deductible, the plan pays 90% for “premium designated specialties” and 80% of other providers. Participants with single coverage will receive a \$600 District contribution to their HSA, and participants with any level of dependent coverage will receive a \$1,200 District contribution to their HSA. The rules for HSAs as described above for the Silver + HSA also apply for the Gold + HSA.
3. **PPO Plan** – This Plan is a PPO plan which provides copays for office visits, and pharmacy after deductible is satisfied, and coinsurance for services outside of the physician's office, emergency room, urgent care, and in-patient services.

**Which Plan has the highest benefit level?** The Gold + HSA Plan (formerly the Gold CDHP) offers the highest benefit level (actuarial value).

2018 Health Plan	Benefit Level Percentage (Actuarial Value)	Plan Coverage Level on Federal Marketplace
Gold + HSA	85%	Gold Level Plan
Silver + HSA	79%	Silver Level Plan
PPO Plan	77%	Silver Level Plan



### Excellent Preventive Care Benefits

All medical options offered by the District provide a no-cost, in-network, preventive care program. You and your physician can decide which kinds of age and risk appropriate tests are right for you and your family. If you use network providers, there is no dollar limit on this benefit. It is important for your network physician to properly code the preventive visits and services in order to receive no-cost services.

## Schedule of Benefits for 2018 (What the Participant Pays)

Plan Features	Silver + HSA		Gold + HSA		PPO Plan	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
<b>District's HSA Contribution</b>						
Individual Coverage	\$480		\$600		N/A	
Family Coverage (any level of dependent coverage)	\$960		\$1,200		N/A	
<b>Calendar Year Deductible</b>						
Individual Deductible	\$2,000	\$4,000	\$1,500	\$3,000	\$750	\$1,500
Family Deductible	\$4,000	\$8,000	\$3,000	\$6,000	\$2,150	\$4,300
Embedded Deductible	\$2,700	\$5,400	\$2,700	\$5,400	\$750	\$1,500
<b>Max. Out-of-Pocket Limit</b>						
Individual	\$4,000	\$8,000	\$3,000	\$6,000	\$5,000	\$10,000
Family	\$8,000*	\$16,000	\$6,000	\$12,000	\$11,000	\$22,000
Embedded	\$4,000	\$8,000	\$3,000	\$6,000	\$5,000	\$10,000
<b>Wellness Benefits</b>						
<b>Routine Physical Exams</b>	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
<b>Physician Services</b>						
<b>Virtual Office Visit (Telemedicine)</b>	30% after deductible	50% after deductible	20% after deductible	50% after deductible	\$10 visit copay after deductible	50% after deductible
<b>Office Visits to Primary Care Physician</b>	30% after deductible	50% after deductible	20% after deductible	50% after deductible	\$30 visit copay after deductible	50% after deductible
<b>Specialist Office Visits (Premium/Non-Premium)</b>	20%/30% after deductible	50% after deductible	10%/20% after deductible	50% after deductible	\$40/\$50 visit copay after deductible	50% after deductible
<b>Physician Services for Inpatient Facility and Hospital Visits (Premium/Non-Premium)</b>	20%/30% after deductible	50% after deductible	10%/20% after deductible	50% after deductible	10%/20% after deductible	50% after deductible
<b>Emergency Services</b>						
<b>Emergency/Non-Emergency Care in a Hospital Emergency Room</b>	30% after deductible		20% after deductible		20% after deductible	
<b>Urgent Care Services</b>						
<b>Urgent Medical Care</b> (at a non-hospital free standing facility)	30% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Outpatient Surgery, Diagnostic and Preoperative Testing</b>	30% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Inpatient Facility Expenses</b>						
<b>Hospital Facility Expenses</b>	30% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible

Pharmacy Coverage for all the medical plans uses a combination of copayments and coinsurance. Tier 4 will be for all specialty drugs which include a wide range of oral and injectable medication therapies to treat complex and chronic conditions.

2018 Pharmacy Program						
Tier	Retail (1 month)			Mail Order (3 months)		
	\$ or %	Min	Max	\$ or %	Min	Max
Tier 1	\$10			\$25		
Tier 2	\$35			\$85		
Tier 3	50%	\$75	\$200	50%	\$185	\$500
Tier 4	30%	\$35	\$50	30%	\$85	\$125

**Participants will pay the above pharmacy copayments or coinsurance only after meeting the plan's deductible.** The Silver + HSA and Gold + HSA medical options have a preventive medications feature that provides coverage for the medications you need without first meeting your deductible. That means that you can get certain preventive medications at separate copay levels based on the medication's tier. For a list of preventive medications for 2017 that meet the federal guidelines, see [http://www.u-46.org/files/\\_gcLYA\\_/092641a0a1d90e863745a49013852ec4/ExpandedPreventiveList117\\_3\\_001.pdf](http://www.u-46.org/files/_gcLYA_/092641a0a1d90e863745a49013852ec4/ExpandedPreventiveList117_3_001.pdf). The 2018 list (which will likely be similar to the 2017 list) will be posted as soon as available.

The above is a summary of benefits. Certain limits and conditions may apply to the above benefits. Every effort has been made to provide you with an accurate summary of benefits. However, if there are any discrepancies between the above summary and the official plan documents, the provisions of the plan documents shall control.





## Medical Rates for Active Employees for 2018 – 10%\*

Coverage Tier by Plan	Annual Cost			Employee Contribution Per Pay Period	
	Annual Premium	District Portion	Employee Portion	26 Pay	19 Pay
<b>Silver + HSA</b>					
Employee only	\$4,644	\$4,180	\$464	\$17.88	\$24.47
Employee plus spouse	\$9,528	\$8,575	\$953	\$36.66	\$50.16
Employee plus children	\$7,992	\$7,193	\$799	\$30.76	\$42.09
Family	\$13,248	\$11,923	\$1,325	\$50.97	\$69.74
Dependent Veteran Child	\$4,644	\$0	\$4,644	\$178.62	\$244.42
<b>Gold + HSA</b>					
Employee only	\$8,952	\$8,057	\$895	\$34.44	\$47.13
Employee plus spouse	\$18,360	\$16,524	\$1,836	\$70.61	\$96.62
Employee plus children	\$15,408	\$13,867	\$1,541	\$59.24	\$81.06
Family	\$25,524	\$22,972	\$2,552	\$98.16	\$134.32
Dependent Veteran Child	\$8,952	\$0	\$8,952	\$344.31	\$471.16
<b>PPO Plan</b>					
Employee only	\$8,484	\$7,636	\$848	\$32.64	\$44.66
Employee plus spouse	\$17,400	\$15,660	\$1,740	\$66.90	\$91.56
Employee plus children	\$14,592	\$13,133	\$1,459	\$56.14	\$76.82
Family	\$24,180	\$21,762	\$2,418	\$93.01	\$127.28
Dependent Veteran Child	\$8,484	\$0	\$8,484	\$326.31	\$446.53
<b>Dental Plan</b>					
Employee only	\$624	\$624	\$0	\$0.00	\$0.00
Employee plus spouse	\$1,284	\$624	\$660	\$25.30	\$34.62
Employee plus children	\$1,080	\$624	\$456	\$17.34	\$23.74
Family	\$1,788	\$624	\$1,164	\$44.57	\$60.99
Dependent Veteran Child	\$624	\$0	\$624	\$24.00	
<b>Vision Plan</b>					
Employee only	\$92	\$46	\$46	\$1.76	\$2.41
Employee plus spouse	\$174	\$87	\$87	\$3.34	\$4.57
Employee plus children	\$182	\$91	\$91	\$3.52	\$4.81
Family	\$268	\$134	\$134	\$5.17	\$7.07
Dependent Veteran Child	\$92	\$0	\$91	\$3.52	\$4.81

- Based on current collective bargaining agreements, the following employee groups contribute at this 10% rate schedule: DUEA (para educators), DUSA (secretaries) and ETA (teachers).

## Medical Rates for Active Employees for 2018 – 12% \*

Coverage Tier by Plan	Annual Cost			Employee Contribution Per Pay Period	
	Annual Premium	District Portion	Employee Portion	26 Pay	19 Pay
<b>Silver + HSA</b>					
Employee only	\$4,644	\$4,087	\$557	\$21.46	\$29.32
Employee plus spouse	\$9,528	\$8,385	\$1,143	\$43.99	\$60.16
Employee plus children	\$7,992	\$7,033	\$959	\$36.91	\$50.47
Family	\$13,248	\$11,658	\$1,590	\$61.16	\$83.68
Dependent Veteran Child	\$4,644	\$0	\$4,644	\$178.62	\$244.42
<b>Gold + HSA</b>					
Employee only	\$8,952	\$7,878	\$1,074	\$41.33	\$56.53
Employee plus spouse	\$18,360	\$16,157	\$2,203	\$84.72	\$115.95
Employee plus children	\$15,408	\$13,559	\$1,849	\$71.09	\$97.32
Family	\$25,524	\$22,461	\$3,063	\$117.79	\$161.21
Dependent Veteran Child	\$8,952	\$0	\$8,952	\$344.31	\$471.16
<b>PPO Plan</b>					
Employee only	\$8,484	\$7,466	\$1,018	\$39.17	\$53.58
Employee plus spouse	\$17,400	\$15,312	\$2,088	\$80.28	\$109.89
Employee plus children	\$14,592	\$12,841	\$1,751	\$67.36	\$92.16
Family	\$24,180	\$21,278	\$2,902	\$111.62	\$152.74
Dependent Veteran Child	\$8,484	\$0	\$8,484	\$326.31	\$446.53
<b>Dental Plan</b>					
Employee only	\$624	\$624	\$0	\$0.00	\$0.00
Employee plus spouse	\$1,284	\$624	\$660	\$25.30	\$34.62
Employee plus children	\$1,080	\$624	\$456	\$17.34	\$23.74
Family	\$1,788	\$624	\$1,164	\$44.57	\$60.99
Dependent Veteran Child	\$624	\$0	\$624	\$24.00	\$32.84
<b>Vision Plan</b>					
Employee only	\$92	\$46	\$46	\$1.76	\$2.41
Employee plus spouse	\$174	\$87	\$87	\$3.34	\$4.57
Employee plus children	\$182	\$91	\$91	\$3.52	\$4.81
Family	\$268	\$134	\$134	\$5.17	\$7.07
Dependent Veteran Child	\$92	\$0	\$91	\$3.52	\$4.81

