

**School District U-46
Open Enrollment Guide
2019 Plan Year**

Open Enrollment: Nov 1 – Nov 15, 2018

***Your Benefits Will Not Automatically Renew -
Active Enrollment Required!***

*Engage
Manage
Achieve
A Healthier Life*

Have you talked to alex?



Walk through your options at
www.myalex.com/districtu46/2019

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/districtu46/2019.

Need Additional Assistance? Attend a Live Open Enrollment Meeting!

Or watch a video about 2019 Open Enrollment on the U-46 Benefits webpage at
<http://www.u-46.org/Page/9184>

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

Thursday, November 1, 2018
4:00 P.M. – 5:00 P.M.
Larkin High School
Room A20

Tuesday, November 6, 2018
4:00 P.M. – 5:00 P.M.
Elgin High School
Library

October 22, 2018



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 2019 benefit plans on November 1 and ask that you submit your elections by November 15, 2018. New enrollments and changes become effective January 1, 2019.

Take time to **engage** and **manage** options each year so you can **achieve** a healthy lifestyle for you and your family. 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/districtu46/2019 if you have questions about your benefit plan options. Find out why 92 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 described in 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! Quit smoking! 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 2018, you will need to waive coverage again for 2019. If you do not make an election by November 15th, 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 2019 Benefits Open Enrollment Guide. Should you have any questions, please contact our Benefits Department at benefits@u-46.org.

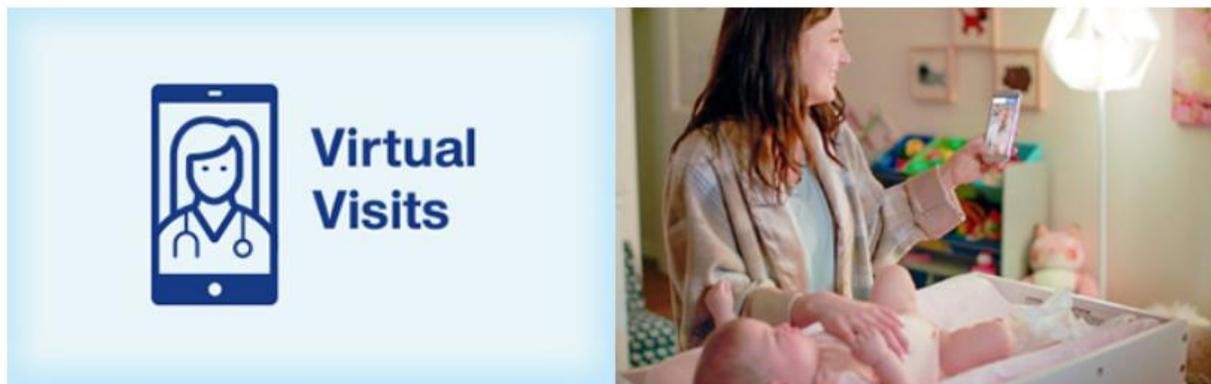
Thank you for all you do for our students and families. I wish you and your families the best of health always.

Sincerely,

A handwritten signature in black ink, appearing to read "Tony Sanders", with a long, sweeping underline.

Tony Sanders
Chief Executive Officer
School District U-46

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The doctor will see you now.

When you need care – anytime day or night – Virtual Visits can be a great option. From treating colds and fevers to caring for migraines and allergies, you can connect with a doctor whenever, wherever.

- Video chat with a doctor on your mobile device, tablet or computer.
- Get a prescription, if needed
- Pay \$50 or less with your District plan

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 Thursday, November 1, 2018 and ends at midnight (CST) on Thursday, November 15, 2018.

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, 2016, 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 1st 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, and (3) dependent veteran child. 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 <https://www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/Dependent%20Definition%202019.pdf>



Do I need to make an election?

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

- **Continuing Your Current 2018 Election** – If you were enrolled in the Silver + HSA, the Gold + HSA, 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.

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/districtu46/2019.



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](https://www.mayoclinic.org/healthy-lifestyle/physical-activity-exercise/expert-answers/walking/faq-20057923)

How Do I Make Open Enrollment Elections Online?

To ensure a fast, convenient, and secure process, make your enrollment elections online. From November 1 through midnight CST November 15, 2018, **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
- 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

Log on 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 in to MUNIS Self-Service or the online enrollment system, 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 contact the Help Desk at x4295 or 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 11/15/2018” 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 2019, 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 Benefits. You must re-enter your total desired coverage amount in the Spouse Life section 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 before November 15th to re-open your enrollment.

After November 15th, 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 2019?

The Medical Program

Effective January 1, 2019, hearing aids will be covered up to \$1,000 per ear, every five years, under the medical program. Hearing aids will be covered at each plan's coinsurance rate shown below after you have met your deductible.

Plan	Coinsurance %
Silver + HSA	70%
Gold + HSA	80%
PPO	80%

PSA screening for prostate cancer will no longer be covered as a preventive benefit after the U.S. Preventive Service taskforce downgraded the screenings to a "D" rating, meaning the USPSTF recommends against the service. The screenings will still be covered under each plan's coinsurance rate after you have met your deductible.

Prescription Program

In order to provide cost savings to participants, as well as the District for 2019, the District will be changing from United Healthcare's Standard Pharmacy Network to United Healthcare's Walgreens Anchored Network. The network includes Walgreens, several mass merchants, regional chains, and grocers, but does not include CVS Pharmacy. The in-network pharmacies are shown below.

