

# Joliet Junior College Employee Benefits Plan

## Health Insurance Benefits

### Medical Plan

JJC provides comprehensive health and dental benefits through Blue Cross Blue Shield of Illinois. We provide both a PPO and an HMO option. For the current fiscal year, employee contributions for the health, dental, and vision plan are a minimum of \$5.00 per pay period and a maximum of \$73.72 per pay period.

### Prescription Plan

JJC's prescription plan is provided by Express Scripts for the PPO and by Prime Therapeutic for HMO. Prescriptions that are obtained from a participating prescription drug provider are subject to a co-payment of \$10.00 for generic drugs, \$25.00 for brand-preferred drugs and \$40.00 for brand non-preferred drugs (30 day supply) for each prescription. One prescription means up to 34 consecutive day supply of the drug or 100 units whichever is greater. Retail 90-day and mail order are available for maintenance medications.

### Dental Plan

Two dental plans are offered at JJC. Based on your individual needs, you may select coverage provided through one of the following:

- 1.) The traditional dental plan is provided at no cost to the employee
- 2.) The buy-up dental plan provides additional coverage for a minimal monthly premium. Single \$9.25 and Family \$23.50

### Vision Plan

VSP is Joliet Junior College's provider for vision insurance. VSP offers discounts to all benefit – eligible employees, provided you are using a VSP provider.

Plan and provider information can be obtained by calling 1-800-877-7195 or visiting VSP.com.

## Life and Disability Insurance Benefits

### Life Insurance

JJC provides coverage paid by the college in accordance with the terms and conditions set forth by Board Policy and/or contractual agreement. Additional life insurance is available for employee, spouse and/or dependent children at our group plan rates.

### Long Term Disability (LTD)

LTD is available at a minimal cost as a supplement to the provisions of State Universities Retirement System.

- Will pay 65% of salary for first two years if not vested in SURS.
- Once vested in SURS, after two years will pay 15% in addition to SURS at 50%.
- If elected within 31 days of employment, the employee is automatically accepted. If elected after 31 days, the employee may be subject to physical exam.

### Health Screening and Benefits Fair

Every fall, JJC provides free annual health screening and lab work to retirees, employees, spouse and/or dependent children. Open enrollment for health, dental, life and long-term disability take place at the benefits fair in the fall of each year. Benefits vendors will be available on campus to answer questions and provide information on services.

These fringe benefits shall be granted to all full-time employees of Joliet Junior College subject to terms and conditions of union contracts and board policies.



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## Additional Benefits

### State University Retirement System

A mandatory deduction of 8% (pre-tax) contributed to the plan of your choice as offered through the State University Retirement System.

Information on current choices will be mailed directly to you from SURS.

Note: SURS participants do not pay into Social Security. Contact SURS at 1-800-ASK-SURS.

### Retirement Health Insurance Program

Health insurance coverage for retirees is provided according to the Board Policy Manual, and includes dental, vision and prescription. Currently, an additional ½% (post-tax) will be deducted to fund medical insurance for retirees.

### Flexible Benefit Plan

A flex plan is offered for employees for specific uncovered medical or dependent care expenses on a calendar year basis.

### Optional Payroll Deductions

Direct deposit, annuity plans available and tax sheltered contribution options are available.

### Employee Assistance Program

JJC offers an employee assistance program available to the employee and their family at no charge. Learn more about the EAP by calling LifeWorks at 1-800-456-6327.

### Tuition Waiver

Tuition waivers are granted to the employee, their spouse and dependents to enroll in credited courses. The employee is responsible for payment of student fees and books.

### Wellness Center

Employees may join the Wellness Center for a nominal fee per semester.

### Discount Programs

Discount programs are available for Joliet Junior College staff.

Updated July 2017

### Paid Holidays

Independence Day  
Labor Day  
Veterans Day  
Thanksgiving Day  
Day after Thanksgiving  
Day before Christmas  
Christmas Day  
Day after Christmas  
New Year's Eve Day  
New Year's Day  
Martin Luther King's Birthday  
President's Day  
Good Friday  
Memorial Day

### Leave Plans

Vacation  
Sick  
Personal Leave  
Bereavement Leave  
Jury Duty  
Military Leave  
Floater Holiday

JJC Human Resources  
1215 Houbolt Road  
Joliet IL 60431  
Campus Center A 3000  
(815)280-2465  
[jjc.edu/info/hr](http://jjc.edu/info/hr)





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# 2017 Benefit Summary

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

# BENEFITS OVERVIEW



**Joliet Junior College** offers a generous array of benefits to full-time employees that are effective upon the date of hire. The goal of our benefit program is to offer comprehensive health and life insurance coverage and additional benefits intended to enhance a healthy work/life balance. More detailed information related to your specific benefits package will be given during insurance orientation and annually during the open enrollment period. The benefits offered in this booklet are subject to change (see disclaimer on page 2).

Check with the Office of Human Resources (HR) for current offerings. HR manages the benefit programs for all employment classifications and any questions regarding availability and eligibility should be directed to their attention.

## Eligibility

These benefits are available to all full-time employees and their dependents who meet specific eligibility requirements. In general, the plan allows coverage for an employee's legal spouse or civil union partner and/or children, including biological, adopted or step children, covered from birth to age 26, or who meet other legal requirements.

## Available Benefits

- Medical Insurance
- Employee Assistance Program
- Dental Insurance
- Vision Insurance
- Life and Accidental Death and Dismemberment (AD&D) Insurance
- Employee Paid Long-Term Disability (LTD) Insurance
- Flexible Spending Accounts (FSAs)
- State Universities Retirement System (SURS) Pension
- 403(b)/457 Retirement Savings Plans

## Important Contact Information

If you would like to ask detailed questions about your benefits, you may contact the insurance companies/service provider directly.

Benefit	Administrator	Phone	Website
Medical PPO	Blue Cross Blue Shield of Illinois	800.828.3116	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
Medical HMO	Blue Cross Blue Shield of Illinois	800.892.2803	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
Dental	Blue Cross Blue Shield of Illinois	800.367.6401	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
Prescription Drugs PPO	Express Scripts	800.818.6632	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Prescription Drugs HMO	Prime Therapeutics	800.423.1973	<a href="http://primetherapeutics.com">primetherapeutics.com</a>
Employee Assistance Program (EAP)	LifeWorks	888.456.1324	<a href="http://www.LifeWorks.com">www.LifeWorks.com</a>
Vision	Vision Service Plan	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Account	Allied	312.906.8080	<a href="http://www.alliedbenefit.com">www.alliedbenefit.com</a>
403(b)/457 Plans	TSA Consulting Group, Inc.	850.362.6840	<a href="http://www.tsacg.com">www.tsacg.com</a>
Life & AD&D and Voluntary Long Term Disability	Reliance Standard	800.351.7500	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>
State Universities Retirement System		800.275.7877	<a href="http://www.surs.org">www.surs.org</a>

## Dependent Enrollment Requirements

If you enroll your dependents, you may be required to submit additional proof documentation with your enrollment. Please see proof documents listed on page 5.

**Coordination of benefits rules apply if you have dependents enrolled with other Medical Insurance.**

## Changing Your Benefits During the Year

It is important that you make your elections during your enrollment period because you can only make changes during the year if you have a **qualified life event** according to IRS regulations listed below.

Changes to your benefits can be made if preceded by a **documented qualified life event** and they are made within 31 days of the event. Your change must be consistent with your life event/status change. The following events qualify for a change in coverage:

- Marriage
- Civil Union
- Divorce or legal separation — you must notify HR within 31 days of change for a spouse and dependent that will no longer be covered
- Birth or placement for adoption of a child
- Death of a dependent
- Ineligibility of a dependent
- Loss of other coverage
- Change in your employment status or that of your spouse
- Significant change in health coverage attributable to your employment or that of your spouse
- A court order
- Entitlement to Medicare or Medicaid

**If you experience one of these events and want to change your benefits, you must make the change within 31 days after the event occurs. Changes cannot be made before the event occurs.** If you miss the window for making a change, you can make an election during an open enrollment period.

## Enroll/Waive

A waiver is required from all employees that choose not to accept offered coverage or that have coverage elsewhere.

# REQUIRED PROOF DOCUMENTS FOR DEPENDENT COVERAGE



## **Legal Marriage**

- Marriage certificate
- Civil Union certificate

## **Biological Child**

- One of the following:
  - » Birth certificate of biological child
  - » Documentation on hospital letterhead indicating the birth date of child(ren) under 6 months old

## **Adopted Child**

- One of the following:
  - » Official court/agency papers (initial stage)
  - » Official Court Adoption Agreement (mid-stage)
  - » Birth certificate (final stage)

## **Foster Child**

- Official court or agency placement papers

## **Stepchild**

- Child's Birth Certificate showing the child's parent is the employee's spouse
- Marriage Certificate showing legal marriage between the employee and the child's parent
- Court document showing that your spouse has custody of the child or is required to cover child

## **Other Child**

- Court papers demonstrating legal guardianship, including the person named as legal guardian

## **Court-Ordered Medical Coverage**

- One of the following:
  - » Qualified Medical Child Support Order (QMCSO)
  - » National Medical Support Notice (NMSN)

## **Child Age 26 or Older**

- Certified Handicapped Child/Disabled Student Attending Physician Statement signed by the employee and the child's attending physician
- DD-214 military documents showing honorable discharge from military branches

# YOUR MEDICAL INSURANCE

## Where to Go for Answers

- **Blue Cross and Blue Shield of Illinois is the claims administrator for the PPO and HMO plan.** They determine if you and your dependents are eligible for benefits and process your claims. Contact Blue Cross for questions concerning benefits or status of claim payments. PPO Customer Service can be reached at **800.828.3116** between the hours of 8:30 a.m. and 6:00 p.m. CST Monday through Friday and HMO Customer Service can be reached at **800.892.2803** between the hours of 8:30 a.m. and 6:00 p.m. CST Monday through Friday.
- **Blue Cross has established a Utilization Review program for the PPO.** They work with your doctor to ensure you are getting the most appropriate care, in the appropriate setting for Inpatient Admissions, Coordinated Home Care, Private Duty Nursing and certain Mental Health procedures. Contact them at **800.826.8551**, 7:00 a.m. to 7:00 p.m., CST, Monday through Friday. Failure to notify Blue Cross 24 hours prior to a non-emergent admission or 48 hours after an emergency or maternity admission could result in a penalty.
- **Blue Cross and Blue Shield of Illinois** website is user friendly and informative. You can locate doctors and hospitals participating in the network. The Blue Access site allows you to email customer service with questions, check the status of a claim, print a medical claim form, print a temporary ID card and request a duplicate ID Card. You can also review the Blue 365 program, which offers discounts on vision care and other services. Their web address for members is [www.bcbsil.com](http://www.bcbsil.com).
- **Prime Therapeutics** is your HMO Prescription Benefit Manager. Retail prescriptions can be obtained through participating pharmacies by presenting your Blue Cross ID Card. Mail order information can be obtained on the Blue Cross website at [www.bcbsil.com](http://www.bcbsil.com). You can also view the formulary, locate a participating pharmacy, order refills, etc., on the website. If you have specific questions or issues, please call **800.423.1973**.



## JJC 2017 Medical Plan Comparison

	PPO Plan		HMO Plan
	In-Network Plan Pays	Out-of-Network Plan Pays	In-Network
<b>Lifetime Maximum</b>	Unlimited		Unlimited
<b>Deductible<sup>1</sup></b>			
Individual	\$1,000	\$2,000	N/A
Family	\$2,000	\$4,000	N/A
<b>Coinsurance<sup>2</sup></b>	80%	60%	N/A
<b>Out-of-pocket limit</b>			
Individual	\$2,500	\$5,000	\$1,500
Family	\$5,000	\$10,000	\$3,000
<b>Covered Expenses</b>			
<b>Hospital</b>			
Inpatient Services	80% after deductible	60% after deductible	\$100 copay, 100%
Outpatient Services	80% after deductible	60% after deductible	\$0 copay, 100%
<b>Emergency Room</b>	\$200 copay, then 80%		\$100 copay, then 100%
<b>Physician Services</b>			
Primary Care Office Visits	\$30 copay, then 100%	60% after deductible	\$30 copay
Specialist Office Visits	\$50 copay, then 100%	60% after deductible	\$50 copay
Preventive Care	100%	60% no deductible	100%
Medical/Surgical Services	80% after deductible	60% after deductible	100%
<b>Other</b>			
Chiropractic	80% after deductible	60% after deductible	Only if referred by PCP, then copay
Speech, Occupational or Physical Therapy	80% after deductible	60% after deductible	100%, 60 visit maximum
<b>Prescription Drugs</b>			
Participating Retail Pharmacy (30-day supply)	\$10 Generic \$25 Formulary Brand \$40 Non-formulary Brand		\$10 Generic \$25 Formulary Brand \$40 Non-formulary Brand
Participating Retail Pharmacy (90-day supply)	\$20 Generic \$50 Formulary Brand \$80 Non-formulary Brand		\$20 Generic \$50 Formulary Brand \$80 Non-formulary Brand
Mail Order PPO (90-day supply)	\$10 Generic \$25 Formulary Brand \$40 Non-formulary Brand		N/A
Mail Order HMO (90-day supply)	N/A		\$20 Generic \$50 Formulary Brand \$80 Non-formulary Brand
Prescription Drug Out-of-pocket maximum	\$2,500 individual \$5,000 family		\$1,000 individual \$2,000 family

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

<sup>1</sup> Deductibles are based on calendar year.