- Based on current collective bargaining agreements, the following employee group contributes at this 12% rate schedule:  
ESSO (Plant Operations) Employees

## Medical Rates for Active Employees for 2018 – 15% \*

Coverage Tier by Plan	Annual Cost			Employee Contribution Per Pay Period	
	Annual Premium	District Portion	Employee Portion	26 Pay	19 Pay
<b>Silver + HSA</b>					
Employee only	\$4,644	\$3,947	\$697	\$26.82	\$36.71
Employee plus spouse	\$9,528	\$8,099	\$1,429	\$54.99	\$75.25
Employee plus children	\$7,992	\$6,793	\$1,199	\$46.14	\$63.14
Family	\$13,248	\$11,261	\$1,987	\$76.45	\$104.62
Dependent Veteran Child	\$4,644	\$0	\$4,644	\$178.62	\$244.42
<b>Gold + HSA</b>					
Employee only	\$8,952	\$7,609	\$1,343	\$51.66	\$70.70
Employee plus spouse	\$18,360	\$15,606	\$2,754	\$105.91	\$144.93
Employee plus children	\$15,408	\$13,097	\$2,311	\$88.86	\$121.60
Family	\$25,524	\$21,695	\$3,829	\$147.24	\$201.48
Dependent Veteran Child	\$8,952	\$0	\$8,952	\$344.31	\$471.16
<b>PPO Plan</b>					
Employee only	\$8,484	\$7,211	\$1,273	\$48.96	\$66.99
Employee plus spouse	\$17,400	\$14,790	\$2,610	\$100.36	\$137.33
Employee plus children	\$14,592	\$12,403	\$2,189	\$84.20	\$115.23
Family	\$24,180	\$20,553	\$3,627	\$139.52	\$190.92
Dependent Veteran Child	\$8,484	\$0	\$8,484	\$326.31	\$446.53
<b>Dental Plan</b>					
Employee only	\$624	\$624	\$0	\$0.00	\$0.00
Employee plus spouse	\$1,284	\$624	\$660	\$25.30	\$34.62
Employee plus children	\$1,080	\$624	\$456	\$17.34	\$23.74
Family	\$1,788	\$624	\$1,164	\$44.57	\$60.99
Dependent Veteran Child	\$624	\$0	\$624	\$24.00	\$32.84
<b>Vision Plan</b>					
Employee only	\$92	\$46	\$46	\$1.76	\$2.41
Employee plus spouse	\$174	\$87	\$87	\$3.34	\$4.57
Employee plus children	\$182	\$91	\$91	\$3.52	\$4.81
Family	\$268	\$134	\$134	\$5.17	\$7.07
Dependent Veteran Child	\$92	\$0	\$91	\$3.52	\$4.81

- Based on current collective bargaining agreements, the following employee groups contribute at this 15% rate schedule: Administrators, DUTU (Transportation employees), SEIU (Food Service employees), Non-union employees



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that's free.\*  
A transformation  
that's real.**

**Real  
Appeal**



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weight loss program available  
to you as part of your  
employee benefit plan.\***

**Lose  
10  
lbs+**

**average weight loss after 4 sessions**

**If you're already a member of our UnitedHealthcare  
plan, learn more and join today at**

**[u-46.realappeal.com](https://u-46.realappeal.com)**



\*Real Appeal is available at no additional cost to eligible employees, spouses and dependents 18+ on our UnitedHealthcare insurance plan with a BMI of 23 or greater. If you choose UnitedHealthcare for your benefits, you can enroll once you are active in the new plan.

# THE VISION PROGRAM

## 2018 Plan and Enrollment

Participation in the vision program is voluntary. If you were enrolled in the vision plan in 2017, and want to keep the same election, you must click the “No Changes” button next to the vision section during Open Enrollment to retain your coverage for 2018. If you were not enrolled in 2017, you will not be enrolled for 2017 unless you make a positive election in Munis Self-Service.

The District uses EyeMed’s Insight network. EyeMed’s in-network providers include LensCrafters, Sears Optical, Target Optical, Pearle Vision, JCPenney Optical, and other providers.

## Vision Plan Design

Below is a brief summary of the vision program administered by EyeMed.

Vision Care Services	In-Network	Out-of-Network
Eye Exam:	\$0 Copay	\$60
Fundus Photography Benefit	Up to \$39	N/A
<b>Exam Options:</b>		
Standard Contact Lens Fit and Follow-Up *	Paid-in-full fit and two follow-up visits	\$40
Premium Contact Lens Fit and Follow-Up **	10% off Retail, then \$55 allowance	\$40
<b>Frames:</b> (Any available frame at provider location)	\$0 Copay; \$150 Allowance, 20% off balance over \$150	\$58
<b>Standard Plastic Lenses:</b>		
Single Vision	\$10 Copay	\$25
Bifocal	\$10 Copay	\$40
Trifocal	\$10 Copay	\$55
Standard Progressive Lens	\$75 Copay	\$40
Premium Progressive Lens	Varies (See price list)	\$40
<b>Lens Options:</b>		
UV Coating	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail	N/A
Photocromatic/Transition Plastic	\$75	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
<b>Contact Lenses: (Contact lens allowance includes materials only)</b>		
Conventional	\$130 allowance, 15% off balance over \$130	\$92
Disposable	\$130 allowance, plus balance over \$130	\$92
Medically Necessary	\$0 Copay, Paid-in-Full	\$200
Laser Vision Correction (Lasik or PRK from U.S. Laser Network)	15% off Retail Price or 5% off Promotional Price	N/A
<b>Frequency:</b>		
Examination	Once every 12 months	
Frame	Once every 24 months	
Lenses or Contact Lenses	Once every 12 months	

## 2018 Vision Program Design Changes

For the 2018 plan year, the following vision program changes will be implemented.

- **Frames** - The allowance for frames will increase from \$130 to \$150.
- **Network** - The District will switch to a new provider network - EyeMed's Insight Network. Most of the providers in the current Access Network are also in the Insight Network.
- **Progressive lens** – Progressive lens coverage has been expanded.

## Vision Rates for Active Employees for 2018

Employees pay for the vision benefit through pre-tax deductions every payroll. The District will contribute 50% towards the overall cost of coverage with participants contributing the remaining 50%. Employee rates are listed below:

Coverage Tier by Plan	Annual Cost			Employee Contribution Per Pay Period	
	Annual Premium	District Portion	Employee Portion	26 Pay	19 Pay
Employee only	\$92	\$46	\$46	\$1.76	\$2.41
Employee plus spouse	\$174	\$87	\$87	\$3.34	\$4.57
Employee plus children	\$182	\$91	\$91	\$3.52	\$4.81
Family	\$268	\$134	\$134	\$5.17	\$7.07
Dependent Veteran Child	\$92	\$0	\$92	\$3.52	\$4.81

## Understanding Your Coverage

Need help understanding how the vision benefit works? Meet ALEX! ALEX is an interactive module that explains your benefit options and how they operate.

Log on to <http://www.myalex.com/districtu46/2018> to start your benefits counseling session with ALEX.





# THE DENTAL PROGRAM

## Eligibility and Enrollment

If you meet the eligibility requirements, you may enroll yourself and your dependents in the dental program. Your dental and medical elections are independent. You have the option to enroll in one of the three medical options and choose not to enroll in the dental option. Or, you may choose not to enroll in one of the three medical options, but choose to enroll in the dental option. In addition, you may select different coverage levels for each benefit option, such as, family coverage for medical and employee only for dental. There is one dental program that you may elect, and it is a PPO administered by United Healthcare.

Participation in the dental program is voluntary. If you were enrolled in the dental plan in 2017, you must click the “No Changes” button next to the dental section during Open Enrollment to retain your coverage for 2018. If you were not enrolled in 2017, you will be automatically enrolled in single Dental coverage for 2018 unless you waive coverage or make a positive election for a different level of coverage in Munis Self-Service.

## Dental Plan Design

Below is a brief summary of the dental benefits:

Benefit Type	Coverage Level
Annual Benefit Limitation	\$2,000 per person
Preventive Care	
Annual Deductible	No deductible
Coverage Level	100%*
Restorative, Major & Orthodontic Care	
Annual Deductible	\$25 per person \$75 per family
Restorative Coverage	80%*
Major	50%*
Orthodontia	50%*
Lifetime Orthodontia Maximum	\$2,000 per person



\*Patients may see either a network dentist or an out-of-network dentist. However, the amount paid by the plan to an out-of-network dentist will be based upon 90% of the Reasonable and Customary charge for that service. If a network dentist is used, the patient is not responsible for charges exceeding the network-allowed fees.