Walgreens Anchored Pharmacy Network	
Walgreens Drug Store	Accesshealth Plus
Costco Pharmacies	Fred's Pharmacy
Good Neighbor Pharmacies (Elevate Provider Network)	Genoa A Qol Healthcare Company LLC
HyVee, Inc	Gerimed Ltc Network Inc
Jewel Osco	Kinney Drugs LLC
Mariano's	Kroger, Inc.
Meijer Inc	Nash Finch Company
Walmart Stores Inc	Publix Super Markets Inc
Shopko Stores Operation Co LLC	Rite Aid Corporation
Independent Pharmacy	Safeway, Inc.
Leader Drug Stores	Smiths Food and Drug Center Inc
Accesshealth	Stop And Shop Pharmacy
Arete Pharmacy Network (783)	Abs Llc So Cal And Imw
MHA Long Term Care Network	Providerpay

A specific list of pharmacies in Walgreen's Anchored Network as of September 15, 2018 within 30 miles of Elgin can be found at: <https://www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/Walgreens%20Anchored%20Pharmacy%20Network%202019.pdf>.

After January 1, 2019, you can find a participating pharmacy at myuhc.com.

Participants will also have the option to fill 90-day maintenance prescriptions at Walgreens for the same cost as mail-order.

This option is not available at other Walgreens Anchored Network pharmacies.

Remember: Pharmacy benefits are only offered through network pharmacies.

Dental Program

For 2019, the following changes will be made to the District's dental program:

- Increasing the annual benefit limitation from \$2,000 to \$2,500
- Covering mouth guards for TMJ Disorder and teeth grinding under restorative services (80% coinsurance after deductible)

Wellness Program

On-site biometric screenings through Quest Health will be held in October and November 2018 at various District locations. For more information, and to register, visit my.questforhealth.com.

For 2019, biometric screenings will also be added as a wellness incentive at 30%. **Biometric screenings completed during 2018 (including the fall 2018 on-site screenings) will not count towards your Rally points.**



The District's Health Care Committee, comprised of representatives of six collective bargaining units and the administration, regularly reviews the medical options.

2019 Medical Plan Options

District U-46 offers three medical options which 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.

The three medical options being offered are:

1. **Silver + HSA** – This plan is a PPO Plan with a Health Savings Account (HSA). Participants will receive a District contribution to their HSA. **These employer contributions are deposited in late January 2019.** 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 may contribute more to their HSAs through payroll deduction or directly with Optum Bank.
2. **Gold + HSA** – Participants will receive a 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, after a participant meets the deductible, provides copays for office visits, and pharmacy, and coinsurance for services outside of the physician’s office, emergency room, urgent care, and in-patient services. **This plan is only available to employees who have completed two years of service with the District prior to January 1, 2019.**

All of the plans offer the same services and benefits. The difference among the plans relate to the cost-sharing – deductibles, coinsurance, and copays.

- All three plans offer the same network of providers.
- All three plans have a four-tiered network which includes: 1) premium designated “in-network” providers, 2) non-premium designated in-network providers, 3) a designated provider network for cancer and transplantation services, and 4) out-of-network providers.
- Each plan has a **calendar year deductible** which must be met *before* the plan option will pay for any benefits (with the exception of certain preventive prescriptions under the Gold + HSA and Silver + HSA plans).
- Each plan has an **embedded** calendar year family deductible which is a system that combines individual and family deductibles in a family health benefit plan. When a health plan has embedded deductibles, it just means that a single member of a family doesn't have to meet the full family deductible for after-deductible benefits to kick in.
- Each plan has a **maximum out-of-pocket limit** which is the maximum amount you will pay. Once you reach the maximum out-of-pocket limit, the plan will pay 100% of any remaining health care costs for the calendar year.
- Each plan has an embedded maximum out-of-pocket limit which means that no individual can be required to pay more in annual cost sharing than the self-only out-of-pocket limit, even under a family coverage plan that is subject to a higher overall out-of-pocket maximum.

The chart on the next page describes in general the cost sharing differences among the three medical options. Specific cost sharing is described in the summary plan description for the medical options.

Which Plan has the highest benefit level?

2019 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

Medicare Eligible Individuals

An individual who is age 65 or older and who is *eligible* for Medicare can still contribute to an HSA if *not enrolled* in Medicare. Individuals who are actually enrolled in Medicare cannot contribute to an HSA. However, any funds in an HSA contributed prior to becoming enrolled in Medicare may still be used for qualified medical expenses. See page 34 for more information.

Schedule of Benefits for 2019 (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
District's HSA Contribution						
Individual Coverage	\$480		\$600		N/A	
Family Coverage (any level of dependent coverage)	\$960		\$1,200		N/A	
Calendar Year Deductible						
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
Max. Out-of-Pocket Limit						
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
Wellness Benefits						
Routine Physical Exams	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
Physician Services						
Virtual Office Visit (Telemedicine)	30% after deductible	n/a	20% after deductible	n/a	\$10 visit copay after deductible	n/a
Office Visits to Primary Care Physician	30% after deductible	50% after deductible	20% after deductible	50% after deductible	\$30 visit copay after deductible	50% after deductible
Specialist Office Visits (Premium/Non-Premium)	20%/30% after deductible	50% after deductible	10%/20% after deductible	50% after deductible	\$40/\$50 visit copay after deductible	50% after deductible
Physician Services for Inpatient Facility and Hospital Visits (Premium/Non-Premium)	20%/30% after deductible	50% after deductible	10%/20% after deductible	50% after deductible	10%/20% after deductible	50% after deductible
Emergency Services						
Emergency/Non-Emergency Care in a Hospital Emergency Room	30% after deductible		20% after deductible		20% after deductible	
Urgent Care Services						
Urgent Medical Care (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
Outpatient Surgery, Diagnostic and Preoperative Testing	30% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Inpatient Facility Expenses						
Hospital Facility Expenses	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 includes a wide range of oral and injectable medication therapies to treat complex and chronic conditions.