<sup>2</sup> The out-of-pocket limit includes the deductible.



## Medicare/Retirement

### Medicare and Group Health Plan Coverage

When you turn 65, you have a number of important decisions to make. These may include whether to enroll in Medicare Part B, join a Medicare Prescription Drug Plan, buy a Medigap policy, and/or keep employer or retiree coverage. Understanding your choices may help you avoid paying more than you need to for Medicare Part B and other insurance, and get the coverage that's best for you. You can visit [www.medicare.gov](http://www.medicare.gov) and select "Compare Medicare Prescription Drug Plans" and "Compare Health Plans and Medigap Policies in Your Area." You can also call your State Health Insurance Assistance Program. To get their telephone number, call **800.MEDICARE 800.633.4227**). TTY users should call **877.486.2048**.

Medicare Part B benefits are optional and are available to all beneficiaries when they become entitled to Medicare Part A. Medicare Part B may be purchased by most persons age 65 and over. Although participation in Medicare Part B is optional, JJC's health plans will pay as if Medicare Part B has been elected when Medicare is primary. See chart below to determine when Medicare is primary. **Failure to purchase Medicare Part B when Medicare is primary will drastically affect an individual's ability to recover any costs incurred for physician services and other Medicare Part B covered items.**

### Medicare Part D (prescriptions)

Those eligible for Medicare are provided a letter of creditable coverage. The letter states that the prescription drug program currently provided by JJC Healthcare Plan meets or exceeds Medicare Part D. Medicare participants were advised that they could select the JJC prescription drug plan instead of Medicare Part D. The letter permits Medicare eligible persons to join Medicare Part D at a later date, if they choose, without paying a late entrant "penalty." This letter will be provided annually.

Who Pays First?			
If You	Situation	Pays First	Pays Second
Are 65 or older and covered by a group health plan because you or your spouse is still working	Entitled to Medicare	Group Health Plan	Medicare
	The employer has 20 or more employees		
Have an employer group health plan after you retire and are 65 or older	Entitled to Medicare	Medicare	Retiree Coverage

### Coordination of Benefits

This Coordination of Benefits (COB) provision applies when a person has healthcare coverage under more than one Plan.

The order of benefit determination rules govern the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary Plan. The Primary Plan must pay benefits in accordance with its policy terms without regard to the possibility that another Plan may cover some expenses.

The Plan that pays after the Primary Plan is the Secondary Plan. The Secondary Plan may reduce the benefits it pays so that payments from all plans do not exceed 100% of the total Allowable Expense.

# BLUE CROSS PROGRAMS AND RESOURCES

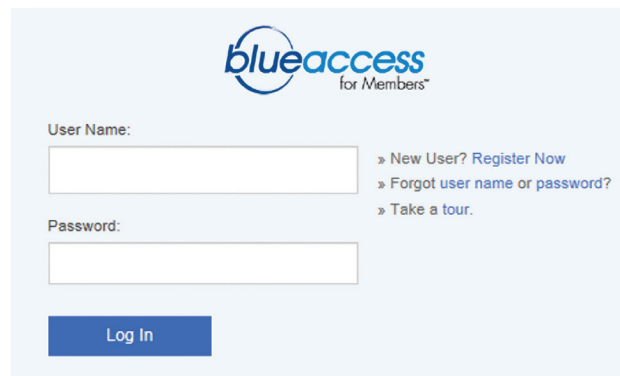
As a Blue Cross and Blue Shield member you have access to a number of valuable programs and resources at no additional cost. For more information, visit [www.bcbsil.com](http://www.bcbsil.com) and login to your Blue Access for Members portal.

## Blue Access for Members

Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield secure member website, Blue Access for Members (BAM).

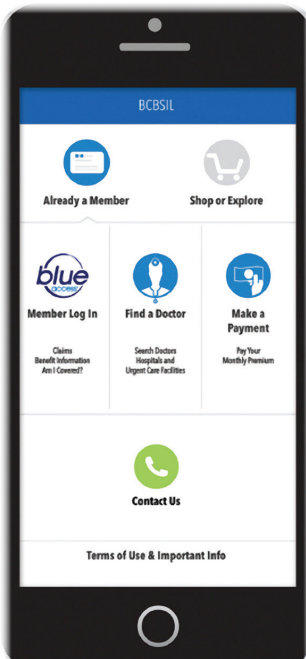
With BAM, you can:

- Check the status or history of a claim
- View your benefits
- Confirm who is enrolled and covered on your plan according to Blue Cross
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Request a new ID card—or print a temporary one
- Navigate through the health and wellness tools
- See what discounts you have available just because you are a member



## Blue Access Mobile App

Blue Access Mobile brings convenient, secure access to your mobile phone.



From the mobile app you can:

- Register or log in to your secure member site Blue Access for Members to view coverage details, access or request ID cards, check claims status, manage your user profile, use the Message Center and view health and wellness information
- Find a doctor, hospital or urgent care facility
- Locate Blue Cross contact information
- Text BCBSILAPP to **33633** to get the app or download at the App Store or Google Play.



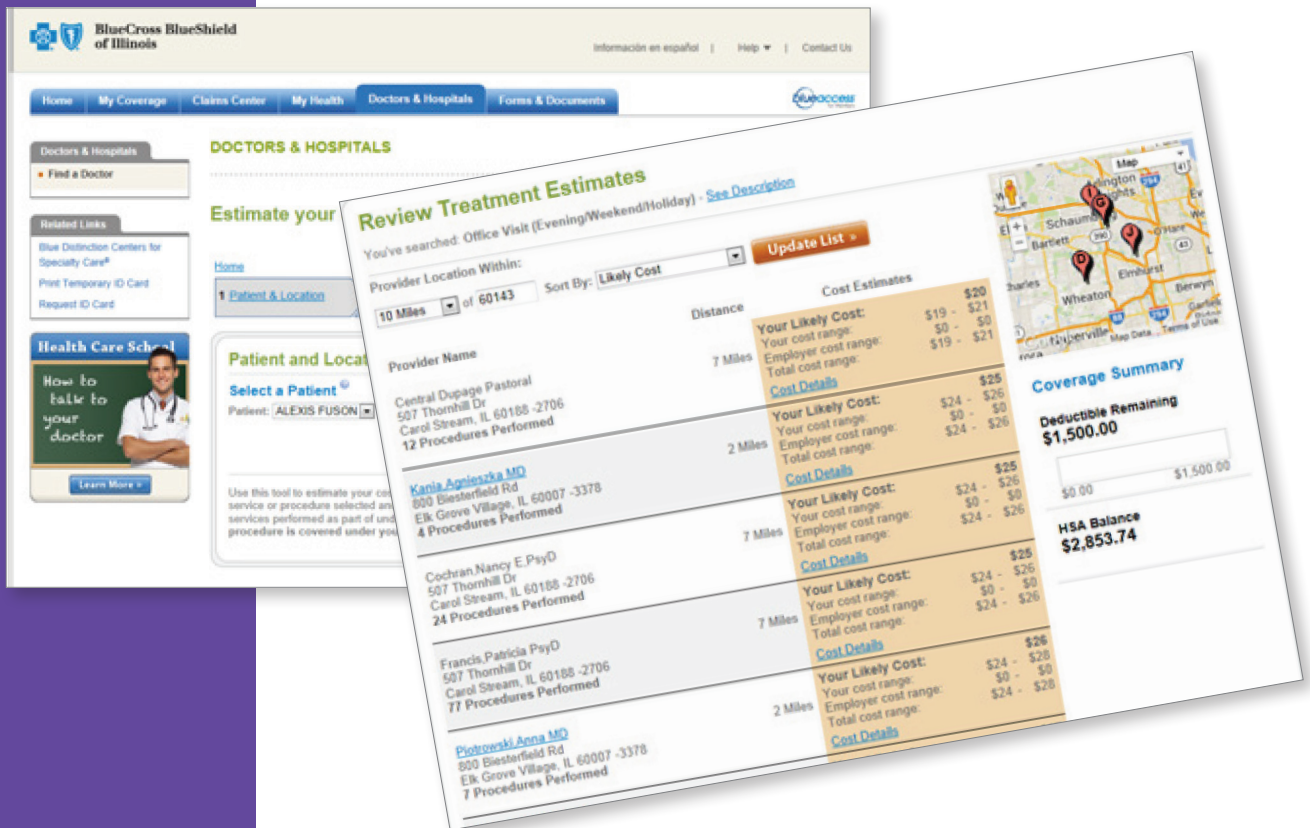
## Provider Finder

The Provider Finder from Blue Cross is an innovative tool for helping you choose a provider and estimate healthcare costs. Since cost and quality rating for same service can greatly vary based on the facility in which the service is preformed Blue Cross offers this tool so you can be well informed as a consumer.

By logging in to Blue Access for Members either online or via your mobile device you can use the Provider Finder to:

- Find a network primary care physician, specialist or hospital
- Filter search results by doctor, specialty, ZIP code, language and gender—even get directions from Google Maps™
- Estimate the cost of a provider’s procedures, treatments and tests—and gauge out-of-pocket expenses
- Determine if a Blue Distinction Center for Specialty Care® is an option for treatment
- View patient feedback or add a provider review
- Review providers’ certifications and recognitions
- View clinical quality ratings from Blue Cross as well as independent third parties

**The Provider Finder shares information that puts you in charge!**



The screenshot displays the Blue Cross BlueShield of Illinois website interface. The main content area is titled "DOCTORS & HOSPITALS" and "Estimate your Review Treatment Estimates". It shows a search for "Office Visit (Evening/Weekend/Holiday)" within a 10-mile radius of 60143, sorted by "Likely Cost".

Provider Name	Distance	Your Likely Cost	Your cost range	Employer cost range	Total cost range
Central Dupage Pastoral 507 Thornhill Dr Carol Stream, IL 60188 -2706 12 Procedures Performed	7 Miles	\$19 - \$21	\$0 - \$0	\$19 - \$21	\$19 - \$21
Kania, Agnieszka MD 800 Biesterfield Rd Elk Grove Village, IL 60007 -3378 4 Procedures Performed	2 Miles	\$25	\$24 - \$26	\$0 - \$0	\$24 - \$26
Cochran, Nancy E. PsyD 507 Thornhill Dr Carol Stream, IL 60188 -2706 24 Procedures Performed	7 Miles	\$25	\$24 - \$26	\$0 - \$0	\$24 - \$26
Francis, Patricia PsyD 507 Thornhill Dr Carol Stream, IL 60188 -2706 77 Procedures Performed	7 Miles	\$25	\$24 - \$26	\$0 - \$0	\$24 - \$26
Piotrowski, Anna MD 800 Biesterfield Rd Elk Grove Village, IL 60007 -3378 7 Procedures Performed	2 Miles	\$26	\$24 - \$26	\$0 - \$0	\$24 - \$26

On the right side of the screenshot, there is a "Coverage Summary" section showing:

- Deductible Remaining: \$1,500.00
- HSA Balance: \$2,853.74

## Doctor, Retail Clinic, Urgent Care or ER

### Blue Cross offers a quick reference guide for PPO network treatment resources.

Sometimes it's easy to know when you should go to an emergency room (ER), such as when you have severe chest pain or unstopable bleeding. At other times, it's less clear. Where do you go when you have an ear infection, or are generally not feeling well? The emergency room is always an option, but it can be an expensive one. You have choices for receiving in-network care that work with your schedule and give you access to the kind of care you need. Know when to use each for non-emergency treatment.

Visit [bcbsil.com](http://bcbsil.com) for more information or to find a provider.

Care Option	Hours	Your Relative Cost*	Description
<b>Doctor's Office</b>	Office hours vary	Usually lower out-of-pocket cost to you than urgent care	Your doctor's office is generally the best place to go for non-emergency care such as health exams, colds, flu, sore throats and minor injuries.
<b>Retail Health Clinic</b>	Similar to retail store hours	Usually lower out-of-pocket cost to you than urgent care	Walk-in clinics are often located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems like: ear infections, athlete's foot, bronchitis and some vaccinations.
<b>Urgent Care Provider</b>	Generally include evenings, weekends and holidays	Usually lower cost than an ER visit	Urgent care centers can provide care when your doctor is not available and you don't have a true emergency, but need immediate care. For example, they can treat sprained ankles, fevers, and minor cuts and injuries.
<b>Emergency Room (ER)</b>	24 hours, seven days a week	Highest out-of-pocket cost to you	For medical emergencies, call 911 or your local emergency services first.