Providers in the School District U-46 Dental Plan can be viewed at:

<http://dbp.optum.com/content/dental-benefits-provider/en.html.html>

Select “Provider Search” and then enter “National Options PPO 30” as the network.

## A Healthy Mouth is the Key to a Healthy Body

Do not wait until you experience pain or notice a problem with your teeth and gums to visit a dentist - start now! The District covers preventative care at 100%, and studies show that practicing good dental care can have positive effects on your overall health.

Being proactive about your dental care lowers the chance that you will suffer from gum disease and dental cavities. Gum disease has been linked to more serious health consequences, including:

- Diabetes,
- Heart Disease,
- Premature birth,
- Low birth weight babies, and
- Preeclampsia.

## Prenatal Dental Care Program

Understanding that there are severe negative consequences to poor dental hygiene, United Healthcare has created the Prenatal Dental care program, a special benefit for expectant mothers throughout their pregnancy and the first three months following delivery. This program provides extra coverage for specific dental services, including:

- Dental cleanings,
- Deep scaling (non-surgical gum treatment), and
- Periodontal (gum) maintenance.

**These services are covered at 100%, and do not apply toward your annual maximum, and do not apply toward your deductible.**

Visit ALEX for more information about your dental benefits at [www.myalex.com/districtu46/2018](http://www.myalex.com/districtu46/2018)

## Visit myuhcdental.com!

To locate a dentist, review your coverage, check your dental claims, and learn more about oral health and dental treatments, visit myuhcdental.com. Additionally, you can compare costs using the Cost Estimator.

The calculator provides true prices for dental treatment costs based on your individual plan. You can compare costs and learn about any plan limits and, most importantly, you can see what your out-of-pocket costs will be, so you can plan ahead and avoid surprises.

## Dental Rates for Active Employees for 2018

For employee only coverage, the District will cover the entire cost of the dental benefit for full time employees. The remaining coverage tiers involve an element of cost sharing on behalf of the participant.

Coverage Tier by Plan	Annual Cost			Employee Contribution Per Pay Period	
	Annual Premium	District Portion	Employee Portion	26 Pay	19 Pay
Employee only	\$624	\$624	\$0	\$0.00	\$0.00
Employee plus spouse	\$1,284	\$624	\$660	\$25.30	\$34.62
Employee plus children	\$1,080	\$624	\$456	\$17.34	\$23.74
Family	\$1,788	\$624	\$1,164	\$44.57	\$60.99
Dependent Veteran Child	\$624	\$0	\$624	\$24.00	\$32.84

# SUPPLEMENTAL LIFE INSURANCE

Supplemental life insurance will be offered to eligible employees through Reliance Standard Life Insurance Company ("RSLI"). Employees will pay for this coverage through convenient after-tax payroll deductions.

## Your Options

Coverage selected that does not require Proof of Good Health will be effective January 1, 2018. Existing coverage will automatically continue unless changed, but you must click the "No Changes" button next to your election in Munis Self Service. Rates are based on the age of the enrollee (i.e., employee or spouse) as of January 1, 2018. Employees must enroll in at least the same level of coverage for themselves as they do for their spouse. There are two types of coverage – a death benefit and an accidental death & dismemberment benefit. The coverage is portable, meaning you can continue coverage at attractive rates (with some limitations), if you leave the District or retire. **Proof of good health may be required for certain levels of coverage.**

**Employee Coverage.** Supplemental life allows you to purchase coverage in \$10,000 increments up to \$400,000. Proof of Good Health is not required for existing coverage, but is required for new coverage amounts in excess of \$10,000. Proof of good health is not required for increases of \$10,000 if the overall total amount of coverage is less than \$250,000.

**Spousal Coverage.** Spousal coverage is available in \$10,000 increments to a maximum of \$250,000. Proof of Good Health is required for coverage amounts in excess of \$10,000. Proof of Good Health is not required for existing coverage or for increases of \$10,000 if the overall total amount of coverage is less than \$50,000. You must enroll in supplemental coverage yourself at a volume equal to or more than your spouse's volume of coverage in order to enroll your spouse in spousal life.

## INCREASE YOUR COVERAGE BY \$10,000 WITHOUT PROVIDING EOI!

For 2018, eligible employees can enroll or increase their current coverage level or that of their spouse by \$10,000 without providing Proof of Good Health/Evidence of Insurability, as long as that \$10,000 increase does not raise their coverage above the Guaranteed Issue levels of \$250,000 (for employees) or \$50,000 (for spouses)

**Dependent Coverage.** Coverage for dependent children to age 26 is available if supplemental employee coverage is elected. The premium of \$2.00 per month provides \$10,000 of coverage to all eligible dependent children. If you have one or more children, your premium is \$2.00 per month. (The benefit is limited to \$1,000 for children between 14 days and 6 months old). If your spouse works for the District, children may be covered only once under either you or your spouse.

## What is Proof of Good Health/Evidence of Insurability?

This RSLI form will ask information about you or your spouse's medical condition(s) and other factors that may affect insurability. You will be required to provide proof of good health, also known as evidence of insurability, to receive supplemental life insurance if:

- You did not elect supplemental life insurance last year or at your hire date during 2017, and you wish to enroll for more than \$10,000 for yourself and/or \$10,000 for your spouse.
- You enrolled in supplemental life insurance last year, but would like to increase your existing coverage to an amount greater than \$10,000 for yourself and/or your spouse.
- The \$10,000 increase raises coverage at or above the guaranteed issue amount of \$250,000 for employee and \$50,000 for spouse.

The Evidence of Insurability form may be downloaded from the Open Enrollment website, or on the HR Benefits page - [http://www.u-46.org/files/VWGA4/d0c17fde32fcb6363745a49013852ec4/EOI\\_Supp\\_Spouse\\_Life.pdf](http://www.u-46.org/files/VWGA4/d0c17fde32fcb6363745a49013852ec4/EOI_Supp_Spouse_Life.pdf)

If you have a qualifying life event, you may be required to provide proof of good health for certain levels of coverage. Qualifying life events include marriage, the birth of a child, etc. The enrollment must occur within 31 days of the qualifying life event.



## How to Enroll or Change My Coverage

Employees must enroll for these benefits through the Munis Self Service website during the Open Enrollment period.

## Supplemental Life Insurance Rates

The rates for supplementary life insurance are as follows:

Supplemental Life Insurance Rates	
Age of Employee and/or Spouse	Rate Per Month Per \$10,000
<30	\$0.70
30-34	\$0.70
35-39	\$0.80
40-44	\$0.90
45-49	\$1.10
50-54	\$1.30
55-59	\$1.80
60-64	\$3.00
65-69	\$4.40
70-74	\$8.00
75-79	\$13.10
80+	\$35.30
Child(ren)	\$2.00



# HSAs AND FSAs

## THE HSA PROGRAM

### Who is Eligible for a Health Savings Account (“HSA”)?

If you are a participant in the Silver + HSA or the Gold + HSA, you are eligible for the District’s Health Savings Account “HSA,” and you are not eligible for the health care FSA. (The PPO Plan participants are not eligible for a HSA.)

	Silver + HSA	Gold + HSA
<b>Single Coverage</b>		
Legal Contribution Maximum	\$3,450	\$3,450
District Contribution	\$480	\$600
<b>Your Contribution Maximum</b>	<b>\$2,970</b>	<b>\$2,850</b>
<b>Family Coverage</b>		
Legal Contribution Maximum	\$6,900	\$6,900
District Contribution	\$960	\$1,200
<b>Your Contribution Maximum</b>	<b>\$5,940</b>	<b>\$5,700</b>

### What is an HSA?

The Gold + HSA and the Silver + HSA (both Consumer Driven Health Plans) give you the option of opening a health savings account (HSA), if you are eligible. An HSA is a personal bank account that you own. You can use it to save money, free of federal income tax, to pay for qualified medical expenses. When you have medical expenses, including those that may apply to your annual deductible, you can choose to pay for them using the money in your HSA. Or, you can save the money for a future need — even into retirement. It’s your choice.

### Using Your HSA

You can decide how and when to use these funds. You can either use them to pay for current health care expenses, or save them for future needs. HSA account balances can be used for yourself, your spouse and/or dependent children. *[Please note the HSA rules were not amended by Health Care Reform to allow medical expenses for non-dependent children under age 27 to be reimbursed tax-free from a parent’s HSA. So, if you have a non-dependent child under age 27 enrolled as an Adult Child in the health plan, out-of-pocket expenses related to that non-dependent Adult Child are not eligible for reimbursement from your HSA.]*

Any amounts that are used for expenses not considered qualified medical expenses are subject to a 20% tax penalty.

If you die with a balance remaining in your HSA, the account can be used by your spouse as if it were his/her own. If you are not married, the HSA will pass on to your beneficiary and be subject to applicable taxes.

**Medicare Covered Individuals-** Individuals can still enroll in Medicare after opening an HSA and you may continue to use the funds in your HSA for qualified medical expenses. However, contributions to one’s HSA account are no longer allowed after beginning Medicare coverage.

### Future Enrollment or Job Changes

Changes to your personal status including: job changes, marital and medical coverage changes or becoming unemployed will not affect the status of your HSA. However, you must be enrolled in the Gold + HSA or Silver + HSA plan at the time that the District makes its employer contributions to qualify for the employer contribution.