2019 Pharmacy Program						
Tier	Retail (1 month)			Mail Order/90-Day Retail (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 you can get certain preventive medications at separate copay levels based on the medication’s tier. For a list of preventive medications for 2018 that meet the federal guidelines, see <https://www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/Preventive%20Drug%20List%202018.pdf>. The 2019 list (which will likely be similar to the 2018 list) will be posted as soon as available.

Changes in Pharmacy Network

Beginning January 1, 2019, the District will be changing from United Healthcare’s Standard Pharmacy Network to United Healthcare’s Walgreens Anchored Network. Pharmacies in the Walgreens Anchored Network are shown below.

Walgreens Anchored Network	
Walgreens Drug Store	Accesshealth Plus
Costco Pharmacies	Fred’s Pharmacy
Good Neighbor Pharmacies (Elevate Provider Network)	Genoa A Qol Healthcare Company LLC
HyVee, Inc	Gerimed Ltc Network Inc
Jewel Osco	Kinney Drugs LLC
Mariano’s	Kroger, Inc.
Meijer Inc	Nash Finch Company
Walmart Stores Inc	Publix Super Markets Inc
Shopko Stores Operation Co LLC	Rite Aid Corporation
Independent Pharmacy	Safeway, Inc.
Leader Drug Stores	Smiths Food and Drug Center Inc
Accesshealth	Stop And Shop Pharmacy
Arete Pharmacy Network (783)	Abs Llc So Cal And Imw
MHA Long Term Care Network	Providerpay

A specific list of pharmacies in Walgreen’s Anchored Network within 30 miles of Elgin as of September 15, 2018, can be found at <https://www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/Walgreens%20Anchored%20Pharmacy%20Network%202019.pdf>. After January 1, 2019, you can find a list of pharmacies in the Walgreen’s Anchored Network at www.myuhc.com.

Remember: Pharmacy benefits are only offered through network pharmacies.

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.

90-DAY RETAIL PHARMACY!
 You now have the option to fill 90-day prescriptions at Walgreens for the same cost as mail order.

Medical Rates for Active Employees for 2019 – 10% for DUEA (Para Educators) and ETA (Teachers*)

Coverage Tier by Plan	Annual Cost			Employee Contribution Per Deduction	
	Annual Premium	District Portion	Employee Portion	26 Deductions	19 Deductions
Silver + HSA					
Employee only	\$4,728	\$4,255	\$473	\$18.19	\$24.89
Employee plus spouse	\$9,696	\$8,726	\$970	\$37.31	\$51.05
Employee plus children	\$8,136	\$7,322	\$814	\$31.31	\$42.84
Family	\$13,476	\$12,128	\$1,348	\$51.85	\$70.95
Dependent Veteran Child	\$4,728	\$0	\$4,728		
Gold + HSA					
Employee only	\$9,192	\$8,273	\$919	\$35.35	\$48.37
Employee plus spouse	\$18,840	\$16,956	\$1,884	\$72.46	\$99.16
Employee plus children	\$15,804	\$14,224	\$1,580	\$60.77	\$83.16
Family	\$26,184	\$23,566	\$2,618	\$100.69	\$137.79
Dependent Veteran Child	\$9,192	\$0	\$9,192		
PPO Plan					
Employee only	\$8,784	\$7,906	\$878	\$33.77	\$46.21
Employee plus spouse	\$18,000	\$16,200	\$1,800	\$69.23	\$94.74
Employee plus children	\$15,108	\$13,597	\$1,511	\$58.12	\$79.53
Family	\$25,020	\$22,518	\$2,502	\$96.23	\$131.68
Dependent Veteran Child	\$8,784	\$0	\$8,784		
Dental Plan					
Employee only	\$684	\$684	\$0	\$0.00	\$0.00
Employee plus spouse	\$1,404	\$684	\$720	\$27.69	\$37.89
Employee plus children	\$1,176	\$684	\$492	\$18.92	\$25.89
Family	\$1,956	\$684	\$1,272	\$48.92	\$66.95
Dependent Veteran Child	\$684	\$0	\$684	\$26.31	\$36.00
Vision Plan					
Employee only	\$91	\$46	\$46	\$1.76	\$2.41
Employee plus spouse	\$174	\$87	\$87	\$3.34	\$4.57
Employee plus children	\$183	\$91	\$91	\$3.52	\$4.81
Family	\$269	\$134	\$134	\$5.17	\$7.07
Dependent Veteran Child	\$91	\$0	\$91	\$3.52	\$4.81

*Part-time teachers pay pro-rated premiums based on FTE. Contact the Benefits Department for more information and specific part-time rates.