\*The relative costs described here are for network providers. Your costs for out-of-network providers may be significantly higher.

**If you need emergency care, call 911 or seek help from any doctor or hospital immediately.**



## **Blue Distinction: For hospitals with expertise in specialty care**

Blue Distinction is a designation awarded by the Blue Cross and Blue Shield companies to hospitals that have demonstrated expertise in delivering clinically proven specialty healthcare. Its goal is to help consumers find specialty care on a consistent basis, while enabling and encouraging healthcare professionals to improve the overall quality and delivery of care nationwide.

***Use the Blue Distinction Center Finder.***

- Go to [www.bcbsil.com](http://www.bcbsil.com)
- Select the Provider Finder® tool and search for hospitals
- To find a Blue Distinction center near you, search by designated area of specialty and state

**Here are some examples of the Centers of Excellence available to you.**

### ***Blue Distinction Centers for Bariatric Surgery®***

Provides a full range of bariatric surgical care services, including inpatient care, post-operative care, follow-up and patient education.

### ***Blue Distinction Centers for Cardiac Care®***

Provides a full range of cardiac care services, including inpatient cardiac care, cardiac rehabilitation, cardiac catheterization and cardiac surgery.

### ***Blue Distinction Centers for Transplants®***

Transplant program that provides services, such as global pricing, financial savings analysis, and global claims administration and support services.

### ***Blue Distinction Centers for Complex and Rare Cancers®***

Inpatient cancer care programs for adults, including those treating complex and rare subtypes of cancer, delivered by multidisciplinary teams with subspecialty training and distinguished clinical expertise, focus on treatment planning and complex, major surgical treatments.

### ***Blue Distinction Centers for Knee and Hip Replacement<sup>SM</sup>***

Provides inpatient knee and hip replacement services, including total knee and total hip replacement surgeries.

### ***Blue Distinction Centers for Spine Surgery®***

Inpatient spine surgery services, including discectomy, fusion and decompression procedures.

## 24/7 Nurseline

### Around-the-Clock, Toll-Free Support

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

The 24/7 Nurseline's registered nurses can understand your health concerns and give general health tips. Get trusted guidance on possible emergency care, urgent care, family care and more.

### When should you call?

The toll-free Nurseline can help you or a covered family member get answers to health problem questions, such as:

- Asthma, back pain or chronic health issues
- A baby's nonstop crying
- Dizziness or severe headaches
- Cuts or burns
- High fever
- Sore throat

Plus, when you call, you can access an audio library of more than 1,000 health topics—from allergies to women's health—with more than 600 topics available in Spanish.

**Note:** For medical emergencies, call 911 or your local emergency services first. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

### Special Beginnings®

Special Beginnings can help you better understand and manage your pregnancy. Available at no additional cost, this maternity program supports you from early pregnancy until six weeks after delivery through:

- Pregnancy risk factor identification to determine the risk level of your pregnancy and appropriate range for ongoing communication/monitoring.
- Educational material including a complimentary book about having a healthy pregnancy and baby.
- Personal telephone contact with program staff to address your needs and concerns and to coordinate care with your physician.
- Assistance in managing high-risk conditions such as gestational diabetes and preeclampsia.
- Special Beginnings Online is an additional resource that provides information for each week of your pregnancy. The site can be accessed through Blue Access for Members<sup>SM</sup>.

Take good care of yourself and your baby—enroll in Special Beginnings today!

Enrollment is easy and confidential. Just call **888.421.7781**, 8 a.m. – 6:30 p.m., CT.



## Blue Care Connection

Blue Cross offers the following programs through Blue Care Connection, a program to help you and your covered family members reach your health and wellness goals.

### Condition Management

Blue Care Advisors, registered nurses or other healthcare professionals, may contact you if you have certain health challenges or chronic conditions. Through regularly scheduled health counseling and coaching telephone calls, the advisor can help you identify unhealthy behaviors, set wellness goals, adopt healthier habits and learn to manage medical conditions more effectively. The Condition Management programs are voluntary and work together with you, your health plan and your doctor to help identify the best ways to manage your chronic health condition and stay healthy.

When you enroll, you will have access to the best knowledge, tools and self-care techniques to help you make a difference in your health.

Following nationally recognized practice guidelines, the Condition Management programs specifically target:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Diabetes

To enroll in a Condition Management program, or to find out how one of the programs can help you, please call the Customer Service number on the back of your member ID card.

### Lifestyle Management

According to the Centers for Disease Control and Prevention (CDC) some of the most common harmful but modifiable behaviors are tobacco use, insufficient physical activity and poor eating habits. These lifestyle factors are responsible for much of the illness, disability and premature death related to chronic diseases. Blue Cross' Lifestyle Management programs address the key contributing factors to significant medical spending by focusing on **weight management, tobacco cessation and metabolic syndrome**. These programs help you to change your behavior by providing guidance and support through personal telephonic motivational coaching, self-directed online courses and weight management resource. To enroll in one of the Lifestyle Management programs please call the Customer Service number on the back of your member ID card.

### Well onTarget®

When you feel well, you do well. But wellness involves more than just encouraging a sensible diet and exercise. That's why BCBS developed Well onTarget, an innovative solution that promotes good health across your entire organization, offering personalized initiatives no matter where you are on your wellness journey.

#### Well onTarget features include:

- **Member Wellness Portal** – A comprehensive, adaptable online portal that engages you through useful health resources, goal trackers, tools and more:
  - » Onmyway Health Assessment – Answer survey questions that assess their current health status. The results help identify health risks and define a personalized program with individual wellness goals.
  - » Health and Wellness Content – Online health encyclopedia that educates and empowers through evidence-based, consumer-friendly content.
  - » Onmytime Self-directed Courses – A suite of structured courses to help achieve health and wellness goals. Topics include nutrition, exercise, weight and stress management and tobacco cessation. Reach your milestones and earn Life Points.
  - » Tools and trackers – Interactive tools help keep you on course while making wellness fun. Use a food and exercise diary, symptom checker and health trackers.



- » Life Points – A rewards program that reinforces positive lifestyle changes, such as more time at the gym or healthier meal choices.
- **Onmyteam Wellness Coaching** – Professionally certified coaches counsel employees on nutrition, physical activity and stress management, fostering sustained involvement through phone contact or secured messaging via the interactive member portal.
- **Fitness Program** – Fitness can be easy, fun and affordable. The Fitness Program is a flexible membership program. Gain unlimited access to a nationwide network of fitness centers. With more than 8,000 gyms on hand, you can work out at any place or at any time. Choose a gym close to home and one near your office.
  - » No long-term contracts required. Membership is month to month. Monthly fees are \$25 per month per member, with a onetime enrollment fee of \$25
  - » Automatic withdrawal of monthly fee
  - » Online tools for locating gyms and tracking visits
  - » Earn 2,500 bonus Life points for joining the Fitness Program and up to 500 points with weekly visits
  - » Sign up for the fitness program by calling **888.762.BLUE (2583)**

## Blue365

With this program, you can save money on healthcare products and services that are not covered by insurance. There are no claims to file and no referrals or preauthorizations. Blue365 has a range of deals from top national and local retailers on dental, vision and hearing services, fitness gear, gym memberships, healthy eating options and much more.

Sign up on the Blue365 website at [blue365deals.com/BCBSIL](http://blue365deals.com/BCBSIL) and start receiving weekly “Featured Deals.” These deals offer savings from leading health companies and online retailers. Featured Deals are offered for a short period of time. In addition, below are some of the Blue365 deals available to you.

- **Davis Vision** – You can save on eyeglasses as well as contact lenses, exams and accessories. The Davis Vision group is made up of national and regional retail stores as well as local eye doctors. Save on laser vision correction through the TLC/ TruVision group.
- **Dental Solutions** – You can receive a dental discount card, which provides access to discounts up to 50 percent at more than 61,000 dentists and more than 185,000 locations.
- **Jenny Craig, Seattle Sutton’s, Nutrisystem** – Save on healthy meals, membership fees (where apply), nutritional products and services.
- **Procter & Gamble (P&G) Dental Products** – You can get savings on dental packages with Oral B power toothbrushes and Crest products. Packages may include items such as an electric toothbrush, mouth rinse, teeth whiteners and floss.
- **TruHearing** – You can save an average of \$890 per hearing aid compared to national retail prices. Each hearing aid comes with a 45-day money-back guarantee and a three-year warranty.
- **CORD:USE** – Protect your family’s cord blood at a state-of-the-art laboratory using high-quality cord blood banking practices and technologies. Save on cord blood processing and storage fees.
- **Reebok** – You enjoy 20% off plus free shipping on their whole [Reebok.com](http://Reebok.com) order.
- **SeniorLink Care** – You can find support to help your aging family members or friends lead fulfilling and comfy lives. From planning care to helping caregivers, SeniorLink helps seniors and loved ones find the programs and services they need most. You can save on a 3-month or 12-month membership.
- **BodyMedia** – You can enjoy up to 25% off a BodyMedia armband. The armband will track calories around the clock, helping members lose weight, stay active and lead healthier lives.

# DENTAL INSURANCE

## Dental

When it comes to the health of your teeth and gums, preventive dental care is important, no matter your age. Semi-annual dental exams and cleanings help to prevent or detect complex conditions such as periodontal surgery, root canals, extractions and fillings to lower your potential financial impact.

The ADA recommends the following steps for good dental health:

- Brush twice a day
- Replace your toothbrush every three or four months
- Floss daily
- Eat a balanced diet and limit sugar intake
- Visit your dentist regularly for dental exams and cleanings

JJC recognizes that different individuals have varying needs in regards to insurance so the College offers a Core Plan and a Buy-Up Plan. It is important that you understand your options and pick accordingly as you will be enrolled in this plan for the year. You can change plans at open enrollment or during a qualifying event.

**Blue Cross and Blue Shield of Illinois PPO Plan**—offers the luxury and convenience of choice. You choose which dental professionals you and your family see. You can find a provider and look up additional information at [www.bcbsil.com](http://www.bcbsil.com). If you have any questions regarding claims information, please call **800.367.6401**.

Core Plan		
	In-Network	Out-of-Network
<b>Annual Benefit</b>	\$1,200 per benefit period	
<b>Annual Deductible</b> (doesn't apply to preventive services)	\$25 per person per benefit period \$75 maximum per family	
<b>Preventive Services</b>	100%	100% of usual and customary
<b>Basic Services</b>	100%	100% of usual and customary
<b>Minor Services</b>	100%	100% of usual and customary
<b>Periodontic Services</b> <b>Prosthodontic Services</b>	50%	50% of usual and customary
<b>Orthodontics</b>	50%	50% of usual and customary
<b>Orthodontics Lifetime Limit</b>	\$1,000 for eligible dependent children to age 26 only	

Buy-Up Plan		
	In-Network	Out-of-Network
<b>Annual Benefit</b>	\$2,000 per benefit period	
<b>Annual Deductible</b> (doesn't apply to preventive services)	\$25 per person per benefit period \$75 maximum per family	
<b>Preventive Services</b>	100%	100% of usual and customary
<b>Basic Services</b>	100%	100% of usual and customary
<b>Minor Services</b>	100%	100% of usual and customary
<b>Periodontic Services</b> <b>Prosthodontic Services</b>	50%	50% of usual and customary
<b>Orthodontics</b>	50%	50% of usual and customary
<b>Orthodontics Lifetime Limit</b>	\$1,500	

# EXPRESS SCRIPTS

## Express Scripts is the Prescription Benefit Manager for PPO Plan Participants

Retail prescriptions can be obtained through participating pharmacies by presenting your Express Scripts ID Card. Mail order information can be obtained on the Express Scripts website at [www.express-scripts.com](http://www.express-scripts.com). You can also view the formulary, locate a participating pharmacy, order a refill, etc., on the website. If you have specific questions or issues, please call **800.818.6632**.

## Express Scripts Mobile

Information in the palm of your hands!



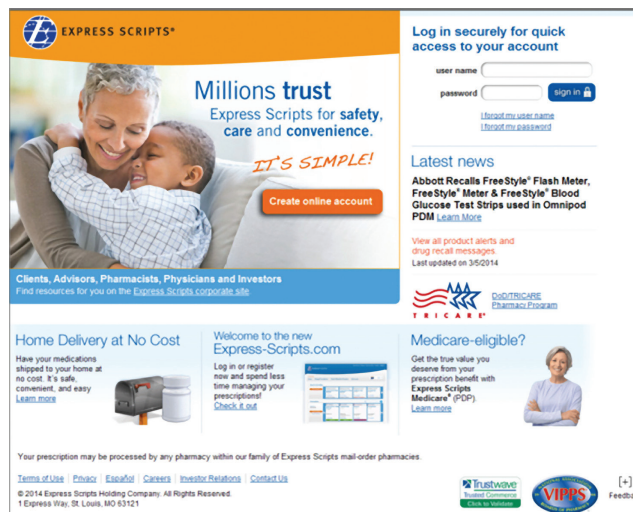
- Claims History – View your past prescription activity and payment details
- Medicine Cabinet – Manage prescriptions and check for drug interactions
- Refills & Renewals – Refill and renew home delivery prescriptions
- Order Status
- Pharmacy Care Alerts – Personalized alerts for your treatment plan
- Locate a Pharmacy – Find the one closest to you
- Switch to Home Delivery – Save the runaround, and maybe some money
- Drug Information – Get more detailed medication info
- Prescription ID Card
- My Rx Choices – Find lower-cost options under your plan

Watch out for mobile pharmacist and price a medication that are coming soon features. To download the app today, visit the app store or visit [Express-Scripts.com/mobileapp](http://Express-Scripts.com/mobileapp).