### HSA Balance Carries Over to Next Year!

If you have a balance remaining in your HSA at the end of a calendar year, the money rolls over to the next year like the balance of traditional savings accounts. There is no minimum amount that is required to be spent on a yearly basis.

### Convenient Access to Your Account Funds

Your HSA comes with a Health Savings Account Debit Mastercard. It’s an easy way for you to pay for any qualified out-of-pocket expenses. You may also order checks, but there is an additional charge.



## HSA Eligible Expenses

Most medical care and services, dental and vision care and prescription drugs are considered qualified medical expenses. HSA distributions used to pay insurance premiums will not be tax-free unless they are used for COBRA or USERRA coverage, qualified long-term care insurance, health insurance maintained while you are receiving unemployment compensation, or health insurance for you after age 65 (other than a Medicare supplemental policy).

The Internal Revenue Service (IRS) decides which expenses can be paid from an HSA, which also include, but are not limited to, deductibles, copayments and medications. The IRS can modify the list at any time. See the list below for expenses that are eligible for purchase using an HSA. **This is not a complete list.**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>▪ Acupuncture</li> <li>▪ Alcoholism treatment</li> <li>▪ Ambulance</li> <li>▪ Annual physical examination</li> <li>▪ Artificial limbs</li> <li>▪ Artificial teeth</li> <li>▪ Bandages</li> <li>▪ Body scan</li> <li>▪ Braille books and magazines</li> <li>▪ Breast pumps and supplies</li> <li>▪ Breast reconstruction surgery</li> <li>▪ Car (for special equipment for use of a person with a disability)</li> <li>▪ Chiropractor</li> <li>▪ Christian science practitioner</li> <li>▪ Contact lenses and solutions</li> <li>▪ Crutches</li> <li>▪ Dental treatments including x-rays, cleanings, fillings, braces, and tooth removals</li> <li>▪ Diagnostic devices</li> <li>▪ Disabled dependent care expenses</li> <li>▪ Doctor's office visits and procedures</li> <li>▪ Drug addiction treatment</li> <li>▪ Drug prescriptions</li> <li>▪ Eyeglasses, eye surgery, and vision exams</li> <li>▪ Fertility treatment</li> </ul> | <ul style="list-style-type: none"> <li>▪ Guide dog or other service animal</li> <li>▪ Health insurance premiums for COBRA plans, long-term care insurance, and health continuation insurance while receiving unemployment benefits</li> <li>▪ Hearing aids and batteries</li> <li>▪ Home care</li> <li>▪ Home improvements made to accommodate a person with a disability</li> <li>▪ Hospital services</li> <li>▪ Intellectually and developmentally disabled, special home for</li> <li>▪ Laboratory fees</li> <li>▪ Lead-based paint removal</li> <li>▪ Learning disability</li> <li>▪ Legal fees for qualified long-term care services (limited)</li> <li>▪ Over-the-counter drugs and items only if prescribed by a doctor</li> <li>▪ Physical therapy</li> <li>▪ Psychiatric care if the expense is for mental health care provided by a psychiatrist, psychologist or other licensed professional</li> <li>▪ Special education for learning disabilities</li> <li>▪ Speech therapy</li> </ul> | <ul style="list-style-type: none"> <li>▪ Stop-smoking programs including nicotine gum or patches</li> <li>▪ Surgery, excluding cosmetic surgery</li> <li>▪ Vasectomy</li> <li>▪ Vision correction surgery</li> <li>▪ Weight-loss program, if it is a treatment for a specific disease diagnosed by a physician</li> <li>▪ Women's care including abortion, birth control pills, pregnancy test kit</li> <li>▪ Wheelchair</li> <li>▪ Wig</li> </ul> |
|--|---|--|

**These are some common health care services and expenses that are NOT ELIGIBLE.**

- Costs or expenses reimbursed from another source
- Cosmetic surgery
- Diaper service
- Electrolysis or hair removal
- Health club dues
- Household help
- Maternity clothes
- Nutritional supplements for general good health
- Over-the-counter drugs not prescribed (excluding insulin)
- Personal use items, such as toothbrush, toothpaste, etc.

## Optum Bank HSA Account Options

United Healthcare's banking partner for Health Savings Accounts – Optum Bank – delivers a simpler and more personal experience through an innovative approach that allows you to customize your HSA to closely match your health care spending, savings patterns and overall financial philosophy.

Optum Bank offers the following account options to serve your United Healthcare Definity HSA plan:

- **Option #1 - OptumHealth eAccess HSA** — Low-cost HSA designed for active health care spenders who do not carry a large balance and prefer a lower monthly maintenance fee. No interest is paid on account balances.

*(The eAccess HSA will be the default option for all participants.)*

- **Option #2 - OptumHealth eSaver HSA** — A good choice for a broad range of needs — easy access to pay current expenses, competitive interest rates, moderate fees and the option to invest balances in no-load mutual funds with no additional fee.
- **Option #3 - OptumHealth eInvestor HSA** — Designed for employees with less need to spend now, and who plan to contribute to and grow their HSA balances. Ability to invest more money in mutual funds by paying an additional investment fee.

HSAs offer low monthly fees, in addition to competitive interest rates to help your account grow. A broad range of mutual funds that cover the spectrum of risk and rewards are also available



The table below exhibits the main details of each of the HSA plan options:

Your 3 HSA Account Options <sup>3</sup>			
	Option #1 Health eAccess HSA	Option #2 Health eSaver HSA	Option #3 Health eInvestor HSA
HSA Account Options			
Monthly Maintenance Fee	Waived	\$2.00 – waived if average balance is \$5,000 or more	\$2.00 – waived if average balance is \$5,000 or more
Interest Rate	No interest earned on this account	Tiered interest rate based on account balance	Tiered interest rate based on account balance
Investment Options			
Investment Threshold/Minimum Balance Requirement <sup>1</sup>	\$2,000	\$2,000	\$500
Monthly Investment Fee <sup>2</sup>	\$3	N/A	\$2.50

1. The bank account balance must remain at or exceed the Investment Threshold each time a new investment is made.
2. Investment Fee (where applicable) is only assessed after the establishment of an investment.
3. HSA account options are in effect for 2017 and may be subject to change for 2018.





## Optum Bank Account Fees

The Optum Bank Investment Service is offered to account holders who do not plan to spend their HSA Deposit Account funds on eligible medical expenses in the near future and wish to invest for long-term savings.

The Optum Bank Investment Account gives you the ability to invest for the future in mutual funds, complementing the interest-earning HSA Deposit Account. Like the HSA Deposit Account, investments in mutual funds roll over from year to year, accumulate in a tax-deferred manner, and are portable. To open an investment account, you must accumulate a minimum threshold.

The Optum Bank Investment Account provides you access to a number of mutual fund options, each investing in different types of securities with distinctive risk and return characteristics. Collectively, this selection of mutual funds has been designed to satisfy varied investment objectives and investment time horizons. While the mutual funds available through this service are not FDIC insured and expose investors to the risk of loss of principal, they provide the opportunity to earn higher returns than might be available in the HSA eAccess Deposit Account.

### HSA Balance Can Grow Every Year

If you have a balance remaining in your HSA at the end of a calendar year, the money rolls over to the next year like the balance of traditional savings account. There is no minimum amount that is required to be spent on a yearly basis.



### Account Fees

Remember, by using your Health Savings Account Debit MasterCard, you can avoid many of the fees associated with your HSA. When you use your Debit Card at the point of service, your monthly statements and online account information will show you exactly where you spent your HSA funds.

Some of the typical fees that you may be subject to under the Optum Bank Account are detailed below.

Fee Description	Fee
ATM Withdrawal	\$2.50 per withdrawal*

\* Fee may be subject to change.

**Accounts**

Account Type	Balance	Available Balance
HSA	\$1,041.94	\$6.00
HSA Investments	\$1,035.00	\$0.00

**Links**

- Health Savings Check Up
- Maximize Your Tax Savings

**Balance Summary as of May 10, 2017**

Category	Amount
Current Balance	\$6.00
Current Value	\$1,035.00
Cash Balance	\$6.00
Available Balance	\$6.00
Total Contributions	\$0.00
Contribution Limit	\$3,400.00
Left to contribute	\$3,400.00

**Contributions**

Contributed so far: \$0.00 | Left to contribute: \$3,400.00

**Loading investments summary...**

\* These are estimated amounts that could be different depending on your individual situation. Displayed limits assume a full year of eligibility and are based on the coverage type we have on file for you; please visit the calculator page to view/manage your coverage type. INVESTMENTS ARE NOT FDIC-INSURED, ARE NOT GUARANTEED BY OPTUM BANK AND MAY LOSE VALUE.

## Optum Bank Investment Service

### Optum Bank Investment Service Options

Persons enrolled in an individual or employer-sponsored high-deductible health plan, with an HSA deposit account at Optum Bank, Member FDIC, have the opportunity to invest a portion of their tax-advantaged HSA dollars in well-established mutual funds covering a diverse set of asset classes. The ability to invest in mutual funds provides account holders with more flexibility and choice as they seek to manage their HSA assets.