Medical Rates for Active Employees for 2019 – 12% for DUSA (Secretaries)

Coverage Tier by Plan	Annual Cost			Employee Contribution Per Deduction	
	Annual Premium	District Portion	Employee Portion	26 Deductions	19 Deductions
Silver + HSA					
Employee only	\$4,728	\$4,161	\$567	\$21.81	\$29.84
Employee plus spouse	\$9,696	\$8,532	\$1,164	\$44.77	\$61.26
Employee plus children	\$8,136	\$7,160	\$976	\$37.54	\$51.37
Family	\$13,476	\$11,859	\$1,617	\$62.19	\$85.11
Dependent Veteran Child	\$4,728	\$0	\$4,728		
Gold + HSA					
Employee only	\$9,192	\$8,089	\$1,103	\$42.42	\$58.05
Employee plus spouse	\$18,840	\$16,579	\$2,261	\$86.96	\$119.00
Employee plus children	\$15,804	\$13,908	\$1,896	\$72.92	\$99.79
Family	\$26,184	\$23,042	\$3,142	\$120.85	\$165.37
Dependent Veteran Child	\$9,192	\$0	\$9,192		
PPO Plan					
Employee only	\$8,784	\$7,730	\$1,054	\$40.54	\$55.47
Employee plus spouse	\$18,000	\$15,840	\$2,160	\$83.08	\$113.68
Employee plus children	\$15,108	\$13,295	\$1,813	\$69.73	\$95.42
Family	\$25,020	\$22,018	\$3,002	\$115.46	\$158.00
Dependent Veteran Child	\$8,784	\$0	\$8,784		
Dental Plan					
Employee only	\$684	\$684	\$0	\$0.00	\$0.00
Employee plus spouse	\$1,404	\$684	\$720	\$27.69	\$37.89
Employee plus children	\$1,176	\$684	\$492	\$18.92	\$25.89
Family	\$1,956	\$684	\$1,272	\$48.92	\$66.95
Dependent Veteran Child	\$684	\$0	\$684	\$26.31	\$36.00
Vision Plan					
Employee only	\$91	\$46	\$46	\$1.76	\$2.41
Employee plus spouse	\$174	\$87	\$87	\$3.34	\$4.57
Employee plus children	\$183	\$91	\$91	\$3.52	\$4.81
Family	\$269	\$134	\$134	\$5.17	\$7.07
Dependent Veteran Child	\$91	\$0	\$91	\$3.52	\$4.81

Medical Rates for Active Employees for 2019 – 15% for Administrators, Classified Staff, DUTU (Transportation), SEIU (Food Service), and ESSO (Plant Operations)

Coverage Tier by Plan	Annual Cost			Employee Contribution Per Deduction	
	Annual Premium	District Portion	Employee Portion	26 Deductions	19 Deductions
Silver + HSA					
Employee only	\$4,728	\$4,019	\$709	\$27.27	\$37.32
Employee plus spouse	\$9,696	\$8,242	\$1,454	\$55.92	\$76.53
Employee plus children	\$8,136	\$6,916	\$1,220	\$46.92	\$64.21
Family	\$13,476	\$11,455	\$2,021	\$77.73	\$106.37
Dependent Veteran Child	\$4,728	\$0	\$4,728		
Gold + HSA					
Employee only	\$9,192	\$7,813	\$1,379	\$53.04	\$72.58
Employee plus spouse	\$18,840	\$16,014	\$2,826	\$108.69	\$148.74
Employee plus children	\$15,804	\$13,433	\$2,371	\$91.19	\$124.79
Family	\$26,184	\$22,256	\$3,928	\$151.08	\$206.74
Dependent Veteran Child	\$9,192	\$0	\$9,192		
PPO Plan					
Employee only	\$8,784	\$7,466	\$1,318	\$50.69	\$69.37
Employee plus spouse	\$18,000	\$15,300	\$2,700	\$103.85	\$142.11
Employee plus children	\$15,108	\$12,842	\$2,266	\$87.15	\$119.26
Family	\$25,020	\$21,267	\$3,753	\$144.35	\$197.53
Dependent Veteran Child	\$8,784	\$0	\$8,784		
Dental Plan					
Employee only	\$684	\$684	\$0	\$0.00	\$0.00
Employee plus spouse	\$1,404	\$684	\$720	\$27.69	\$37.89
Employee plus children	\$1,176	\$684	\$492	\$18.92	\$25.89
Family	\$1,956	\$684	\$1,272	\$48.92	\$66.95
Dependent Veteran Child	\$684	\$0	\$684	\$26.31	\$36.00
Vision Plan					
Employee only	\$91	\$46	\$46	\$1.76	\$2.41
Employee plus spouse	\$174	\$87	\$87	\$3.34	\$4.57
Employee plus children	\$183	\$91	\$91	\$3.52	\$4.81
Family	\$269	\$134	\$134	\$5.17	\$7.07
Dependent Veteran Child	\$91	\$0	\$91	\$3.52	\$4.81

HEALTH SAVINGS ACCOUNTS

What is an HSA?

An HSA is a **personal bank savings account that you own** that offers significant tax savings if you use the funds for eligible medical expenses. The contributions you make to an HSA are not subject to any federal or Illinois income or employment taxes when contributed, the interest you earn on the account is accumulated tax-free, and any withdrawals used for eligible medical expenses are tax-free.

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. Funds in your HSA never expire.

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

If you are an active employee in the Silver + HSA or the Gold + HSA and are otherwise eligible according to federal law, you are eligible for the District’s Health Savings Account (“HSA”).

Federal law states that a person is eligible for an HSA if,

- 1) In any month, the person is covered under a high deductible health plan (HDHP) (such as the Silver + HSA and the Gold + HSA plans offered by the District) as of the first day of the month; and
- 2) While covered under a high deductible health plan, the person is not covered under any other health plan -
 - a) That is not a high deductible health plan; and
 - b) That provides coverage for any benefit that is covered under the HDHP plan which he/she is enrolled.

Medicare Eligible Individuals - An individual who is age 65 or older and who is *eligible* for Medicare can still contribute to an HSA if not *enrolled* in Medicare.