## Express Scripts Web

Get the most from our prescription benefit through [www.express-scripts.com](http://www.express-scripts.com).

- Prescriptions and Benefits
  - » Track your prescriptions and home delivery refills
  - » Refill and renew many prescriptions automatically with Worry-Free Fills
  - » View claims, balances and prescription history
- My Account
  - » Receive online alerts if there's a prescription-related safety issue
  - » Search information about any drug on the market
  - » Find lower-cost options
- Health Resource Center – Connect with pharmacists who specialize in medications used to treat long-term health conditions like:
  - » Cardiovascular disease
  - » Diabetes
  - » Oncology
  - » Bleeding disorders
  - » Other complex and chronic conditions



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# PRIME THERAPEUTICS

## Prime Therapeutics is the Prescription Benefit Manager for HMO Plan Participants.

Prime Therapeutics offers many options, resources and advantages as the pharmacy benefits manager through BCBSIL.

- **Cost savings:** Using generic drugs, when right for you, can help you save money. If you are taking or are prescribed a brand drug, visit [www.bcbsil.com](http://www.bcbsil.com) or [www.myprime.com](http://www.myprime.com) to find out if generic options are available.
- **Convenience:** A broad pharmacy network allows you to choose a contracting retail pharmacy close to you.
- **Time savings:** Through mail service, you can have maintenance medications delivered directly to you.
- **Safety programs:** BCBSIL has programs that help identify potential safety concerns.

In your Blue Access for Members portal click prescription drugs in the quick links box on the right. This will take you to [myprime.com](http://myprime.com), the member site of BCBS pharmacy benefit manager. At [myprime.com](http://myprime.com) you will find a variety of tools that can help you learn more about your medication, estimate prescription drug costs and help you better communicate with your doctor about your prescription medication options.

Use [myprime.com](http://myprime.com) to:

- Find out if a drug is on your plan's formulary. Using formulary drugs usually costs you less.
- See a list of generic options for a brand medication and learn more about generic drugs. Using generic drugs can save you money.
- Calculate your estimated cost for a 30-day or 90-day supply of a covered medication.



**1 Find Drugs & Pricing**  
Learn more about a medication, including available generic options, and what your cost will be. You also can find information about potential side effects or possible interactions with food or other drugs.

**2 Claim History**  
View your detailed prescription claim history and out-of-pocket costs. See claims as far back as the previous calendar year.

**3 Find a Pharmacy**  
Use the pharmacy locator tool to find a contracting pharmacy near you. You can search by ZIP code, pharmacy name or find 24-hour pharmacies.

**4 Go to MyPrimeMail.com**  
Use PrimeMail®, a convenient home delivery option. You can have your long-term prescriptions delivered right to you. Print an order form, refill a prescription and check the status of an order.

**5 More Resources:** Get tips on using [MyPrime.com](http://MyPrime.com) and [MyPrimeMail.com](http://MyPrimeMail.com), information about generic drugs and more.

Go to [bcbsil.com](http://bcbsil.com) > Log In to Blue Access for Members >  
Click Prescription Drugs In the Quick Links box

# EMPLOYEE ASSISTANCE PROGRAM (EAP)



Joliet Junior College offers employees, family members and anyone significant to the employee an Employee Assistance Benefits through Ceridian.

Life brings new ups and downs every day. From finding child or elder care or managing your personal finances, to getting help with a relationship or taking care of your health, LifeWorks offers **fast, free, confidential help, 24/7**. Call anytime as many times as you want to speak with a caring, master's level staff clinician with at least 5 years of clinical experience or visit [LifeWorks.com](http://LifeWorks.com) to find help and resources with almost any issue. In addition to unlimited phone and internet assistance individuals are eligible for up to 3 face-to-face sessions per issue for assessment and short-term problem resolution. No limit to the number of issues per year.

**Call LifeWorks at 888.456.1324. En español: 888.732.9020, TTY: 800.999.3004.**

**You can also visit [www.lifeworks.com](http://www.lifeworks.com) (username: jjceap; password: joliet).**

The full array of service that you have at no cost is listed below!

## Addiction and Recovery

- On-staff Substance Abuse Specialists
- Consultation regarding, but not limited to: drug and alcohol abuse, eating disorders and gambling

## Financial Services

- On-staff accredited Financial Consultants who provide consultations regarding credit management, budget analysis, home buying, mortgage/refinancing evaluation, retirement planning, basic estate planning and questions about tax planning and preparation
- Mortgage Reports and Completed Financial Management Personalized Plans available

## Legal Services

- Free 30-minute consultation with an attorney in-person or by phone, per issue
- 25% discount on services beyond initial consultation
- Consultations regarding divorce, family matters, landlord/tenant and real estate, consumer credit concerns, criminal matters or debtor/creditor issues
- Free 30-minute mediation consultation with a mediation professional who will listen to issues and assist with determining if mediation is the appropriate method for resolving their legal issue

## Parenting and Child Care

- Consultation regarding, but not limited to, parenting skills, positive discipline, child development, safety, becoming a parent and special needs issues

## Resources for Older Adults

- Consultations regarding but not limited to: caring for elders, as well as transition to retirement, the aging process, caregiver support, federally funded programs such as Medicare and Medicaid, long distance caregiving and communicating with an older relative
- Advanced consultation with on-staff Elder Care Specialists, personalized searches and referrals to in-home services such as home delivered meals, chore and hospice services, living arrangements such as nursing homes, assisted living, and adult day care centers

## Tools available at [lifeworks.com](http://lifeworks.com) or via the mobile app for iPhone and Android

- **Resource locators** for child care, elder care, EAP counselors, public and private schools and summer camps

- **Interactive self-assessments** to help you understand whether you can use help with issues such as depression, drinking, relationships, debt, management skills and communication
- **Articles** – More than 1,200 expert-reviewed articles covering the full range of EAP, Work-Life and Wellness issues plus access to more than 4,000 health articles through the Health Library
- **Audio podcasts** – Monthly audio podcasts for you and quarterly podcasts for managers featuring nationally recognized experts and Ceridian counselors
- **Audio CDs** – More than 30 Ceridian-created audio CDs can be ordered in hard copy, played on the site or downloaded to computer or mobile device
- **Booklets** – More than 30 Ceridian-created booklets can be ordered in hard copy or downloaded in PDF form
- **Calculators** – Financial calculators to help employees make savings and purchase decisions and health calculators to help you manage your health
- **Online health coaching programs** – Self-directed behavior change programs to help you lose weight, quit smoking, improve heart health and manage stress
- **Discounts** – Discounts on such products and services as college counseling, LifeLine personal response systems, tax preparation software and safety and accessibility products for elders
- **Monthly newsletter** – You can subscribe to the monthly LifeWorks email newsletter, customized for each subscriber from a choice of eight topic areas

#### **Educational materials**

Ceridian’s educational materials regularly win top honors in national communication competitions. Listed here are some of the communication awards from the past two years:

- **Working Fathers, Working Mothers**, LifeWorks’ audio CD, featuring parenting and work-life experts Armin Brott and Debra Gilbert Rosenberg, won a 2011 MarCom Gold Award from the Association of Marketing and Communication Professionals. Its goal is to help working parents handle feelings of guilt, juggle work and home demands, find resources and support, keep family relationships strong and do the best jobs they can do as working parents.
- **Chill Drills**, a ready-to-play stress relief audio recording for military service members, created by Ceridian for the Military OneSource program, won a 2010 Platinum MarCom Award, the highest honor awarded, from the Association of Marketing and Communication Professionals.





## Wellness Works

Joliet Junior College is serious about wellness and offers employees a variety of resources to help keep them healthy.

- Lunch and Learns
- Benefits/Wellness Fair
- Walking Maps/Trails

## Fitness Options

Wellness Fitness Center – Employee fee per semester

## Tobacco-Free Campus Policy

To promote a safe, clean, and healthy learning environment, Joliet Junior College prohibits the use of tobacco products inside College facilities, in all College vehicles and on all College property, except in personal vehicles. This includes the burning of any type of cigar, cigarette, pipe, electronic cigarettes, or any other smoking equipment. The use of smokeless/chewing tobacco is also prohibited. It is the responsibility of all faculty, staff, students and visitors to comply with this policy. Refusal to comply may result in citations issued by the Campus Police Department and/or disciplinary action by the appropriate administrative office. Additional information regarding the Tobacco-Free policy can be found on the Joliet Junior College Portal under the board Policy Manual.

# VISION INSURANCE

## VSP

VSP helps you to keep you and your eyes healthy. As the only national not-for-profit vision care company, VSP helps you:

- **Save money.** Did you know that VSP members get the best value and the lowest out-of-pocket costs, saving them an average of \$330 per year?
- **Stay healthy.** Annual eye exams are important to your overall health and can detect chronic conditions, like diabetes and high cholesterol.
- **Look great.** From classic styles to the latest designer frames, you will find hundreds of options for you and your family. Plus, get an extra \$20 to spend when you choose a featured frame brand.

### Getting Started is a Breeze

- Find the right VSP doctor for you. You'll find plenty to choose from at [www.vsp.com](http://www.vsp.com) or by calling **800.877.7195**.
- Already have a VSP doctor? At your appointment, tell them you're a VSP member.
- Check out your coverage and savings. Visit [www.vsp.com](http://www.vsp.com) to see your benefits anytime and check out how much you saved with VSP after your appointment.

That's it! VSP will handle the rest—no ID card necessary or claim forms to complete. If you see a non-VSP provider, you will receive a lesser benefit. Before seeing a non-VSP provider, call VSP at **800.877.7195** for more details.

	Signature Network	Out-of-Network
<b>Vision Exam</b>	No copay (adult every 24 months and children every 12 months)	Up to \$24 allowance
<b>Lenses and Frames</b>	\$200 allowance every 24 months	Up to \$200 allowance
<b>Contact Lens</b>	\$200 allowance for contacts and contact lens exam (fitting and evaluation). Contact lenses are in lieu of lenses and frames.	Up to \$200 allowance in lieu of lenses and frames

## VSP Members Extra Savings and Discounts

### *Glasses and Sunglasses*

- 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within the last 12 months of your last WellVision Exam.
- 20% off lens options like progressives and scratch-resistant and anti-reflective coatings.

### *Contacts*

- 15% off contact lens exam (fitting and evaluation).

### **Laser Vision Correction**

- Average 15% off the regular price or 5% off the promotional price, discounts only available from contracted facilities.



# LIFE AND AD&D INSURANCE

## Basic Life and AD&D Insurance

Joliet Junior College pays 100% of your basic term life insurance premiums. Joliet Junior College provides eligible employees with Basic Life and Accidental Death and Dismemberment AD&D Insurance as referenced in your Reliance Standard policy. Features included in your Life coverage include:

- Right to Convert Provision
- Portability of Insurance
- Accelerated Benefit for the Terminally Ill

## Supplemental Life and AD&D Insurance

Employees may elect to purchase additional Life insurance in \$10,000 increments with a minimum of \$10,000 and a maximum of \$750,000. Newly eligible employees have a guaranteed issue amount up to \$150,000, no medical questions required. An election over the guarantee issue amount, or when electing coverage when not first eligible, you will be required to complete evidence of insurability, medical questions. The coverage amount cannot exceed 7 times annual salary. Additional AD&D insurance can be purchased up to \$750,000 with no EOI required.

Spouse insurance can be purchased at the same amount as the employee, not to exceed 100% of the employee's coverage amount (minimum coverage amount \$10,000). Newly eligible spouses are guaranteed up to \$100,000 in coverage. An election over the guarantee issue amount, or when electing coverage when not first eligible, you will be required to complete evidence of insurability, medical questions.

Employees can also purchase dependent child(ren) insurance for child(ren) age 14 days up to 26 years. Life insurance can be purchased in amounts of \$2,500, \$5,000, \$7,500 or \$10,000. Dependent child(ren) AD&D insurance cannot exceed 10% of the employee's elected coverage amount up to a maximum of \$10,000. Dependent children life coverage at any amount is guarantee issue.