Mutual Fund	Ticker Symbol	Mutual Fund	Ticker Symbol
<b>Equity</b>		<b>Target Date</b>	
Blackrock Equity Dividend	MDDVX	Schwab Target 2020 Index	SWYLYX
Vanguard S&P 500 Index	VFIAX	Schwab Target 2030 Index	SWYEL
Vanguard Wellington	VWENX	Schwab Target 2040 Index	SWYGX
John Hancock Fundamental Large Cap Core	TAGR	Schwab Target 2050 Index	SWYMX
American Funds Capital World	CWGF	Schwab Target 2060 Index	SWYNX
Vanguard Global Equity	VHGEX	<b>Lifestyle</b>	
Neuberger Berman Genesis	NBGIX	Vanguard LifeStrategy Moderate Growth	VSMGX
T. Rowe Price Blue Chip	TRBCX	Vanguard LifeStrategy Conservative Growth	VSCGX
Fidelity Low-Priced Stock	FLPSX	Vanguard LifeStrategy Growth	VASGX
Oppenheimer Developing Markets	ODMAX	<b>Fixed Income</b>	
Vanguard Total Stock Market Index	VTSAX	Dodge & Cox Income	DODIX
Vanguard Extended Market Index	VEXAX	PIMCO GNMA	PAGNX
Vanguard Equity-Income Inv	VEIRX	PIMCO Low Duration	PTLAX
Vanguard REIT Index	VGSLX	PIMCO Real Return	PRTNX
Vanguard Health Care	VGHAX	Lord Abbett High Yield	LHYAZ
Vanguard Mid Cap Index Inv	VIMAX	<b>Money Market</b>	
Vanguard Small Cap Index Inv	VSMAX	Vanguard Treasury Money Market Fund	VUSXX

For fund information, contact United Healthcare's Customer Service at 800-562-6223.

## THE FLEXIBLE SPENDING ACCOUNT (FSA) PROGRAM

### Who is eligible for an flexible spending account (“FSA”)?

You are eligible for the District’s health care FSA only if you are a participant in the PPO. (Silver + HSA and Gold + HSA participants are not eligible for a health care flexible spending account, *as they have a Health Savings Account.*)

All employees are eligible for a dependent care FSA.

### All Eligible Employees

District U-46 offers two Flexible Spending Accounts (FSAs) to employees: a Health Care Account and a Dependent (Child or Elder) Care Account. FSAs offer you an opportunity to set aside pre-tax money from your paycheck for health-related and dependent care-related expenses. You can elect to contribute to one or both accounts, even if you do not enroll in either the dental or medical plan options.

- **Health Care Account** – can be used for certain medical, dental and vision expenses, prescription drug copays, vision exam and eyeglasses, orthodontia, medical and dental deductibles, copays, and coinsurance, for you and your eligible dependents that are NOT paid for by your health care plans. You may contribute up to \$2,600 to your flexible health care account. The plan allows you to rollover up to \$500 of unused 2017 Health Care FSA contributions to the next year. Be sure to take the rollover into consideration when electing your 2018 Health Care FSA deduction amounts. You cannot rollover FSA funds from 2017 into 2018 if you elect the Gold + HSA or Silver + HSA health plans for 2018. This is due to IRS regulations which prevent you from having an FSA while enrolled in a high deductible health plan.
- **Dependent Care Account** – can be used to reimburse daycare expenses for your children, or for an adult dependent, so you are able to work. You must submit your 2017 dependent care claims by March 15, 2018, or any remainder in your 2017 dependent care account will be forfeited. You may contribute up to \$5,000 if you are married and filing jointly. This account cannot be used for health care expenses and can only be used for your dependents.

### FSA Direct Deposit

To simplify distributions from the District’s Flexible Spending Accounts, employees can elect to have funds automatically distributed from their FSA account to their checking account by electing the direct deposit option. For employees who want to elect this option, log-on to [www.myuhc.com](http://www.myuhc.com) and click on “Claims & Accounts.”

### FSA Automatic Rollover

Employees who elect a Health Care FSA and are also enrolled in the District’s medical and/or dental coverage will benefit from UHC’s automatic rollover feature, which automatically submits any medical, pharmacy or dental expenses to the employee’s Health Care FSA for reimbursement. This timesaving feature eliminates the need for a separate claim form and submission to the FSA. This feature is enabled as of January 1<sup>st</sup> for all Health Care FSA participants, but may be disabled at any time by logging into [www.myuhc.com](http://www.myuhc.com) and clicking on “Claims & Accounts.” Then select the Plan Balances tab, select “Details” next to the account name, and click on “Manage Automatic Payment Settings.”

## FSA Worksheet

When determining how much you would like to contribute to your FSA, you should keep in mind the following:

- You may not make a mid-year change in the amount elected to contribute to a FSA.
- The plan allows you to rollover up to \$500 of unused Health Care FSA contributions to the following year, if you enroll in and contribute to an FSA for the following calendar year.
- Over-the-counter medicines and drugs (other than insulin) are only reimbursable if accompanied by a prescription.

This worksheet can be used to estimate how much you should elect to contribute to your FSA.

Health Care Flexible Spending Account	
Expenses not covered by insurance may include:	
Deductibles, coinsurance or copayments	\$
Dental care (exams, fillings, crowns)	\$
Hearing care (exams, hearing aids, batteries)	\$
Infertility treatment	\$
Insulin and diabetic supplies	\$
Prescription drugs (e.g., cholesterol medications)	\$
Transportation expenses (to receive medical care)	\$
Vision care (exams, contacts, eyeglasses, laser surgery)	\$
Weight loss program (done at doctor's direction to treat an existing disease)	\$
Wheelchairs	\$
<b>Annual Health Care Flexible Spending Account Election</b>	\$





## Additional Ways to Save

### Use the Mail Order Pharmacy!

The United Healthcare's OPTUMRx Mail Service Pharmacy makes it easy to save money and time on maintenance medications you take every day.

You could save money because a 90-day supply of your maintenance medications will be sent, many times, for fewer copayments than at other pharmacies, including retail. **Plus, shipping directly to your home is free.** For example, if a person takes two Tier I and two Tier II maintenance drugs every month for a year, that person would save \$200 by using the Mail Order Pharmacy instead of retail. You may use your pre-tax HSA or FSA for mail order prescriptions.

You can save time because United Healthcare's OPTUMRx Pharmacy eliminates frequent trips to the pharmacy for your maintenance medication refills. In addition, licensed pharmacists check that your order is entered accurately, filled correctly and are available to speak to you directly should you have a question or concern about any prescribed medication.

#### United Healthcare's OPTUMRx Mail Service Pharmacy

**Phone:** 800-562-6223

**Web:** Simply log in to [myuhc.com](http://myuhc.com) and click on "Pharmacies and Prescriptions." From there, click on "OPTUMRx."

### Use an "In-Network" Doctor or Facility

Using an in-network physician and facilities, who have deep discounts, is the most cost efficient way to use your health benefits. Below are the instructions to determine if your physician is in UHC's network.

**If you are not currently a member:**

1. Go to <http://www.welcometouhc.com/>
2. Click on "Find a Doctor/Hospital"
3. Select the "Choice Plus" network
4. Enter your zip code or city, state

Type in a Name, Facility, Specialty or Group Name into the "New Search" bar and click "Go."

**You can also begin your search by selecting physician, specialties, facilities, services or conditions.**

### Use a Premium Designated Provider

The United Healthcare Premium Designated Program recognizes physicians and facilities for meeting quality and cost-efficiency guidelines. The quality criteria come from evidence-based medicine standards and national guidelines published by clinical societies, and input from leading physicians practicing in specialty areas. The cost efficiency evaluation uses population cost and/or episode cost measurement as appropriate, depending on the specialty being assessed.

**Premium Designated Physicians** have been recognized for providing both quality and cost-efficient care to their patients.

- **Quality Designated Physicians** must meet national industry standards of care.
- **Cost Efficiency Designated Physicians** must meet local benchmarks for efficiency in delivering health care.

To find a physician, log onto [www.myuhc.com](http://www.myuhc.com) and click on "Find a Physician or Facility" and locate the premium designated physicians.

### United Healthcare Allies Discount Program

The United Healthcare discount program helps you and/or your family save 10 to 50 percent on many health and wellness purchases not included in your standard health benefit plan. As an enrolled health plan member, you can save even more money by using United Healthcare's health discount program for:

- **Cosmetic dental care** — Cosmetic procedures
- **Alternative care** — Massage therapy and natural medicine
- **Health supplies** — Family, household, medical supplies; beauty and skin care; vitamins and supplements
- **Fitness club membership** — Average monthly cost - \$46, average monthly cost with discount program - \$24.95, **Savings — \$21.05 per month**
- **Teeth whitening** — Average cost - \$330, average cost with discount program - \$270, **Savings - \$60**

**To learn more about the discounts available to you, login to [www.myuhc.com](http://www.myuhc.com) and click on "Extra Programs & Discounts."**

## Use the Drug Pricing Tool

The Drug Pricing Tool lets you search for medications before filling prescriptions at the pharmacy. Pricing is based on your specific benefit plan and will include costs at the OptumRx® Mail Service Pharmacy and local retail pharmacy. The tool will also display any lower cost options to help you to make informed decisions about your medication options.

You can access the Drug Pricing tool by logging on to [www.myuhc.com](http://www.myuhc.com) and selecting the Pharmacies & Prescriptions tab. Click on “Go to OptumRX” then select the Member Tools tab and then “Drug Pricing.”

## Use the Health Care Cost Estimator (myUHC’s Provider Search)

Finding the care you need and knowing your costs ahead of time is easier than ever on [www.myuhc.com](http://www.myuhc.com) or the Health4Me app. In just a few simple steps, you can find a doctor, clinic, hospital or lab that meets your needs. Using multiple search options, you can filter results by location, specialty, quality, costs, services offered and more. You can even see patient ratings. Review your choices before you make appointments to help control spending and choose the level of service you need for your situation.