Individuals who are actually *enrolled* in Medicare cannot contribute to an HSA. However, any funds in an HSA contributed prior to becoming enrolled in Medicare may still be used for qualified medical expenses. Please see page 34 for more information.

How much can I contribute to an HSA?

Federal law limits the amount one can contribute to an HSA. The below chart describes the annual limits for 2019 if you are enrolled in a HDHP all twelve months. If not, the annual limit is pro-rated based on the number of months enrolled in a HDHP.

	Silver + HSA	Gold + HSA
Single Coverage		
Legal Contribution Maximum*	\$3,500	\$3,500
District Contribution	\$480	\$600
Your Contribution Maximum	\$3,020	\$2,900
Family Coverage		
Legal Contribution Maximum*	\$7,000	\$7,000
District Contribution	\$960	\$1,200
Your Contribution Maximum	\$6,040	\$5,800

**Individuals 55 and older are also eligible for a \$1,000 catch-up contribution*

To receive a District contribution to your HSA, you must be an active employee at the time the District contribution is made.

You can elect to make your own personal contributions through convenient payroll deductions. If you contribute to a 403(b) or 457 program, you may want to consider contributing the maximum to your HSA first as an HSA offers significant tax savings and can be invested once you accumulate sufficient funds.

How can I use my 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: If you have a non-dependent child under age 27 enrolled as a Qualifying Child in the health plan, out-of-pocket expenses related to that non-dependent Qualifying Child are not eligible for reimbursement from your HSA in accordance with federal law.]

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.

What are HSA qualified medical 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 some expenses that are eligible for purchase using an HSA. **This is not a complete list.**

- Acupuncture
- Alcoholism treatment
- Ambulance
- Annual physical examination
- Artificial limbs
- Artificial teeth
- Bandages
- Body scan
- Braille books and magazines
- Breast pumps and supplies
- Breast reconstruction surgery
- Car (for special equipment for use by a person with a disability)
- Chiropractor
- Christian science practitioner
- Contact lenses and solutions
- Crutches
- Dental treatments including x-rays, cleanings, fillings, braces, and tooth removals
- Diagnostic devices
- Disabled dependent care expenses
- Doctor's office visits and procedures
- Drug addiction treatment
- Drug prescriptions
- Eyeglasses, eye surgery, and vision exams
- Fertility treatment
- Guide dog or other service animal
- Health insurance premiums for COBRA plans, long-term care insurance, and health continuation insurance while receiving unemployment benefits
- Hearing aids and batteries
- Home care
- Home improvements made to accommodate a person with a disability
- Hospital services
- Intellectually and developmentally disabled, special home for
- Laboratory fees
- Lead-based paint removal
- Learning disability
- Legal fees for qualified long-term care services (limited)
- Over-the-counter drugs and items only if prescribed by a doctor
- Physical therapy
- Psychiatric care if the expense is for mental health care provided by a psychiatrist, psychologist or other licensed professional
- Special education for learning disabilities
- Speech therapy
- Stop-smoking programs including nicotine gum or patches
- Surgery, excluding cosmetic surgery
- Vasectomy
- Vision correction surgery
- Weight-loss program, if it is a treatment for a specific disease diagnosed by a physician
- Women's care including abortion, birth control pills, pregnancy test kit
- Wheelchair
- Wig

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.

How can I access my HSA funds?

Your HSA comes with a Health Savings Debit Mastercard. It is 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.

There is also the option to make a payment directly from the Optum Bank website – www.optumbank.com . Just login and click on the “Make a Payment” link.

What are my 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 ³			
	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 Requirement¹	\$2,000	\$2,000	\$500
Monthly Investment Fee²	\$3.00	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 2018 and may be subject to change for 2019.

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

Are there fees associated with the HSA?

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.



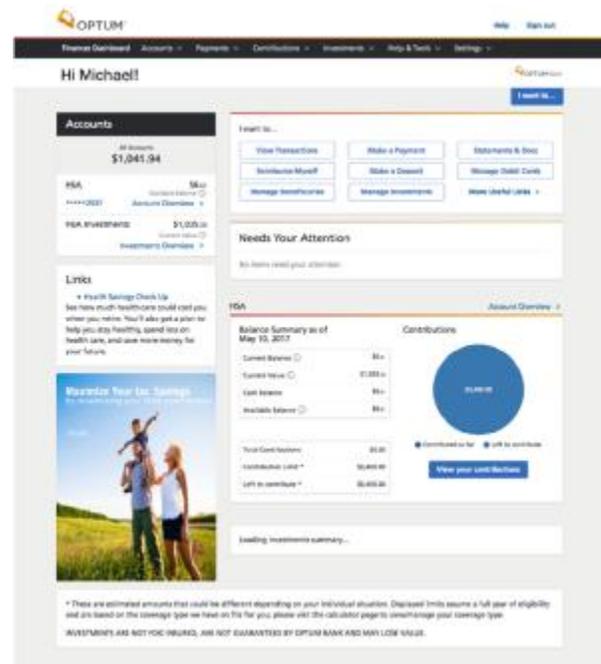
Account Fees

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*
Outbound Transfer Fee	\$20.00 per transfer

* Fee may be subject to change.