## Monthly Premium Rates

Employee/Spouse Age (rate will age annually on January 1)	Rate per \$10,000 of coverage
Under age 30	\$.67
30-39	\$.86
40-44	\$1.33
45-49	\$2.00
50-54	\$3.14
55-59	\$5.13
60-64	\$8.17
65-69	\$12.83
70 and over	\$26.00

Dependent Child(ren)	Rate
\$2,500	\$0.55
\$5,000	\$1.10
\$7,500	\$1.65
\$10,000	\$2.20

\*One rate for all eligible dependent children in the family regardless of the number.



\*You are automatically enrolled in AD&D insurance upon election of Life insurance. Premium amount is included in the above rate.

# VOLUNTARY LONG-TERM DISABILITY INSURANCE

Joliet Junior College offers full-time employees with voluntary long-term disability income benefits. In the event you become disabled from a non-work related injury or sickness, disability income benefits are provided as a source of income.

## What is a Disability? How is it Defined?

- Regular (“own”) occupation
- Any occupation

During the initial 60 months means that you cannot perform the material duties you routinely performed for your employer.

“Regular (“own”) occupation” means that you cannot perform the occupation you are routinely performing. We will look at your occupation as it is normally performed in the national economy, and not how the work tasks are performed for a specific employer or at a specific location.

“Any occupation” means that you cannot perform any occupation normally performed in the national economy for which you are reasonably suited based upon your education, training or experience. The “any occupation” definition applies for the remainder of the disability. That means from the end of the own job” and/or “own occupation” period up to the maximum benefit duration period.

Reliance Standard considers you to be disabled during and after the elimination period if, because of injury or sickness, you cannot perform the material duties of your “own occupation” or “any occupation” (as applicable) on a part-time basis, or some of the material duties full-time. “Total” disability is not required.

## What is the Benefit Amount?

The Long-Term Disability benefit replaces a portion of your pre-disability monthly earnings, less the income that was actually paid to you for the same Disability from other sources (e.g., SURS, Social Security, Workers’ Compensation, etc.). The benefit amount is 65% of your pre-disability monthly earnings up to a maximum of \$8,000 with a minimum of \$100.

## When do Benefits Begin and How Long do they Continue?

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 90 days. The benefit duration period (amount of time benefits can be paid) extends to a person’s normal retirement age as defined by the 1983 amendments to the United States Social Security Act. All duration schedules comply with the Age Discrimination and Employment Act (ADEA). If you recover from your disability, you will also no longer receive benefits.

## What does the State Universities Retirement System (SURS) Disability Plan Pay if I’m Disabled?

You may claim SURS disability benefits if, after you have at least two years of service credit, you become unable to perform your job due to illness. There is no minimum service credit required to claim SURS disability benefits if you are disabled due to an accident. SURS benefits begin on the later of 1) the day following 60 continuous calendar days of disability, or 2) the day following your last day of employer-provided salary or sick leave payments.

The amount of SURS disability benefit will be the greater of 1) 50% of your basic compensation on the day you became disabled or, 2) 50% of your average earnings for the 24 months prior to the date you became disabled.

# FLEXIBLE SPENDING ACCOUNT



Joliet Junior College offers a Flexible Spending program that allows you to put money into a savings account that you use to pay for certain out-of-pocket health and dependent care costs. Allowable expenses are dictated by Section 125 of the Internal Revenue Code and include deductibles, copays, vision expenses and childcare expenses. The dollars you put into the account are pretax, reducing your taxable income.

## Health FSA

You may elect to put up to \$2,600 per year in the Health FSA; minimum \$200.

You can use funds in your FSA to pay for your (or your dependent's) qualified medical, dental, vision, prescription expenses such as deductibles and copayments. You do not need to be enrolled in Joliet Junior College's health plan to enroll in the flexible spending program.

## Dependent Care FSA

You may elect to put up to \$5,000 per year in the Dependent Care FSA; minimum \$200.

A dependent care flexible spending account allows you to be reimbursed for qualified child care and dependent care expenses using pretax dollars.

## Allied Flex Debit Cards — Health FSA Only

The Allied Flex debit card makes using and managing an FSA quick and convenient. In addition, acting as a simple, one-swipe tool that does away with cash copays and claims submission, The Flex Debit Card management page on Allied's secure website allows members to track their Flex account expenses, balances and claims from anywhere, anytime.

## Grace Period

Joliet Junior College adopted the IRS grace period rule that will allow you to submit claims that were incurred two and half months after the 2017 plan year ends (March 15, 2018). This will allow you to use any money left over in your 2017 plan year for eligible FSA expenses incurred during the first 2 1/2 months of the 2018 plan year.

## Claims Submission

Claims can be submitted until March 31, 2018 for the 2017 plan year. This is a three-month extension to your 2017 plan year that will allow you to submit expenses incurred prior to the end of your 2017 plan year.

## Use It Or Lose It

Section 125 of the Internal Revenue Code requires that any money left in the account at the end of the plan year, after the grace period has been applied and exhausted, will revert back to the plan.

### Allied Flex Benefit Systems, Inc.

200 W. Adams Street, Suite 500  
Chicago, IL 60606

Allied Customer Service: 312.906.8080  
email: [flexClaims@alliedbenefit.com](mailto:flexClaims@alliedbenefit.com)  
Fax: 312.416.2870

Obtain reimbursement forms and other information at:  
[www.alliedbenefit.com/forms-fsa.aspx](http://www.alliedbenefit.com/forms-fsa.aspx)

# STATE UNIVERSITY RETIREMENT SYSTEM (SURS) HIGHLIGHTS

The SURS disability benefit is taxable. It is paid until you have received 50% of your earnings while a participant of SURS. You must requalify for the 35% Disability Retirement Allowance (DRA) which is also taxable. To qualify, you must be unable to perform any gainful occupation (for additional information, see your SURS Member Guide).

The voluntary long-term disability benefit is tax-free and supplements SURS or DRA if they pay and pays a benefit when SURS does not pay, providing you qualify for disability. It may pay in the case of partial disability.

## Sample SURS Employee

**Name:** Male age 45, disabled due to an illness

**Annual Salary:** \$60,444

**Monthly Salary:** \$5,037

**Months of Employment:** 48 months

**State Universities Retirement System:** 50% (before tax) of monthly salary up to 50% of total SURS earnings.

(SURS) Monthly Disability Benefit: Two years of SURS service credit is required to be eligible, and benefits commence the later of exhaustion of sick days or 60-day elimination period (\$2,518.50 payable until you've received 50% of your earnings under SURS).

Disability Retirement Allowance (DRA) Monthly Disability Benefit: 35% (before tax) of monthly salary to age 65 (\$1,762.95 payable to age 65 assuming continuation of total disability).

Reliance Standard Disability Benefit: 65% (tax-free) of salary to age 65 after your elimination period, the greater of 90 days or your accumulated sick leave (\$3,274 payable monthly to age 65 offset by SURS or DRA, if payable).

Employee becomes totally disabled but then partially recovers and does not qualify for DRA benefits. SURS pays 50% (before tax) of salary for approximately 2½ years then benefits end because the employee doesn't qualify for DRA continuation.

Reliance Standard supplements the SURS payment up to 65% (tax-free) of pre-disability salary then continues up to Social Security Normal Retirement Age with a partial disability benefit.

Age	Monthly rate per \$100 of covered benefit
18-24	\$0.118
25-29	\$0.132
30-34	\$0.152
35-39	\$0.179
40-44	\$0.239
45-49	\$0.406
50-54	\$0.659
55-59	\$0.672
60-64	\$0.706
65 and over	\$0.732

# STATE UNIVERSITY RETIREMENT SYSTEM (SURS) HIGHLIGHTS



Once you are deemed to be eligible for SURS participation, eight percent (8%) of your gross earnings including earnings for overtime and summer sessions is automatically deducted from your paycheck. Police officers have special rules that allow them to contribute 9.5% of gross earnings. Full-time community college employees pay an additional 0.5% of earnings to fund a health insurance plan devised for community college retirees.

The contributions you make to SURS will not be subject to Federal taxes until you begin to withdraw funds following your retirement. An employee who first becomes a SURS member (or other eligible Illinois reciprocal system) on or after 1/1/2011 is considered a Tier 2 member under the retirement plan. Please note SURS Members do not participate in Social Security.

## **SURS Retirement Plans Options:**

The State Universities Retirement System of Illinois (SURS) provides retirement, disability, death, and survivor benefits to eligible SURS participants and annuitants. SURS members must choose one of three retirement options; the Traditional Benefit Package, the Portable Benefit Package, or the Self-Managed Plan (SMP).

SURS will send an information packet directly to your home within approximately 4–6 weeks after your initial SURS eligibility date. You have six months from your initial date of eligibility to select one of three retirement plans; and return your election form to SURS. The choice is permanent and cannot be changed. If a new member fails to choose within six months, they will be permanently enrolled in the Traditional Benefit Package.

For additional information, call **800.275.7877 (800.ASK.SURS)** or [www.SURS.org](http://www.SURS.org).

## **403(b) & 457(b) Retirement Plans**

Joliet Junior College offers traditional and Roth 403(b) and 457(b) deferred compensation plans, providing you the opportunity to accumulate money for retirement. You can contribute pretax or post-tax dollars to both plans automatically through payroll deduction, which may lower current income taxes. Your accounts benefit from tax-advantaged growth.

For more information, please contact:

TSA Consulting Group, Inc.  
28 Ferry Road, SE  
Fort Walton Beach, FL 32548

**850.362.6840**

**888.796.3786** (toll free)

[www.tsacg.com](http://www.tsacg.com)

## GLOSSARY OF EMPLOYEE BENEFIT TERMS

**Allowed Amount.** Maximum amount on which payment is based for covered healthcare services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

**Balance Billing.** When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider should not balance bill you.

**Beneficiary.** The person(s) you name to receive certain benefits (such as life insurance) upon your death.

**Brand Name Drug:** Medications are marketed under a trademark-protected name and are often available from only one manufacturer.

**Coinsurance.** The percentage of covered medical or dental expenses that you must pay. For example, if your plan pays 80%, you must pay the remaining 20%.

**Copayment.** A fixed amount you pay for a covered healthcare service, usually at the time of service.

**Deductible.** The amount of medical or dental expenses you must pay each year before your plan begins paying benefits.

**Deductible Carryover.** In some benefit plans, not Health Savings Account Compatible Plans, if you have not met your annual deductible during the last three months of the plan year the claims incurred may apply toward the deductible for the next plan year.

**Emergency Medical Condition.** An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

**Evidence of Insurability (EOI).** An application process in which you provide information on the condition of your health or your dependent’s health in order to be considered for certain types of insurance coverage.

**Explanation of Benefits (EOB).** The document you receive from the insurance company after your claim is filed and processed. The EOB shows how much of the expense the plan covered and how much you may be expected to pay.

**Formulary Brand Name Drug:** A list of prescribed medications that are preferred by your plan because they are safe, effective alternatives to other generics or brands that may be more expensive. The formulary has a wide selection of generic and brand-name medications.

**HIPAA (Health Insurance Portability and Accountability Act of 1996).** A federal law that addresses the privacy of patient health information. The “privacy” regulations give patients greater access to their own medical records and more control over how their personal health information is used. Also, the law defines the obligations of healthcare providers and health plans to protect patient records.

**Hospitalization.** Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.

**Hospital Outpatient Care.** Care in a hospital that doesn’t require an overnight stay.

**In-Network Provider.** The facilities, providers and suppliers your health insurer or plan has contracted with to provide healthcare services.

**Maximum annual benefit.** The maximum amount the plan pays for specific services (such as dental or chiropractic) for a covered individual, each plan year.

**Medically necessary.** Services and supplies that the insurance company determines to be consistent with generally accepted practices for the diagnosis of an illness or injury, or the medical care of a diagnosed illness or injury. Only medically necessary services and supplies are covered by the plan.

**Out-of-Network Provider.** The facilities, providers and suppliers who don't have a contract with your health insurer or plan to provide services to you. You'll pay more to see an out-of-network provider.

**Out-of-Pocket Limit.** Is the most you have to pay for covered medical expenses in a year. Once you've reached the out-of-pocket maximum, the plan pays 100% of eligible expenses for the remainder of the plan year. This limit never includes your premium, balance-billed charges or charges the plan doesn't cover.

**Plan.** A benefit your employer, or other group sponsor provides to you to pay for your healthcare services.

**Plan year.** The period of time in which plan coverage and records are based. For the District's plan, it is the calendar year. (For example, the annual deductible, annual out-of-pocket maximum, and maximum annual benefit all apply to expenses incurred during the plan year.)

**Preauthorization.** A decision by your health insurer or plan that a healthcare service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification.

**Premium.** The amount you pay for your healthcare coverage and other benefits, through payroll deductions.

**Primary Care Physician.** A physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis. The following types of providers are PCPs: family practitioners, general practitioners, pediatricians, internal medicine, and gynecologists.