Here’s how it works:

1. Visit [www.myuhc.com](http://www.myuhc.com) to access the **Provider Search**. On Health4Me you can either search for a provider or access information about costs.
2. Start your search by selecting Medical, then “Care by Condition”. Filter your results using search options including providers, places, conditions or treatments. For example, you can search by condition, like back pain, or treatment, like physical therapy.
3. You can see average costs in your area, estimated costs for specific physicians, estimates of what insurance will cover and your estimated out-of-pocket costs.



Knowing your costs helps make informed choices so you can better manage your health care dollars.

**Get started with finding and pricing care on [www.myuhc.com](http://www.myuhc.com) or the Health4Me app today.**

## Use the Decision Support Tool

With UHC’s Decision Support tool, you have access to evidence-based, objective information and proactive guidance, helping make it easier to avoid unnecessary care which may lead to significant savings.

Decision Support can help:

- Reduce unnecessary services and inefficient care.
- Improve your experience and satisfaction.
- Address the information gap between you and providers.
- Give you more confidence in your health care decisions.

## Use the EAP

All employees are eligible to utilize the District’s Employee Assistance program (EAP). Under the EAP program, members can receive up to 8 free counseling visits per issue. EAP providers are the same as in-network providers for the medical plans, but psychiatrists are not included.

The District’s EAP program offers support for all these concerns and more:

- Anger management
- Child and elder care support
- Compulsive spending or gambling
- Coping with grief and loss
- Dealing with domestic violence
- Depression, stress, and anxiety
- Eating disorders
- Financial and legal advice
- Marital Problems
- Parenting and family problems
- Relationship difficulties
- Substance use and recovery

Your EAP benefit offers a variety of services, from short-term counseling and referrals to more extended care. For 24-hour access to your EAP and Behavioral Health benefit and tools to help you enhance your work, health and life, simply visit [www.liveandworkwell.com](http://www.liveandworkwell.com).

## THE WELLNESS PROGRAM

### Changes to the Wellness Program

For 2018, the following changes will be made to the District's wellness program:

- 1) The wellness activity period to January 1 – December 31, 2018.
- 2) A lump sum payment of \$260 will be made in January 2018 to individuals who met the incentive requirements as of August 31, 2017, under the existing program.
- 3) The payment frequency will be changed to a lump sum payment of \$260 that is payable approximately 2 months after the end of the quarter in which the member completes the wellness tasks. The member must be an active employee at the time of payment. (This lump sum will be reduced for tax withholding.)
- 4) The 2018 wellness tasks will be updated as follows:
  - a. Biometric Screenings will be removed as a task
  - b. Participation in 9 Real Appeal Coaching Sessions will earn a 30% credit in Rally Rewards
  - c. Credit for Annual Physicals will be increased from 35% to 40% credit in Rally Rewards

### No Tracking - Blackout Period

No wellness activities will be recorded during the period of September 1 – December 31, 2017 due to the new incentive measurement period.

### Transition to New Incentive/Measurement Period

For those individuals who completed the wellness activities in effect for the activity period September 1, 2016 – August 31, 2017, you will receive a lump sum payment of \$260 per eligible individual in January 2018 instead of receiving a credit per pay period.

### Timing of Tasks Completion and Incentive Payment

The new activity measurement period will be the calendar year - January 1 – December 31, 2018. Eligible employees who complete the wellness tasks by the quarter end, will receive the incentive payment approximately two months later. For example, if you finish your wellness activities between January 1 and March 31, you will receive a lump sum payment of \$260 in May. You must be an active employee at the time the payment is made to be eligible. Below is a summary of the wellness activity and reward periods.

2017 Transition Period	Activity Period	100% of "Wellness Tasks" Completed By	Estimated Date Incentive (\$260) Applied to Paycheck
9/1/2017 - 12/31/2017 (No tracking/Incentives)	1/1/18 - 12/31/18	3/31/2018	5/31/2018
		6/30/2018	8/31/2018
		9/30/2018	11/30/2018
		12/31/2018	2/28/2019

### Changes to the Wellness Tasks for 2018

Below is a comparison of the 2017 and 2018 wellness tasks.

Name of Activity	2017	2018
Complete your biometric screening	30%	N/A
Annual Physical Exam	35%	40%
Complete Health Survey	35%	30%
Complete Three Rally Missions	30%	30%
Mammography Screening	20%	20%
Cervical Cancer Screening	20%	20%
Colorectal Cancer Screening	20%	20%
Complete a Rally Challenge or Alternative	30%	30%
Use Healthcare Cost Estimator	20%	20%
Use Decision Support Tool	20%	20%
<b>**New**</b> Participate in 9 Real Appeal Coaching Sessions	N/A	30%

## RALLY! ONLINE WELLNESS TOOL

### District U-46 And Rally

District U-46 uses United Healthcare's wellness tracking tool, Rally. Rally assists participants with tracking their completion of the wellness activities. In addition, Rally offers participants custom challenges and programs to engage participants to take an active role to improve their health.

### Track Your Progress

**The Rally Rewards portal is where your progress for qualifying for the U-46 Wellness Premium Incentive is tracked.** For the 2018 plan year, the wellness tracking period started January 1, 2018 and ends on December 31, 2018. Progress is tracked as a percentage, and there are several alternatives to reach 100% completion status. Although some activities are available for everyone, other activities will be customized based on your age and gender. For example, completion of the health survey is worth 35% and the annual physical is worth 40% of your required points. However, only women over 40 years old will see completion of a mammogram as an option for earning points (20%). Overall, the rewards program has been enhanced and expanded, so that there are more alternatives to qualify for a wellness incentive in 2018.

### What is Rally?

Rally is a user-friendly digital experience on [myuhc.com](http://myuhc.com) that will engage you in a new way by using technology, gaming, and social media to support you on your health journey.

With the online Rally Health Survey, personalized missions, rewards, and connections to wearables like Fitbit®, Jawbone®, and more, we make it easier for you to get motivated to be healthier. When you sign up for Rally, the first thing you'll learn is your Rally Health Age, which tells you how your body is feeling right now. Then you can start exploring all the great digital tools that may help you make healthier choices based on your life, schedule, and needs.

### Rally Offers a Personalized Interactive Experience:

- Challenges and Communities
- Missions and Rewards
- Lifestyle Plans
- Intuitive Health Survey

### How is Rally Different from Other Health and Wellness Websites?

The focus of Rally is on your overall health and well-being. Rally goes beyond your physical health and factors in important emotional, financial, social and community connections. Combining these important aspects of your overall well-being may help you manage your health.

### Get Moving With Rally Mobile

Now you can take all the Rally features you love on the go. You can check into Missions, track your steps, see your progress in Challenges, use your Rally Coins, and more - from the palm of your hand.

The Rally app uses the latest mobile technology, letting members track their steps with their phones, analyze their 30-day physical activity, and enjoy super-quick log-ins. They can earn 2X Rally Coins by joining the Mobile Mission of the Month.

It's fun, innovative, and a breeze to use – but the Rally app is more than convenience. Using it can help you learn to make the small changes in your habits that will help you live better and stay healthier.

### Rally Coins

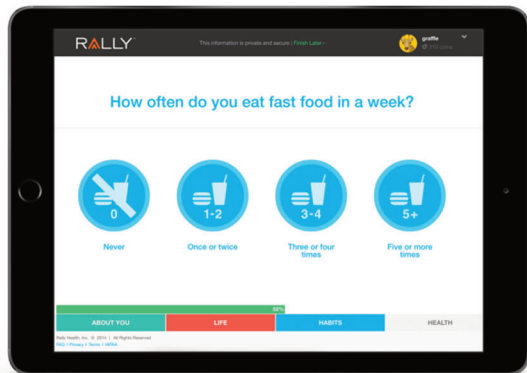
On Rally there are lots of ways to earn Rally coins, which you can use to win great rewards. Rack up coins for joining missions, pushing yourself in a challenge, and even just for logging in every day.



## Health Survey

Rally takes a fresh approach to everything we do, and there are no boring or complicated forms to complete. Your online experience will be simple, visual, and fun.

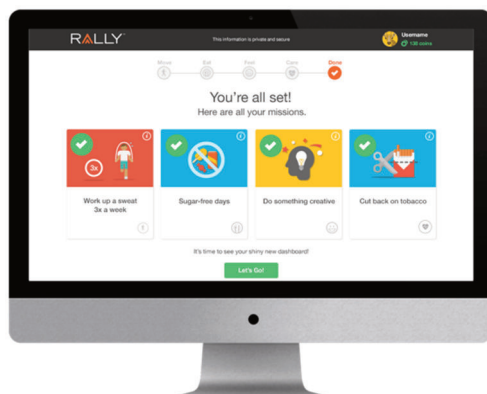
The result? While the average health survey can be a drag, Rally is so awesome that the completion rate is over 95 percent. Rally can offer recommendations custom-tailored to your needs.



## Missions

One of the best ways to make Rally work for you is to join Missions — simple activities you can fit into your daily routine to help you improve your diet, fitness, and mood.

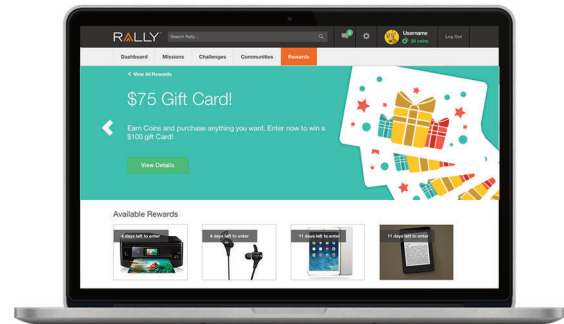
Your responses to the Health Survey allow Rally to recommend Missions designed to create positive and lasting changes. Getting started is easy, and you can level up to more challenging options when you're ready.