What are my investment 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
Equity	
Blackrock Equity Dividend	MKDVB
Vanguard S&P 500 Index	VFIAX
Vanguard Wellington	VWENX
John Hancock Fundamental Large Cap Core	TAGRFX
American Funds Capital World	CWGFXX
Vanguard Global Equity	VHGEX
Neuberger Berman Genesis	NBGIXX
T. Rowe Price Blue Chip	TRBCX
Fidelity Low-Priced Stock	FLPSX
Oppenheimer Developing Markets	ODMAX
Vanguard Total Stock Market Index	VTSAX
Vanguard Extended Market Index	VEXAX
Vanguard Equity-Income	VEIRX
Vanguard REIT Index	VGSLX
Vanguard Health Care	VGHAX
Vanguard Mid Cap Index Inv	VIMAX
Vanguard Small Cap Index Inv	VSMAX
Lifestyle	
Vanguard LifeStrategy Moderate Growth	VSMGX
Vanguard LifeStrategy Conservative Growth	VSCGX
Vanguard LifeStrategy Growth	VASGX
Fixed Income	
PIMCO GNMA	PAGNX
PIMCO Low Duration	PTLAX
PIMCO Real Return	PRTNX
Lord Abbett High Yield	LHYAX
Money Market	
Vanguard Treasury Money Market Fund	VUSXX

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

FLEXIBLE SPENDING ACCOUNTS

Who is eligible for a 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 \$2,650 to your flexible health care account. The plan allows you to rollover up to \$500 of unused 2018 Health Care FSA contributions to the next year. Be sure to take the rollover into consideration when electing your 2019 Health Care FSA deduction amounts. You cannot rollover FSA funds from 2018 into 2019 if you elect the Gold + HSA or Silver + HSA health plans for 2019. 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 2018 dependent care claims by March 15, 2019, or any remainder in your 2018 dependent care account will be forfeited. \$5,000 is the maximum amount that may be contributed per family – two parents may each contribute separately, but the combined maximum contribution for a family cannot exceed \$5,000. 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 and click on “Claims & Accounts.”

FSA Automatic Payment Settings

Employees who elect a Health Care FSA and are also enrolled in the District’s medical and/or dental coverage may choose to enable UHC’s automatic payment 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. You will need to enable this feature as of January 1st by logging into www.myuhc.com and clicking on “Claims & Accounts” Then select the Plan Balances tab, select “Healthcare Flexible Spending Account”, and click on “Manage Automatic Payment Settings.” Please note that this is a change from prior years – you will need to activate this feature if you would like reimbursement payments to be sent to you from your FSA without submitting a claim for reimbursement.

FSA Worksheet

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

- Only employees enrolled in the PPO medical plan may contribute to a Healthcare FSA. If you are enrolled in the Gold or Silver High Deductible Health Plans, you may NOT have a Healthcare FSA.
- 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. You must be enrolled in the PPO medical plan in 2018 and 2019 in order to have a healthcare FSA and have funds roll over from 2018 to 2019. If you enroll in the Gold or Silver High Deductible Plans for 2019 and have FSA funds left from 2018 they will be forfeited, since you cannot have a healthcare FSA with a high deductible health plan.
- 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	\$
Annual Health Care Flexible Spending Account Election	\$



The Vision Program

2019 Plan and Enrollment

Participation in the vision program is voluntary. If you were enrolled in the vision plan in 2018 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 2019. If you were not enrolled in 2018, you will not be enrolled for 2019 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
Exam Options:		
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
Frames: (Any available frame at provider location)	\$0 Copay; \$150 allowance, 20% off balance over \$150	\$58
Standard Plastic Lenses:		
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
Lens Options:		
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
Contact Lenses: (Contact lens allowance includes materials only)		
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
Frequency:		
Examination	Once every 12 months	
Frame	Once every 24 months	
Lenses or Contact Lenses	Once every 12 months	

*Standard Contact Lens Fitting – spherical clear contact lenses in conventional wear and planned replacement (Examples: disposable, frequent replacement, etc.)

**Premium Contact Lens Fitting – all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples: toric, multifocal, etc.)

Vision Rates for Active Employees for 2019

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.

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 www.myalex.com/districtu46/2019 to start your benefits counseling session with ALEX.

Coverage Tier by Plan	Annual Cost			Employee Contribution Per Pay Period	
	Annual Premium	District Portion	Employee Portion	26 Deductions	19 Deductions
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

VISION ENROLLMENT!

You have the option to enroll in one of the three medical options and choose not to enroll in the vision option. Or, you may choose not to enroll in one of the three medical options, but still choose to enroll in the vision option. In addition, you may select different coverage levels for each benefit option, such as, family coverage for medical and employee only for vision. There is one vision program that you may elect, and it is administered by Eyemed.

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 2018, you must click the “No Changes” button next to the dental section during Open Enrollment to retain your coverage for 2019. If you were not enrolled in 2018, you will be automatically enrolled in single Dental coverage for 2019 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	\$2,500 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.

2019 Dental Program Design Changes

For 2019, the following changes will be made to the District’s dental program:

- Increase the annual benefit limitation from \$2,000 to \$2,500
- Cover mouth guards for TMJ Disorder and teeth grinding under restorative services (80% coinsurance)

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.

Visit ALEX for more information about your dental benefits at www.myalex.com/districtu46/2019

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 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 2019

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 Deductions	19 Deductions
Employee only	\$684	\$684	\$0	\$0.00	\$0.00
Employee plus spouse	\$1,404	\$684	\$720	\$27.69	\$37.89
Employee plus children	\$1,176	\$684	\$492	\$18.92	\$25.89
Family	\$1,956	\$684	\$1,272	\$48.92	\$66.95
Dependent Veteran Child	\$684	\$0	\$684	\$26.31	\$36.00

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, 2019. 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, 2019. 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.