**Specialist.** A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

**Urgent Care.** Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

**Voluntary benefits.** Optional benefit plans sponsored by the employer, but fully paid for by employees who elect coverage. These benefits are generally available at special group rates or discounts, making them more cost-effective than employees could obtain on their own.

**Waiver of Premium.** Rider or provision included in the life insurance policy exempting the insured from paying premiums after insured has been disabled for a specified period of time.



# IMPORTANT NOTICES

## General Notice Of COBRA Continuation Coverage Rights **\*\*Continuation Coverage Rights Under COBRA\*\***

### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;



- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Joliet Junior College – Human Resources – 1215 Houbolt Road, Joliet IL 60404.**

### **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. *[Add description of any additional Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice.]*

#### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### **Keep your plan administrator informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **Plan contact information**

Allied  
200 W. Adams St. Suite 500  
Chicago, IL 60606  
312.906.8080

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **866.444.EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility.**

<b>ALABAMA – Medicaid</b>
<a href="http://myalhipp.com">http://myalhipp.com</a> 855.692.5447
<b>ALASKA – Medicaid</b>
The AK Health Insurance Premium Payment Program <a href="http://myakhipp.com/">http://myakhipp.com/</a>   866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
<b>ARKANSAS – Medicaid</b>
<a href="http://myarhipp.com">http://myarhipp.com</a> 855.MyARHIPP (855.692.7447)
<b>COLORADO – Medicaid and CHIP</b>
Health First Colorado (Colorado’s Medicaid Program) <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a> Member Contact Center: 800.221.3943   State Relay 711 Child Health Plan Plus (CHP+) <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> Customer Service: 800.359.1991   State Relay 711
<b>FLORIDA – Medicaid</b>
<a href="http://flmedicaidprecovery.com/hipp">http://flmedicaidprecovery.com/hipp</a> 877.357.3268
<b>GEORGIA – Medicaid</b>
<a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> Click on Health Insurance Premium Payment (HIPP) 404.656.4507

<b>INDIANA – Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 <a href="http://www.hip.in.gov">http://www.hip.in.gov</a>   877.438.4479 All other Medicaid <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>   800.403.0864
<b>IOWA – Medicaid</b>
<a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> 888.346.9562
<b>KANSAS – Medicaid</b>
<a href="http://www.kdheks.gov/hcf">http://www.kdheks.gov/hcf</a> 785.296.3512
<b>KENTUCKY – Medicaid</b>
<a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> 800.635.2570
<b>LOUISIANA – Medicaid</b>
<a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> 888.695.2447
<b>MAINE – Medicaid</b>
<a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> 800.442.6003   TTY: Maine relay 711
<b>MASSACHUSETTS – Medicaid and CHIP</b>
<a href="http://www.mass.gov/eohhs/gov/departments/masshealth">http://www.mass.gov/eohhs/gov/departments/masshealth</a> 800.462.1120
<b>MINNESOTA – Medicaid</b>
<a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> 800.657.3739



<b>MISSOURI – Medicaid</b>
<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> 573.751.2005
<b>MONTANA – Medicaid</b>
<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> 800.694.3084
<b>NEBRASKA – Medicaid</b>
<a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> 855.632.7633
<b>NEVADA – Medicaid</b>
<a href="http://dwss.nv.gov">http://dwss.nv.gov</a> 800.992.0900
<b>NEW HAMPSHIRE – Medicaid</b>
<a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> 603.271.5218
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a> 609.631.2392 CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> 800.701.0710
<b>NEW YORK – Medicaid</b>
<a href="http://www.nyhealth.gov/health_care/medicaid">http://www.nyhealth.gov/health_care/medicaid</a> 800.541.2831
<b>NORTH CAROLINA – Medicaid</b>
<a href="https://dma.ncdhhs.gov">https://dma.ncdhhs.gov</a> 919.855.4100
<b>NORTH DAKOTA – Medicaid</b>
<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a> 844.854.4825
<b>OKLAHOMA – Medicaid and CHIP</b>
<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> 888.365.3742
<b>OREGON – Medicaid</b>
<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> 800.699.9075
<b>PENNSYLVANIA – Medicaid</b>
<a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> 800.692.7462

<b>RHODE ISLAND – Medicaid</b>
<a href="http://www.eohhs.ri.gov">http://www.eohhs.ri.gov</a> 401.462.5300
<b>SOUTH CAROLINA – Medicaid</b>
<a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> 888.549.0820
<b>SOUTH DAKOTA – Medicaid</b>
<a href="http://dss.sd.gov">http://dss.sd.gov</a> 888.828.0059
<b>TEXAS – Medicaid</b>
<a href="http://gethiptexas.com">http://gethiptexas.com</a> 800.440.0493
<b>UTAH – Medicaid and CHIP</b>
Medicaid: <a href="https://medicaid.utah.gov">https://medicaid.utah.gov</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> 877.543.7669
<b>VERMONT – Medicaid</b>
<a href="http://www.greenmountaincare.org">http://www.greenmountaincare.org</a> 800.250.8427
<b>VIRGINIA – Medicaid and CHIP</b>
Medicaid: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> 800.432.5924 CHIP: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> 855.242.8282
<b>WASHINGTON – Medicaid</b>
<a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> 800.562.3022, ext. 15473
<b>WEST VIRGINIA – Medicaid</b>
<a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> 877.598.5820, HMS Third-Party Liability
<b>WISCONSIN – Medicaid</b>
<a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> 800.362.3002
<b>WYOMING – Medicaid</b>
<a href="https://wyequalitycare.acs-inc.com">https://wyequalitycare.acs-inc.com</a> 307.777.7531

**To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:**

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
866.444.EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877.267.2323, Menu Option 4, Ext. 61565

## Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physician complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, call Blue Cross Blue Shield of Illinois.

## HIPAA Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## Our Uses and Disclosures

We may use and share your information as we:

- Help manage the healthcare treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

#### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **877.696.6775**, or visiting **[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**.
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Help manage the healthcare treatment you receive

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### Run our Organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

#### Pay for Your Health Services

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### Administer Your Plan

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### Help With Public Health and Safety Issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### Do Research

We can use or share your information for health research.



### **Comply With the Law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address Workers Compensation, Law Enforcement, and Other Government Requests**

We can use or share health information about you:

- For workers compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to Lawsuits and Legal Actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

## HIPAA Special Enrollment Rights

Joliet Junior College's

### **Initial Notice of Your HIPAA Special Enrollment Rights**

Our records show that you are eligible to participate in the Joliet Junior College Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan – your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources at **815.280.2428**.

## Certificates of Creditable Drug Coverage

### Important Notice from JJC About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Joliet Junior College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Joliet Junior College has determined that the prescription drug coverage offered by the Joliet Junior College Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two- (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Joliet Junior College coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Joliet Junior College coverage, be aware that you and your dependents will not be able to get this coverage back until the following annual enrollment or if you experience a qualifying event.

### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Joliet Junior College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

## Discrimination is Against the Law

Joliet Junior College complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Joliet Junior College does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Joliet Junior College:

- Will guide you to free aids and services to people with disabilities to communicate effectively with us, such as:
  - » Qualified sign language interpreters
  - » Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Will guide you to free language services to people whose primary language is not English, such as:
  - » Qualified interpreters
  - » Information written in other languages

If you need assistance with these services, contact Patty Sanchez.

If you believe that Joliet Junior College has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Patty Sanchez, Employee Benefits/Training Specialist, 1215 Houbolt Rd., Joliet, IL, 60431, Phone: **815.280.2428**, Fax: **815.280.2400**, [psanchez@jjc.edu](mailto:psanchez@jjc.edu). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Patty Sanchez, Employee Benefits/Training Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building

Washington, D.C. 20201

**1.800.368.1019, 800.537.7697** (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Translated Resources

Under Section 1557 of the Affordable Care Act (ACA), covered entities are required to post notices of nondiscrimination and taglines that alert individuals with limited English proficiency (LEP) to the availability of language assistance services. The translated resources below are the **top 15 languages used in Illinois** and are available for use by JJC.

**(Spanish)** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.696.6775.

**(Polish)** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.877.696.6775.

**(Chinese)** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.877.696.6775

**(Korean)** □□: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.877.696.6775 번으로 전화해 주십시오.

**(Tagalog)** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.877.696.6775.

**(Arabic)** 1.877.696.6775. ملاحظة: إذا كنت تتحدث اللغة العربية، فستتاح لك خدمات مساعدة لغوية مجانية. اتصل بـ 1.877.696.6775.

**(Russian)** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступна бесплатная языковая помощь. Позвоните 1.877.696.6775.

**(Gujarati)** સુચન: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1.877.696.6775.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1.877.696.6775.

**(Vietnamese)** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.877.696.6775.

**(Italian)** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.877.696.6775.

**(Hindi)** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1.877.696.6775 पर कॉल करें।

**(French)** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.877.696.6775.

**(Greek)** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1.877.696.6775.

**(German)** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.877.696.6775.



## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 2-28-2017)

### PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources Department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Joliet Junior College		4. Employer Identification Number (EIN) 510176990	
5. Employer address 1215 Houbolt Road		6. Employer phone number 815.729.9020	
7. City Joliet	8. State IL	9. ZIP code 60431	
10. Who can we contact about employee health coverage at this job? Human Resources Department			
11. Phone number (if different from above) 815.280.2266		12. Email address hr@jjc.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.



The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

Yes (Go to question 15)  No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?** \_\_\_\_\_

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)





Notes





*This benefit summary prepared by*

 Arthur J. Gallagher & Co.

# Joliet Junior College

## Enrollment Form

### EMPLOYEE BENEFITS

New Hire    
  Annual Open Enrollment    
  Address Change    
  Name Change    
  Qualifying Event Status Change

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Last Name	Name	MI	Home Phone	Cell Phone	
<hr/>			<hr/>		<hr/>
Home Street Address			City	State	Zip
<hr/>		<hr/>	<hr/>	<hr/>	<hr/>
Social Security #	Date of Birth	Gender	Date of Hire	Benefits Effective Date	E-mail

**Qualifying Event Status Change(s)**  
 Employee Qualifying event is (e.g. marriage, birth of child , open enrollment): \_\_\_\_\_ Date of Event: \_\_\_\_\_  
 Requested change (e.g. add dependents): \_\_\_\_\_  
 Drop Coverage (list dependents to drop or all) \_\_\_\_\_

**PPO Medical with Prescription Drug, Core Dental and Vision**    
  Employee Only    
  Employee and Family    
  Waive Coverage  
**HMO Medical with Prescription Drug, Core Dental and Vision**    
  Employee Only\*    
  Employee and Family\*    
  Waive Coverage  
\*must complete below medical group and primary care physician number  
**Dental Buy Up**    
  Employee Only    
  Employee and Family    
  Waive Coverage

If Family Coverage, list:	Name	Gender M/F	Date of Birth	Social Security #	HMO Medical Group Number*	Primary Care Physician Number*
Employee	(Above)	(Above)	(Above)	(Above)	_____	_____
Spouse/Civil Union Partner	_____	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____	_____

**Basic Life/AD&D Insurance** (college paid) \$ \_\_\_\_\_  
**Optional Life and Accidental Death & Dismemberment Insurance** (increments of \$10,000)  
EMPLOYEE: \$ \_\_\_\_\_  
(not to exceed 7 times earning)    
 SPOUSE: \$ \_\_\_\_\_  
(not to exceed employee account)    
 DEPENDENT CHILD(REN): \$ \_\_\_\_\_  
(not to exceed employee account)

**NOTE:** If you have elected a coverage amount over the Guarantee Issue amount of \$150,000 for employee, \$100,000 for spouse, you will also need to complete an Evidence of Insurability form. The amount of coverage over the Guarantee Issue amount will be subject to medical underwriting approval and will become effective the date the carrier approves the Evidence of Insurability Application. If you DO NOT APPLY FOR coverage during the initial enrollment period, you will need to complete an Evidence of Insurability form for the entire elected amount of coverage.

**If Electing Spouse or Dependent Child(ren) coverage list:**

	Name	Gender	Date of Birth	Social Security #
Spouse/Civil Union Partner	_____	_____	_____	_____
Child	_____	_____	_____	_____
Child	_____	_____	_____	_____
Child	_____	_____	_____	_____

**Beneficiary Information:**

Name	Relationship	Social Security #	Share %
			%
			%
<b>TOTAL</b>			<b>100%</b>

**If the Beneficiary(ies) named above are not living, then pay:**

			Payment will be made in equal shares to surviving contingent beneficiaries

### Voluntary Long Term Disability

- I request to purchase Voluntary LTD Insurance Coverage in the amount of 65% of earnings per month as described in the Policy.
- I wish to WAIVE Voluntary Long-term Disability coverage.

I understand that in the event I desire such coverage at a later date: (1) I will be required to furnish evidence of insurability at my own expense; and (2) Reliance Standard Life Insurance Company (RSL) will have the right to refuse my request.