## Rewards

Rally believes you should earn rewards for making healthier choices and forming positive habits.

Pretty much everything you can do on Rally — taking the Health Survey, making progress on a Mission, even just logging in each day — will earn Rally Coins, which can be used to enter drawings for cool rewards. There are many chances to enter.



## Challenges

Rally Health lets you challenge yourself! Use a fitness tracking device to log your daily activity on one of our virtual courses and watch as your steps carry you around Chicago! popular

Compete as a team or against the entire Rally Health community. Either way, you'll soon be pushing yourself to walk that extra block as you rack up Rally Coins and — even better — bragging rights.



## Coaching

Your health plan may also give you access to Rally's personal coaching program. United Healthcare offers one-on-one support from certified coaches, to help you achieve your goals with ongoing tips, motivation, and inspiration from a real person.

Coaching sessions can be scheduled online at your convenience, and you can even earn rewards for working with your coach.



## Frequently Asked Questions

Rally puts you in charge of managing your health with a personalized digital experience that includes missions, challenges, and communities. You'll get real-time feedback and ongoing encouragement to help you live your healthiest life.

### 1. WHAT IS A MISSION?

A mission is a customized digital action plan designed to help you improve your life. Mission recommendations are made just for you under four categories: Move, Eat, Feel, and Care.

Each mission is designed to be simple, action-focused and attainable. Missions meet you where you are and help you take small steps toward better health.

### 2. HOW WILL I SEE MY RECOMMENDED MISSIONS?

Rally uses your responses to the Health Survey to determine which missions can be most helpful to you. For example, if you indicate in the survey that you don't exercise regularly, Rally might recommend easier missions in the MOVE category that could benefit your health and are within your reach. You can see your recommended missions by clicking the MISSIONS tab.

### 3. HOW DO I JOIN A MISSION?

**STEP 1:** To join a mission, select the MISSIONS tab at the top of any page in Rally, and click on BROWSE ALL. You'll see the missions RECOMMENDED FOR YOU at the top. In addition to the personal recommendations, you can view all available missions in the MISSIONS gallery.

**STEP 2:** Select the mission(s) you're interested in and click the green JOIN button. Each mission is a little bit different.

**STEP 3:** Some missions may ask you to self-report data or integrate with a device. Set up any dates/times at which you would like to be reminded about your mission. Simply populate the hour and minute squares accordingly. Then click the green SAVE REMINDERS button at the bottom.

### 4. HOW CAN I CHECK IN?

Once you have decided to join a mission, checking in and tracking are a breeze. Some missions require a minimum number of check-ins, so daily check-ins are recommended. If you miss a day or two, no problem. You can check in either from your dashboard or from the mission detail page.

### 5. HOW DO I TRACK MY MISSION PROGRESS?

Once you've joined a mission, you will also be able to track your progress for each week you have completed on the mission detail page. The page will display each day you have checked in and your progress for that day, provided you have reached the goal. You will also be able to see your progress toward the overall goal of completing your mission in four weeks, as indicated by the green check marks at the bottom left of the screen.

### 6. WHAT ARE COINS?

Rally rewards you with "coins" when you complete a task. You can then redeem your coins in a wide variety of sweepstakes for chances to win health- and technology-related prizes, such as fitness trackers, gift cards and more.

### 7. HOW DO I EARN COINS?

You'll earn coins when you complete a task, such as finishing Health Survey chapters or missions. Once you click a topic (challenge, mission, survey or visit), Rally will reveal the details on earning coins. Messages are sent to you when new sweepstakes are available with your earned coins.

## LOCAL FITNESS OPPORTUNITIES

The communities served by School District U-46 offer a number of recreational programs and parks for use of their residents. These programs offer a variety of activities: skiing and snowboarding, swimming, sports leagues and many more. Below is just a sampling:

### THE CENTRE OF ELGIN (100 SYMPHONY WAY, ELGIN)

The Centre of Elgin is the City's foremost recreational facility providing residents with nearly 185,000 square-feet of leisure space. Get fit by joining The Centre's health and fitness club or by signing up for one of The Centre's group exercise classes. For more information visit [www.centreofelgin.org](http://www.centreofelgin.org).

### LIFECENTER HEALTH & FITNESS CLUB (700 S. BARTLETT RD, BARTLETT)

The LIFECENTER Health & Fitness Club offers a variety of fitness membership options to fit your needs. There are also group fitness classes and certified personal trainers available at an additional charge. Health club features include cardiovascular equipment, strength equipment, A.D.A. certified equipment, 3 lane indoor track, a 6 lane 25 yard indoor lap pool & whirlpool spa, locker room, sauna, and towel service. For more information go to [www.lifecenterfitness.org](http://www.lifecenterfitness.org).

### PARK PLACE FITNESS CENTER (550 S PARK BLVD STREAMWOOD)

The Streamwood Park District is administered by the city government of Streamwood in Illinois. The district provides diverse recreational opportunities to residents through the operation and maintenance of parks and facilities. The Streamwood Park District organizes summer day camps and provides after-school care and facility rental services. Its Park Place Family Recreation Center houses a fitness center, indoor pool and track, as well as offers personal training and group fitness classes. For more information go to [www.spdcares.com/programs/fitness/](http://www.spdcares.com/programs/fitness/).

### CENTRE COURT ATHLETIC CLUB (1919 WALNUT AVE, HANOVER PARK)

Centre Court Athletic Club equips suburban citizens with everything they need to get fit and have fun. In addition to a traditional cardio center and weight room, the club also comes equipped with more than a dozen indoor tennis and racquetball courts, which host matches no matter the weather. For more information visit [www.hpparks.org/lessons-and-guides](http://www.hpparks.org/lessons-and-guides).

### MUNICIPAL ANNEX (1 W. STATE ST, SOUTH ELGIN)

The Village of South Elgin offers a variety of fitness classes at the Municipal Annex. Classes include cardio-kickboxing, Zumba, Zumba toning, Zumba kids, and yoga. For more information visit [www.southelgin.com/fitness](http://www.southelgin.com/fitness).

### FOUNTAIN VIEW FITNESS (910 N. GARY AVE, CAROL STREAM)

Fountain View Fitness is a full service center providing a supportive and safe place that brings health and fitness together within the community. Fitness Center members enjoy modern exercise equipment and fitness classes throughout the day. For more information visit [www.csparks.org/fitness-center/](http://www.csparks.org/fitness-center/).

### JOHN B. NORRIS RECREATION CENTER (1050 DUNHAM RD, ST. CHARLES)

The Norris Recreation Center offers 4 Indoor Tennis Courts, 50 Meter Indoor Pool, Cardio/Strength area, Group Fitness & Child Care. Memberships are available. For more information visit [www.norrisrec.org](http://www.norrisrec.org).

### COMMUNITY RECREATION CENTER (505 N. SPRINGSGUTH RD, SCHAUMBURG)

Amenities include a gymnasium, indoor track, treadmills, saunas, rowing machines, free weights, elliptical machines, exercise bikes and much more. The fitness center is available for use by membership or daily use fee. For more information go to [www.parkfun.com/facilities/community-recreation-center](http://www.parkfun.com/facilities/community-recreation-center).

### WILLOW RECREATION CENTER (3600 LEXINGTON DR, HOFFMAN ESTATES)

Willow Recreation Center is open daily and features three regulation size racquetball courts, volleyball, open basketball, a fitness center, and specialty group fitness classes. For more information visit [www.heparks.org/parks-facilities/willow-recreation-center/](http://www.heparks.org/parks-facilities/willow-recreation-center/).

### ARC CENTER (201 W. NATIONAL ST, WEST CHICAGO)

The ARC Center features a fitness center, locker rooms, 3-court gymnasium, Treehouse play area, walking/running track, multipurpose gym, party room, dance studio, spin room, fitness studio and meeting rooms. For more information go to [www.we-goparks.org/arc-center](http://www.we-goparks.org/arc-center).

# OTHER IMPORTANT INFORMATION

## Mid-Year Election Changes

Mid-year changes in family status are events that impact your current benefits. When one of these events occurs, you are allowed to change your benefit elections. The change you make must correspond with the gain or loss of eligibility for coverage and be consistent with the type of status change that occurred.

**After a mid-year change in status occurs, you have 31 days to notify the U-46 Benefits Department (not UHC). If you fail to take action within those 31 days, you must wait until the next Open Enrollment to make changes.**

Below is a list of circumstances that may allow you to make a mid-year change to your benefits:

- Change in legal marital status
- Change in number of dependents
- Change in employment status
- Dependent satisfies or ceases to satisfy the requirements for unmarried dependents
- Involuntary change in a spouse's or parent's benefits coverage
- Loss of eligibility under a parent's benefit plan
- Change due to a court order, such as a qualified medical child support order
- Change due to Medicare or Medicaid qualification for employee, spouse, or dependent
- Change due to an employee qualifying for special enrollment rights provided under HIPAA

## Women's Health and Cancer Rights Act

As required by the Women's Health and Cancer Rights Act of 1989, your medical plan options provide benefits for mastectomy-related services, including reconstruction of a breast on which a mastectomy was performed, surgery and reconstruction of the other breast to achieve symmetry; prostheses and physical complications through all stages of mastectomy, including lymphedemas. Please contact your health care provider for additional information.