You must enter the full spousal life insurance amount in Munis.

For example, if you had \$20,000 of spousal life insurance coverage in 2018 and would like to increase by \$10,000 for 2019, you would enter the new total amount of coverage, or \$30,000, for spousal life insurance in Munis. If you have questions on your current elections, contact the Benefits Department at benefits@u-46.org.

Dependent Coverage. You may elect life insurance for dependent children up to age 26 if you elect at least \$10,000 of supplemental employee coverage for yourself. 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 2018, 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 - www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/EOI_new_RSLI.doc

If you have a life event which qualifies you to make a change, you may be required to provide proof of good health for certain levels of coverage. Examples of life events which would allow you to make a change include marriage, the birth of a child, etc. The enrollment must occur within 31 days of the 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	\$0.58
30-34	\$0.58
35-39	\$0.69
40-44	\$0.78
45-49	\$1.04
50-54	\$1.27
55-59	\$1.84
60-64	\$3.22
65-69	\$4.83
70-74	\$8.97
75-79	\$14.84
80+	\$40.37
Child(ren)	\$2.00

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

For 2019, 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).

Managing Your Health Care Costs

Use the Mail Order Pharmacy!

The United Healthcare's OPTUMRx Mail Service 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.

90-Day Retail Pharmacy

You now have the option to fill 90-day prescriptions at Walgreens at the same cost as mail order!

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://www.myuhc.com) and click on "Pharmacies and Prescriptions." From there, click on "OPTUMRx."

Use an "In-Network" Doctor or Facility

Using in-network physicians and facilities, who have deep discounts, is the most cost effective 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."

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 comes 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 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, log in to 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 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 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 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 or the Health4Me app today.

Use the Orthopedic Decision Support Tool

With UHC’s Decision Support tool, you have access to evidence-based, objective information and proactive guidance, helping to 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. Your privacy is very important. Optum EAP will not share your confidential information with your employer, and will not notify the District if you or your family utilize the Employee Assistance Program.



It's back to school season.

Fall can be a time of transition as kids go back to school and schedules become more structured.

There are things you can do to continue focusing on your health and wellbeing.

- ✓ Pack a healthy breakfast on the go, such as a banana oatmeal smoothie: (1/4 cup old-fashioned rolled oats, 1/2 cup plain low-fat yogurt, 1 banana, 1/2 cup almond milk, 1 teaspoon honey, and 1/4 teaspoon ground cinnamon).
- ✓ Tired of the same old sandwich for lunch? Pack a protein salad or a chicken and veggie wrap the night before.
- ✓ Take advantage of the vitamin packed fruits and veggies that are in season – include grapes, cranberries, pomegranates, squash or pumpkin in your meals.
- ✓ Apples dipped in yogurt or celery sticks with hummus make great after school snacks that are not loaded with sugar or unwanted calories.
- ✓ Hikes, walks, yard work and corn mazes are great ways to stay active this fall.

Join Real Appeal®, the online weight loss program available, at no additional cost as part of your employee medical benefits plan,* to get the support, resources and tools to help you adopt a healthy lifestyle, one day at a time.

Start your Real Appeal program at
health.realappeal.com

For the best experience, access Real Appeal from your own device.

**Real
Appeal**®

THE WELLNESS PROGRAM

All active employees who participate in any of the District’s three health plans may participate in the Wellness Program. Employees who reach 100% completion in Rally Rewards will qualify to receive a \$260 incentive. Employees may also qualify to receive an additional \$260 incentive if they have a spouse enrolled in the health plan who reaches 100% completion in their own separate Rally account. The total possible incentive that may be earned by an employee in one calendar year is \$520.

Employees have twelve full months to reach 100% completion of activities in the Rally portal, starting January 1, 2019 and ending December 31, 2019. See below for possible activities. Available activities will vary based on age and gender.

School District U-46 will receive quarterly reports from United Healthcare which will indicate employees and their spouses who have reached 100% completion in Rally Rewards for that quarter. Employees will be paid the \$260 incentive as earnings on their regular paycheck approximately 2 months after the end of every quarter. You must be actively employed at the time the incentive is paid. No incentives will be paid to terminated or retired employees.

Please email questions about the Wellness Program to Benefits@u-46.org. For technical support with the Rally portal, call 877-818-5826.

Changes to the Wellness Program

On-site biometric screenings will be held again in 2018. To register, go to my.questforhealth.com. The registration key is: **schooldistrict2018**. Your unique ID is your UHC member ID number. Information on dates, times, and locations is below.

Date	Time	Location
October 23, 2018	7:30 a.m.-10:30 a.m.	Kenyon Woods Middle School
October 27, 2018	7:30 a.m.-11:30 a.m.	South Elgin High School
October 30, 2018	7:30 a.m.-10:30 a.m.	Larsen Middle School
October 31, 2018	7:00 a.m.-11:30 a.m.	South Elgin High School
November 1, 2018	7:30 a.m.-10:30 a.m.	Tefft Middle School
November 2, 2018	7:00 a.m.-11:30 a.m.	Larkin High School
November 3, 2018	7:30 a.m.-11:30 a.m.	Larkin High School

Changes to the Wellness Tasks for 2019

For 2019, biometric screenings will also be added as a wellness incentive at 30%. Below is a comparison of the 2018 and 2019 wellness tasks.

Name of Activity	2018	2019
Complete your Biometric Screening	N/A	30%
Annual Physical Exam	40%	40%
Complete Health Survey	30%	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 Orthopedic Decision Support Program	20%	20%
Participate in 9 Real Appeal Coaching Sessions	30%	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 2019 plan year, the wellness tracking period starts January 1, 2019 and ends on December 31, 2019. 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 30% 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%).