I understand that any coverage will not become effective until and unless approved by RSL, and upon approval, any benefits payable are subject to the terms, conditions and limitations of the Group Disability Policy. I also understand that the amount of any payroll deduction may be adjusted based on underwriting changes or age changes that affect the rates charged.

Use LTD worksheet to calculate your benefit amount and your monthly payroll deduction. Write these amounts on the lines below.

65% of my covered salary = \$ \_\_\_\_\_ (enter \$ amount from #3 on premium worksheet)

Monthly payroll deduction = \$ \_\_\_\_\_ (enter \$ amount from #6 on premium worksheet)

### Health Flexible Spending Account

The annual maximum amount you may elect is \$2,600.00. \$200 minimum election.

- I elect to participate \$ \_\_\_\_\_ per pay period x \_\_\_\_\_ remaining pay periods = \$ \_\_\_\_\_ Plan Year Total
- I wish to WAIVE participation in the Health Flexible Spending Account.

### Dependent Care Flexible Spending Account\*

Annual maximum allowable is:

- \$5,000 if married filing jointly or single
- \$2,500 if married filing separately
- \$200 minimum election

- I elect to participate \$ \_\_\_\_\_ per pay period x \_\_\_\_\_ remaining pay periods = \$ \_\_\_\_\_ Plan Year Total
- I elect Direct Deposit\*
- I wish to WAIVE participation in the Dependent Care Flexible Spending Account.

I acknowledge my FSA must be used within the benefit period or it will be forfeited according to the IRS regulations.

\*If electing direct deposit please complete the direct deposit form and attach a voided check to the direct deposit form.

**Special Enrollment Periods with Qualifying Events** – applicable to Medical, Dental, Flexible Spending Accounts and Optional Life and AD&D: I understand that I may, in the future, **enroll or drop** coverage for myself and/or my dependents **provided I do so within 31 days** of the qualifying event. My election change must be consistent with the qualifying event. **If I fail to make my request within 31 days, I will have to wait until the next Annual Enrollment Period.**

In accepting the Medical, Dental, Vision, LTD and Optional Life and AD&D coverage, I understand that certain protected claims data will be released to administrative entities for the purpose of processing claims.

I authorize Joliet Junior College to deduct the cost of the benefits I have elected from my pay in accordance to the established employee contribution formulas.

The signature below also verifies the accuracy of the information contained on this form. I represent that the statements on this application are true and complete to the best of my knowledge and belief. I understand and agree that misrepresentations, omissions, concealment of facts, or incorrect statements may result in denial of benefits and/or termination of coverage/membership.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.bcbsil.com/member/policy-forms](http://www.bcbsil.com/member/policy-forms) or by calling 1-800-828-3116.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	In-Network: <b>\$1,000</b> Individual/ <b>\$2,000</b> Family Out-of-Network: <b>\$2,000</b> Individual / <b>\$4,000</b> Family Doesn't apply to certain preventative care, copays, prescription drugs and emergency room services. Copays don't count toward the <u>deductible</u> .	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For In-Network: <b>\$2,500</b> Person/ <b>\$5,000</b> Family For Out-of-Network: <b>\$5,000</b> Person/ <b>\$10,000</b> Family Prescription drug expense limit: <b>\$2,500</b> Individual/ <b>\$5,000</b> Family.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balanced-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Does this plan use a <u>network of providers</u> ?	Yes. Visit <a href="http://www.bcbsil.com">www.bcbsil.com</a> or call 1-800-828-3116 for a list of In-Network providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .

**Questions:** Call 1-800-828-3116 or visit us at [www.bcbsil.com](http://www.bcbsil.com).

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

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you visit a health care <b>provider's</b> office or clinic	Primary care visit to treat an injury or illness	\$30 copay/visit	40% coinsurance	Copay applies to office visit only.
	Specialist visit	\$50 copay/visit	40% coinsurance	
	Other practitioner office visit	20% coinsurance	40% coinsurance	---none---
	Preventive care/screening/immunization	No Charge	40% coinsurance	Certain women's preventative services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	---none---
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	---none---

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <b>prescription drug coverage</b> is available at <a href="http://www.express-scripts.com">www.express-scripts.com</a> or call 800-818-6632</p>	Generic drugs	\$10 – Up to 30 days at retail \$20 – 31-90 days at retail \$10 – 90 days through mail order	\$10 – Up to 30 days at retail \$20 – 31-90 days at retail \$10 – 90 days through mail order	<p>Dispensing limits may apply to certain drugs.</p> <p>Certain women’s preventative services will be covered with no cost to the member.</p> <p>Rx Out-of-Pocket Expense Limit: \$2,500 Individual/ \$5,000 Family</p> <p>Prescription drug copays accumulate towards the Rx Out-of-Pocket Expense Limit only</p>
	Formulary brand drugs	\$25 – Up to 30 days at retail \$50 – 31-90 days at retail \$25 – 90 days through mail order	\$25 – Up to 30 days at retail \$50 – 31-90 days at retail \$25 – 90 days through mail order	
	Non-Formulary brand drugs	\$40 – Up to 30 days at retail \$80 – 31-90 days at retail \$40 – 90 days through mail order	\$40 – Up to 30 days at retail \$80 – 31-90 days at retail \$40 – 90 days through mail order	
	Specialty drugs	Covered through Accredo Specialty pharmacy - \$40 - Up to 30 days at retail \$80 – 31-90 days retail \$40 – 90 days through mail order	\$40 – Up to 30 days at retail \$80 – 31-90 days at retail \$40 – 90 days through mail order	
<p><b>If you have outpatient surgery</b></p>	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	---none---
	Physician/surgeon fees	20% coinsurance	40% coinsurance	---none---
<p><b>If you need immediate medical attention</b></p>	Emergency room services	\$200 copay/visit plus 20% coinsurance.	\$200 copay/visit plus 20% coinsurance.	Emergency room copay waived if admitted.
	Emergency medical transportation	20% coinsurance	20% coinsurance	---none---
	Urgent care	20% coinsurance	40% coinsurance	---none---

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	---none---
	Physician/surgeon fee	20% coinsurance	40% coinsurance	---none---
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$30 copay/visit	40% coinsurance	Preauthorization is required. PCP copay applies to psychotherapy visit only.
	Mental/Behavioral health inpatient services	20% coinsurance	40% coinsurance	---none---
	Substance use disorder outpatient services	\$30 copay/visit	40% coinsurance	Preauthorization is required. PCP copay applies to psychotherapy visit only.
	Substance use disorder inpatient services	20% coinsurance	40% coinsurance	---none---
If you are pregnant	Prenatal and postnatal care	\$30 copay	40% coinsurance	Copay applies to first prenatal visit (per pregnancy).
	Delivery and all inpatient services	20% coinsurance	40% coinsurance	---none---
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	---none---
	Rehabilitation services	20% coinsurance	40% coinsurance	---none---
	Habilitation services	20% coinsurance	40% coinsurance	---none---
	Skilled nursing care	20% coinsurance	40% coinsurance	---none---
	Durable medical equipment	20% coinsurance	40% coinsurance	Benefits are limited to items used to serve a medical purpose. DME benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice service	20% coinsurance	40% coinsurance	---none---
If your child needs dental or eye care	Eye exam	Not Covered	Not Covered	Benefits available through outside vendor.
	Glasses	Not Covered	Not Covered	
	Dental check-up	Not Covered	Not Covered	---none---



## Excluded Services & Other Covered Services:

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

- Acupuncture
- Cosmetic Surgery
- Dental Care (Adult and Children)
- Hearing Aids
- Long Term Care
- Routine Eye Care (Adult and Children)
- Routine Foot Care (with the exception of person with diagnosis of diabetes)
- Weight Loss Programs

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

- Bariatric Surgery
- Chiropractic Care
- Infertility Treatment
- Most coverage provided outside the United States. See [www.bcbsil.com](http://www.bcbsil.com)
- Non-Emergency Care When Traveling Outside the U.S.
- Private Duty Nursing (with the exception of inpatient private duty nursing)

## Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at **1-800-828-3116**. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

## Your Grievance and Appeals Rights:

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

## Does this Coverage Provide Minimum Essential Coverage?

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

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

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

### What does a Coverage Example show?

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

### Does the Coverage Example predict my own care needs?

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

### Does the Coverage Example predict my future expenses?

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

### Can I use Coverage Examples to compare plans?

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

### Are there other costs I should consider when comparing plans?

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

**Questions:** Call 1-800-828-3116 or visit us at [www.bcbsil.com](http://www.bcbsil.com).

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

## About these Coverage Examples:

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



**This is not a cost estimator.**

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

See the next page for important information about these examples.

### Having a Baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,020
- Patient pays \$2,520

#### Sample care costs:

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

#### Patient pays:

Deductibles	\$1,000
Copays	\$20
Coinsurance	\$1,300
Limits or exclusions	\$200
<b>Total</b>	<b>\$2,520</b>

### Managing Type 2 Diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,320
- Patient pays \$2,080

#### Sample care costs:

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

#### Patient pays:

Deductibles	\$1,000
Copays	\$800
Coinsurance	\$200
Limits or exclusions	\$80
<b>Total</b>	<b>\$2,080</b>

Note: These examples are based on individual coverage only.

## Does this Coverage Meet the Minimum Value Standard?

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

## Language Access Services:

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

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

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

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

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

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**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan by calling 1-800-892-2803 or at <https://policy-srv.box.com/s/k28vubaejvk7rr1ofve58xy1h56jz0xb>

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For In-Network: <b>\$1,500</b> Person/ <b>\$3,000</b> Family  Rx Out-of-Pocket Expense Limit: <b>\$1,000</b> Person/ <b>\$2,000</b> Family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balanced-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Does this plan use a <u>network of providers</u> ?	Yes. Visit <a href="http://www.bcbsil.com">www.bcbsil.com</a> or call 1-800-892-2803 for a list of In-Network providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	Yes.	This plan will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have the plan's permission before you see the <u>specialist</u> .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .

**Questions:** Call 1-800-892-2803 or visit us at [www.bcbsil.com](http://www.bcbsil.com).

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

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you visit a health care <b>provider's</b> office or clinic	Primary care visit to treat an injury or illness	\$30 copay/visit	Not Covered	Copay applies to office visit only.
	Specialist visit	\$50 copay/visit	Not Covered	
	Other practitioner office visit	\$50 copay/visit	Not Covered	---none---
	Preventive care/screening/immunization	No Charge	Not Covered	Certain women's preventative services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	---none---
	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	---none---

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
<b>If you need drugs to treat your illness or condition</b>  More information about <b>prescription drug coverage</b> is available at <a href="http://www.bcbsil.com">www.bcbsil.com</a> .	Generic drugs	\$10 – Up to 34 days at retail \$20 – 90 days at retail \$20 – 90 days through mail order	Not Covered	Rx Out-of-Pocket Expense Limit: \$1,000 Person/\$2,000 Family
	Formulary brand drugs	\$25 – Up to 34 days at retail \$50 – 90 days at retail \$50 – 90 days through mail order	Not Covered	Dispensing limits may apply to certain drugs.  Certain women’s preventative services will be covered with no cost to the member.
	Specialty drugs	Covered through Accredo Specialty pharmacy - \$40 - Up to 34 days at retail \$80 – 90 days retail \$80 – 90 days through mail order	Not Covered	Prescription drug copays accumulate towards the Rx Out-of-Pocket Expense Limit only
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	---none---
	Physician/surgeon fees	No Charge	Not Covered	---none---
<b>If you need immediate medical attention</b>	Emergency room services	\$100 copay/visit	\$100 copay/visit	Emergency room copay waived if admitted.
	Emergency medical transportation	No Charge	No Charge	---none---
	Urgent care	No Charge	Not Covered	---none---
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$100 copay/admission	Not Covered	---none---
	Physician/surgeon fee	No Charge	Not Covered	---none---

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	\$30 copay/visit	Not Covered	Preauthorization is required. PCP copay applies to psychotherapy visit only.
	Mental/Behavioral health inpatient services	\$100 copay/admission	Not Covered	Preauthorization is required. PCP copay applies to psychotherapy visit only
	Substance use disorder outpatient services	\$30 copay/visit	Not Covered	Preauthorization is required. PCP copay applies to psychotherapy visit only.
	Substance use disorder inpatient services	\$100 copay/admission	Not Covered	Preauthorization is required. PCP copay applies to psychotherapy visit only
<b>If you are pregnant</b>	Prenatal and postnatal care	\$30 copay	Not Covered	Copay applies to first prenatal visit (per pregnancy).
	Delivery and all inpatient services	No Charge	Not Covered	---none---
<b>If you need help recovering or have other special health needs</b>	Home health care	No Charge	Not Covered	---none---
	Rehabilitation services	No Charge	Not Covered	Limited to 60 treatments combined for all therapies.
	Habilitation services	No Charge	Not Covered	
	Skilled nursing care	No Charge	Not Covered	---none---
	Durable medical equipment	No Charge	Not Covered	Benefits are limited to items used to serve a medical purpose. DME benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice service	No Charge	Not Covered	---none---
<b>If your child needs dental or eye care</b>	Eye exam	Not Covered	Not Covered	Benefits available through outside vendor.
	Glasses	Not Covered	Not Covered	
	Dental check-up	Not Covered	Not Covered	---none---



## Excluded Services & Other Covered Services:

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

- Acupuncture
- Cosmetic Surgery
- Dental Care (Adult and Children)
- Hearing Aids
- Long Term Care
- Routine Eye Care (Adult and Children)
- Routine Foot Care (with the exception of person with diagnosis of diabetes)
- Weight Loss Programs

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

- Bariatric Surgery
- Chiropractic Care
- Infertility Treatment
- Most coverage provided outside the United States. See [www.bcbsil.com](http://www.bcbsil.com)
- Non-Emergency Care When Traveling Outside the U.S.
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## Your Rights to Continue Coverage:

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## Your Grievance and Appeals Rights:

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

## Does this Coverage Provide Minimum Essential Coverage?

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

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

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

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

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## About these Coverage Examples:

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



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

See the next page for important information about these examples.