## Notice of Privacy Practices

You received by e-mail the District's Privacy Notice regarding the privacy of any personal health information. You can view this notice at [http://www.u-46.org/files/\\_bSBhO\\_/09dfad5a86f44cd23745a49013852ec4/Privacy\\_Note\\_2017.pdf](http://www.u-46.org/files/_bSBhO_/09dfad5a86f44cd23745a49013852ec4/Privacy_Note_2017.pdf) or you may contact the Benefits Department to receive a written copy.

## Notice of Prescription Drug Coverage and Medicare

You received by e-mail the District's Notice of Prescription Drug Coverage and Medicare indicating that the District's prescription drug program is at least equivalent to Medicare Part D. You can view this notice at [http://www.u-46.org/files/\\_gaBN2\\_/4c96986e8aee16413745a49013852ec4/2017\\_Part\\_D\\_Notice\\_of\\_Prescription\\_Drug\\_Coverage.pdf](http://www.u-46.org/files/_gaBN2_/4c96986e8aee16413745a49013852ec4/2017_Part_D_Notice_of_Prescription_Drug_Coverage.pdf) or you may contact the Benefits Department to receive a written copy.

## Notice for Employer-Sponsored Wellness Programs

You received by e-mail the Employer-Sponsored Wellness Programs regarding the privacy of any personal health information. You can view this notice at [http://www.u-46.org/files/\\_bSA3N\\_/40c230fac09e13c13745a49013852ec4/Wellness\\_Note\\_2017.pdf](http://www.u-46.org/files/_bSA3N_/40c230fac09e13c13745a49013852ec4/Wellness_Note_2017.pdf) or you may contact the Benefits Department to receive a written copy.



# Eligibility to Participate in Program

An individual's eligibility for the health care program is based on either a collective bargaining agreement or a Board resolution. In addition, the Affordable Care Act, also known as Health Care Reform has specific guidelines to determine eligibility or the District could be subject to significant penalties.

## How is eligibility determined for health care benefits?

You are eligible for coverage if you are:

- An employee who is covered by a collective bargaining agreement which provides for you to be offered health care benefits; or
- An employee who is not eligible under a collective bargaining agreement, but who works an average of 30 or more hours per week during the Standard Measurement Period. Any paid hours (holidays, sick leave, personal days) are counted as hours worked.

Eligibility for benefits shall also be subject to the additional requirements, if any, specified in the various benefit plans.

## What is the Standard Measurement Period?

The Standard Measurement Period which the District uses is based on pay periods (i.e., October 3 to the following October 2), ending prior to the Plan Year or Stability Period as both terms are defined in the Affordable Care Act.

The District determines hours worked each week during the Standard Measurement Period and divides those hours by 52 to determine the average hours worked during the Standard Measurement Period. (Many hourly employees may not be credited with hours during the District's breaks - i.e., Winter or Spring Break.)

**Union employees.** If you are provided coverage pursuant to a collective bargaining agreement, the Standard Measurement Period calculation is not applicable. It is only applicable to those who do not have coverage through the collective bargaining process.

## But what if I don't work 12 months during the year?

The regulations under the Affordable Care Act established special rules for school districts. If you have a break-in-service for more than 4 weeks, the District disregards that break in service for the calculation. For example, if you don't work during the summer, the denominator is usually 41 weeks rather than 52 weeks.

## Can you give me some examples of how this works?

**Example A:** Jane Doe is a non-union hourly employee who normally works 6 hours per day for 5 days a week when school is in session. Jane is in a position where she is not paid for the Spring Break or Winter Break, but is paid for holidays not occurring during Winter Break. So she worked 38 weeks with 30 hours of service each week and 3 weeks with 0 hours, for a total of 1,140 hours. The 1,140 hours are divided by 41 weeks – the period during the Standard Measurement Period during which she had no break in service, but disregarding the 11 weeks of Summer Break. Therefore, Jane worked only an average of 27.8 hours per week and is not eligible for benefits the next plan year.

**Example B:** Same facts as Example A, but Jane worked an extra 90 hours over the 38 weeks when school was in session. So she had a total of 1,230 hours for an average of 30 hours per week. As a result, Jane is eligible for health care benefits for the next plan year.

**Example C:** Same facts as Example A, but Jane worked 6.5 hours per day for 5 days a week. So, she worked a total of 1,235 hours for an average of 30.1 hours per week. As a result, Jane is eligible for benefits for the next plan year.

**Example D:** Same facts as Example C, but Jane was tardy an average of 0.50 hours per week. So she had worked a total of 1,216 hours for an average of 29.7 hours per week. As a result, Jane is not eligible for benefits for the next plan year.

Just a slight variation in your weekly schedule, due to tardiness or working extra, may affect your eligibility for health care. *Eligibility is based upon your actual hours worked, not the position you hold unless you are covered by a collective bargaining agreement.* So a person who holds the same position as you may be eligible for benefits and you may not be eligible because your average weekly hours varied.



## Eligibility for Medicaid

Certain employees may be eligible for Medicaid. As part of Health Care Reform, Illinois increased the family income threshold to 138% of the federal poverty level, allowing more families to be eligible for Medicaid.

Below are the 2017 federal poverty levels by family size:

Family Size	100% of FPL	138% of FPL
1	\$12,060	\$16,643
2	16,240	22,411
3	20,420	28,180
4	24,600	33,948
5	28,780	39,716
6	32,960	45,485
7	37,140	51,253
8	41,320	57,022
>8	Add \$4,180 for each additional person	Add \$5,768 for each additional person

Even if you are eligible for health care benefits through the District, you may be eligible for more affordable health care plans through Medicaid.

## Individual Mandate for Coverage

Health Care Reform requires most individuals to have health insurance coverage or potentially to pay a penalty for noncompliance. If you can afford health insurance but choose not to buy it, you must pay a fee called the individual shared responsibility payment. The fee for not having health insurance is calculated 2 different ways. You'll pay whichever is higher.

### Percentage of income

- 2.5% of household income (Indexed)
- Maximum: Total yearly premium for the national average price of a Bronze plan sold through the Marketplace

### Per person

- \$695 per adult (Indexed)
- \$347.50 per child under 18 (Indexed)

## Illinois Health Insurance Marketplace

Employees who are not offered medical coverage by the District may enroll in the Illinois Health Insurance Marketplace. The Open Enrollment period for 2018 coverage is November 1, 2017 to January 31, 2018. Coverage can start as early as January 1, 2018.

Individuals who are **not offered** health care coverage through the district and whose household income is between 100% and 400% of the FPL may be eligible for a tax credit or subsidy if they purchase health care coverage through a Health Insurance Marketplace. Also, the Marketplace will tell you if you qualify for free or low-cost coverage available through Medicaid or the Children's Health Insurance Program (CHIP).

**Important! If you are eligible to enroll in the District's plan, you are not eligible to receive a tax credit or subsidy at the Marketplace.**

You may view the marketplace notice on the District's benefit page

[http://www.edline.net/pages/SDU46/Departments\\_Programs/Human\\_Resource/Benefits](http://www.edline.net/pages/SDU46/Departments_Programs/Human_Resource/Benefits).



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## Vendor Contact Information

### United Healthcare

- Phone: Call Customer Care at the number found on the back of your ID card: 877-369-1196  
If you don't have your ID card, call 866-633-2446.
- Web: [www.Myuhc.com](http://www.Myuhc.com)

### United Healthcare's OPTUMRx Mail Service Pharmacy

- Phone: 800-562-6223
- Web: Log in to myuhc.com and click on "Pharmacies and Prescriptions." From there, click on "OPTUMRx."

### HSA - Optum Bank

- Phone: 866-234-8913
- Web: [www.optumbank.com](http://www.optumbank.com)

### FSA

- Phone: 877-311-7849

### Nurseline

- Phone: 877-440-0086

### Rally Technical Support

- Phone: 877-818-5826

### Vision (EyeMed)

- Phone: 866-9EYEMED
- Web: [portal.eyemedvisioncare.com](http://portal.eyemedvisioncare.com)

### Dental (United Healthcare)

- Phone: 877-816-3596
- Web: [www.myuhcdental.com](http://www.myuhcdental.com)

### Life Insurance (Reliance Standard Life Insurance)

- Phone: 800-351-7500
- Web: [www.reliancestandard.com](http://www.reliancestandard.com)

### School District U-46 Benefits Team

- Phone: 847-888-5000, extensions 5026, 5563 or 4264
- Email: [Benefits@U-46.org](mailto:Benefits@U-46.org)

The 2018 Benefits Open Enrollment Guide is an internal publication of School District U-46, Kane, DuPage, and Cook Counties, Illinois, which is published by the Human Resources Department. It is intended solely for employees of the District. Receipt of this publication is not an indication that an employee is eligible for benefits under the District's benefit programs. The Guide is a brief summary of benefits offered by the District for its employees effective January 1, 2018. The applicable plan documents shall govern if there is a discrepancy between this document and the actual provisions of the programs.



# Does picking a health care plan have you stumped?

Before you make your benefits selections this year, be sure to spend a few minutes with ALEX to make sure you're in a plan that's right for you and your family. Getting into the right plan can save you hundreds of dollars per year.

**Talk to ALEX at [www.myalex.com/districtu46/2018](http://www.myalex.com/districtu46/2018)**

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