What is Rally?

Rally is a user-friendly digital experience on 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.

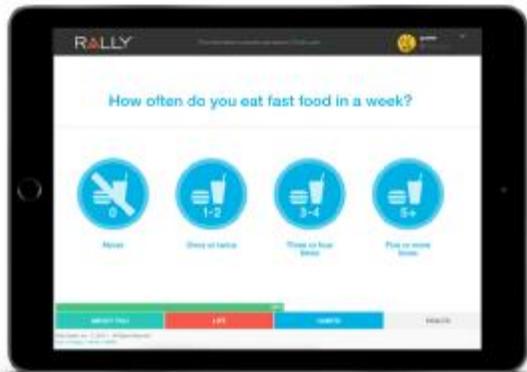
Rally Coins

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!

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, 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.

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. Ask about discounts for U-46 staff members.

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, offering personal training and group fitness classes. For more information go to 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 what the weather is. For more information visit <https://www.hpparks.org/centrecourt>.

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.

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/.

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.

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.

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/.

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.

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.

Important Notices

You received by e-mail the following notices. You can contact the Benefits Department to receive a written copy or view them at the indicated web address:

- **Notice of Privacy Practices**
This policy relates to the privacy of any personal health information, which can be viewed at <https://www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/U46%20-%20Privacy%20Notice%202019.pdf>
- **Notice of Prescription Drug Coverage and Medicare**
This notice indicates the District's prescription drug program is at least equivalent to Medicare Part D, which can be viewed at <https://www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/U46%20-%20RX%20and%20Medicare%20Notice.pdf>.
- **Notice for Employer-Sponsored Wellness Programs**
This notice relates to the District's 2019 wellness program, which can be viewed at <https://www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/U46%20-%20Wellness%20Notice%202019.pdf>.
- **Notice of the Children's Health Insurance Program**
This notice relates to potential financial assistance for coverage under the District's health plan, which can be viewed at <https://www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/U46%20-%20CHIP%20Notice.pdf>.

Other Notices

You received by e-mail the Notice of the Women's Health and Cancer Rights Act, the Newborns' and Mothers' Health Notice, and the Special Enrollment Notice. You can view this notice at <https://www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/U46%20-%20Other%20Notices%202019.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.

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 2018 federal poverty levels by family size:

Family Size	100% of FPL	138% of FPL
1	\$12,140	\$16,753
2	16,460	22,715
3	20,780	28,676
4	25,100	34,638
5	29,420	40,600
6	33,740	46,561
7	38,060	52,523
8	42,380	58,484
>8	Add \$4,320 for each additional person	Add \$5,962 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.

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 2019 coverage is November 1, 2018 to December 15, 2018. Coverage can start as early as January 1, 2019.

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 by visiting <https://www.u-46.org/cms/lib/IL01804616/Centricity/Domain/6447/U46%20-%20Notice%20of%20Health%20Insurance%20Marketplace%20Coverage.pdf>

Health Savings Accounts: Effect of Medicare

Current Federal law states that a person is eligible for a Health Savings Account (HSA) if,

- 1) In any month, the person is covered under a high deductible health plan (HDHP) (such as the Silver + HSA and the Gold + HSA plans offered by the District) as of the first day of the month; and
- 2) While covered under a high deductible health plan, the person is not covered under any other health plan-
 - a) That is not a high deductible health plan; and
 - b) That provides coverage for any benefit that is covered under the HDHP plan which he/she is enrolled.

Medicare is not a "high deductible health plan" and, therefore, **if you are enrolled in Medicare**, you cannot contribute to an HSA.

Automatic Enrollment In Certain Instances. If you are receiving benefits from Social Security or the Railroad Retirement Board at least 4 months before attaining age 65, you will be automatically enrolled in Medicare Part A and Part B.

Active Enrollment in Other Instances. If you are not receiving benefits from Social Security or the Railroad Retirement Board at least 4 months before attaining age 65, you will need to sign up for Medicare Part A and Part B.

Actively Employed At Age 65. If you or your spouse is still working AND have health care coverage from your or your spouse's employer or union, you do not have to sign up for Medicare Part A or Part B until 8 months beginning the month after the employer or union coverage ends or when the employment ends (whichever is first). If you enroll in Medicare Part A and Part B during that special enrollment period, then no Medicare enrollment penalty would apply.

Please note that you must be actually enrolled in Medicare to not be eligible to contribute to an HSA. If you are eligible (*and not enrolled*), then you can contribute to an HSA.

If you have questions about whether you are enrolled in Medicare, please contact the Centers for Medicare and Medicaid Services within the Federal Department of Health and Human Services.



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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

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

FSA

- Phone: 800-243-5543

Nurseline

- Phone: 877-369-1196

Rally Technical Support

- Phone: 877-818-5826

Vision (EyeMed)

- Phone: 866-9EYEMED
- Web: portal.eyemedvisioncare.com

Dental (United Healthcare)

- Phone: 877-816-3596
- Web: www.myuhcdental.com

Life Insurance (Reliance Standard Life Insurance)

- Phone: 800-351-7500
- Web: www.reliancestandard.com

School District U-46 Benefits Team

- Phone: 847-888-5000, extensions 5026, 5563 or 4264
- Email: Benefits@U-46.org

The 2019 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, 2019. The applicable plan documents shall govern if there is a discrepancy between this document and the actual provisions of the programs.

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