### Having a Baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,020
- Patient pays \$2,520

#### Sample care costs:

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

#### Patient pays:

Deductibles	\$1,000
Copays	\$20
Coinsurance	\$1,300
Limits or exclusions	\$200
<b>Total</b>	<b>\$2,520</b>

### Managing Type 2 Diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,320
- Patient pays \$2,080

#### Sample care costs:

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

#### Patient pays:

Deductibles	\$1,000
Copays	\$800
Coinsurance	\$200
Limits or exclusions	\$80
<b>Total</b>	<b>\$2,080</b>

Note: These examples are based on individual coverage only.

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

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

### What does a Coverage Example show?

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

### Does the Coverage Example predict my own care needs?

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

### Does the Coverage Example predict my future expenses?

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

### Can I use Coverage Examples to compare plans?

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

### Are there other costs I should consider when comparing plans?

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

**Questions:** Call 1-800-892-2803 or visit us at [www.bcbsil.com](http://www.bcbsil.com).

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

# Ways to Find an HMOI Provider



From your computer or mobile phone, log on to **bcbsil.com** (further details to follow next screens)




Call the BCBS HMO Customer Service Department  
**800-892-2803 (HMO)**




Talk with your current physician's office to see if they accept BCBS's HMOI coverage

# bcbsil.com


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 **BlueCross BlueShield of Illinois**

 **Ask IVY™**  
our virtual assistant

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 **NEED 2016 COVERAGE?  
YOU MAY STILL BE ABLE TO ENROLL**

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[LEARN ABOUT MEDICAID PLANS](#)

 **MEDICARE PLANS**

[TYPES OF COVERAGE](#)

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**BlueCross BlueShield of Illinois**

**Provider Finder®**  
Last Updated: 10/12/2016

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### Find a Doctor or Hospital with Provider Finder®

Search our network of doctors, dentists, hospitals and other health providers. To keep your costs down, search for a provider in your plan's network.

I'm looking for a doctor or hospital and I live in  
 **Start Search**

I'm shopping and want to see plans my doctor accepts. **Continue**

**blueaccess**  
for Members®

Register or log in for personalized search results based on your health plan and network.

# bcbsil.com

**Find a Doctor or Hospital with Provider Finder®**

**Select Network or Plan**

Choose your plan network (or plan name) from the choices below.

[Which network covers your plan?](#)

Looking for a Medicare provider? Start [here](#)

Plan Networks  Individual & Family Plans

Select from the list below

- Blue Choice PPO<sup>sm</sup> [BCS]
- Blue Choice Preferred PPO<sup>sm</sup> [BCE]
- Blue Options<sup>sm</sup>/Blue Choice Options<sup>sm</sup> [BCO]
- Blue Precision HMO<sup>sm</sup> [BAV]
- Blue Advantage HMO® [ADV]
- BlueCare Direct<sup>sm</sup>, in collaboration with Advocate Health Care [BHD]
- Community Participation Options [CPO]
- HMO Illinois® [HMO]**
- Participating Provider Organization [PPO]

[Search all networks and plans](#) [Back](#)

**blueaccess** for Members™ [Register or log in for personalized search results based on your health plan and network.](#)

**Which Health Plan or Network Do You Have?**

Look for your plan name or network's 3-digit code on the front of your Blue Cross and Blue Shield member ID card. If you have questions about which network you have, call the Customer Service number on the back of your card.

**Network Code** (Individual Members)

**Plan Name** (Individual Members)

**Network Code** (Group Members)

Plan	Network Code
Blue Prof SLV PPO	4444
Blue PPO	4444
Blue PPO	4444
Blue PPO	4444
Blue PPO	4444
Blue PPO	4444
Blue PPO	4444
Blue PPO	4444
Blue PPO	4444
Blue PPO	4444

[+] FEEDBACK





See your primary care physician (PCP) first. Your PCP is your doctor that directs all of your health care. For serious or life-threatening emergencies, go to the nearest emergency room. You don't need a referral.

## Search Criteria

Doctor, Facility, or Clinic Name

Address, City or ZIP code

State Searching In(Required)

[Provider Type](#)

[Provider Specialty](#)

Show only providers accepting new patients

Show only providers who speak Spanish

Show only board certified providers

Show only providers with [accreditations](#)

Show only providers with Bridges to Excellence

Show only providers with [recognitions/certifications](#)

Show only [Blue Distinction Centers® / Blue Distinction Centers®+](#)

[Search](#)

[Back to Network/Plan Selection](#)

Show all providers ▶

The screenshot shows the BlueCross BlueShield of Illinois Provider Finder interface. The page header includes the company logo and name, the 'Provider Finder' title, and the last update date (10/12/2016). Navigation links for Search, FAQs, Company Information, Disclaimer, Language Assistance, and en Español are present. The search results are filtered by Location (60431), State (IL), Travel Distance (15 Miles), and Network (HMO Illinois®). A search result for Francis Tomasik MD is highlighted with a red box. The provider's information includes PCP#, Group, Address, Phone, Gender, and Other Languages Spoken. A note is displayed: '-Please note: You will need to provide both the 3 digit Medical Group/IPA and the 9 digit PCP number when enrolling.' Additional details include NPI, Board Certified status (Obstetrics-Gynecology: Yes), Education (Loyola University Of Chicago Stritch School Of Med), and Residency (St. Joseph Hospital New York). A Graduation Date of 06/30/1963 is also listed. A link for Physician/Hospital Information Validation is provided at the bottom of the provider's details.

**BlueCross BlueShield of Illinois** **Provider Finder®**  
Last Updated: 10/12/2016

[Search](#) | [FAQs](#) | [Company Information](#) | [Disclaimer](#) | [Language Assistance](#) | [en Español](#)

**Searched By:**

Location: 60431  
State: IL  
Travel Distance 15 Miles  
Network: HMO Illinois®

**Start a New Search:**  
[Return to the home page and start a new search](#)

**Other Locations for this Provider:**  
3077 W Jefferson Sst, Suite 101  
Joliet , IL 60435  
[View Details](#)

[Back to Results](#) [Email this page](#) [Send to my phone](#) [Print this page](#)

[Disclaimer](#) [Request updates to provider information](#)

**Francis Tomasik MD**  
PCP#: 428727724 -Please note: You will need to provide both the 3 digit Medical Group/IPA and the 9 digit PCP number when enrolling.

**Group:** Presence Saint Joseph Health Partners  
Joliet; Presence Health; Presence St Joseph H P  
Joliet

**Address:** 3077 W Jefferson St  
Suite 101  
Joliet, IL 60435

**Phone:** (815)725-0350

**Gender:** Male

**Other Languages Spoken:** Sign Language,  
Spanish

**NPI:** 1447247424

**Board Certified:**  
Obstetrics-Gynecology: Yes  
Click [here](#) to view most current Board certification status

**Education:** Loyola University Of Chicago Stritch School Of Med

**Residency:** St. Joseph Hospital New York

**Graduation Date:** 06/30/1963

[Physician/Hospital Information Validation](#)

## Network Information

This provider is part of the medical group(s) and networks shown here. You will also find other details such as where to find this provider, hospitals where this provider can treat patients, specialties, and more. Select a network below to view more information.

Blue Precision HMO™

Blue Advantage HMO®

HMO Illinois®

## Plans Accepted on this Network

[View plans in this network](#)

### Medical Group:

[PRESENCE SAINT JOSEPH HEALTH PARTNERS JOLIET](#)

Phone: (815)725-0350

Provider Specialty: Obstetrics-Gynecology

### Hospital Affiliations:

[Presence St Joseph Medical Ctr](#)

Medical Group/IPA#: 473

✓ Accepting Patients

### Office Hours:\*

Mon: 08:00 AM-05:00 PM

Tues: 08:00 AM-05:00 PM

Wed: 08:00 AM-05:00 PM

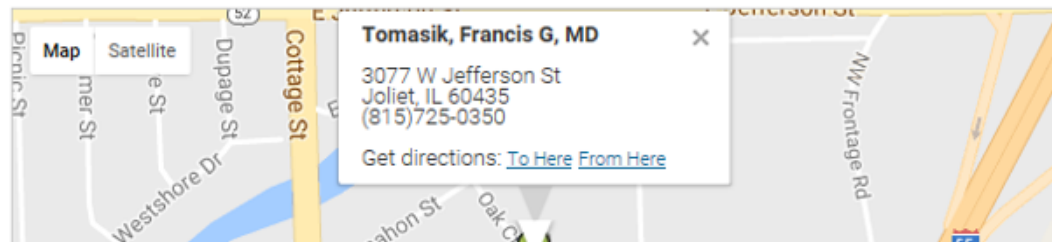
Th: 08:00 AM-05:00 PM

Fri: 08:00 AM-02:00 PM

Sat: Closed

Sun: Closed

\* These hours are not a guarantee of availability, please call your doctor/provider to verify.



## JOLIET JUNIOR COLLEGE Buy Up Plan – Effective 01/01/2017

*The following is a listing of common services available through your BlueCare Dental PPO network.  
The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.  
This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information.*

### BENEFIT HIGHLIGHTS

#### Program Basics

#### Contracting Provider\*

#### Non-Contracting Provider\*

#### Benefit Period Maximum

\$2,000 per benefit period

#### Deductible

\$25 per person per benefit period  
\$75 maximum per family

#### Dependent Coverage

Dependent children are covered up to age 26  
Eligible military personnel are covered to age 30

### Services

#### Diagnostic & Preventive Services

Dental exams  
Cleanings  
X-rays  
Fluoride treatment

100% of Maximum Allowance

100% of Usual and Customary

#### Miscellaneous Services

Sealants – coverage for dependent children to age 19  
Space maintainers  
Labs & tests

100% of Maximum Allowance

100% of Usual and Customary

#### Emergency Care

Treatment for the relief of pain

100% of Maximum Allowance

100% of Usual and Customary

#### Restorative Services

Routine fillings (amalgams and resins)  
Pin retention  
Simple extractions

100% of Maximum Allowance  
after deductible

100% of Usual and Customary  
after deductible

#### General Services

Intravenous sedation  
General anesthesia  
Stainless steel crowns

100% of Maximum Allowance  
after deductible

100% of Usual and Customary  
after deductible

#### Endodontic Services

Root canals  
Pulp caps  
Apicoectomy / apexification

100% of Maximum Allowance  
after deductible

100% of Usual and Customary  
after deductible

#### Periodontic Services

Scaling & root planing  
Gingivectomy / gingivoplasty  
Osseous surgery

50% of Maximum Allowance  
after deductible

50% of Usual and Customary  
after deductible

#### Oral Surgery Services

Surgical extractions  
Alveoloplasty  
Vestibuloplasty

100% of Maximum Allowance  
after deductible

100% of Usual and Customary  
after deductible

#### Crowns, Inlays / Onlays Services

Crowns  
Inlays / onlays  
Prefabricated posts and cores  
Repair and re cementation of crown, inlays / onlays

100% of Maximum Allowance  
after deductible

100% of Usual and Customary  
after deductible

#### Prosthetic Services

Bridges and dentures  
Reline / rebase of dentures  
Addition of tooth or clasp  
Repair of bridges and dentures

50% of Maximum Allowance  
after deductible

50% of Usual and Customary  
after deductible

#### Orthodontics

Coverage for adults and eligible dependents to age 26

50%

50%

Orthodontia Lifetime Maximum of \$1,500

Orthodontia Lifetime Maximum of \$1,500

#### \* Schedule of Maximum Allowances

Contracting providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. **Non-contracting providers do not** accept the Schedule of Maximum Allowances as payment in full. For services received from a non-contracting provider, member will be liable for the difference between the dentist's charge and covered benefits.

# BlueCare<sup>®</sup> Dental

*Freedom PPO - Passive*



**BlueCross BlueShield  
of Illinois**

## JOLIET JUNIOR COLLEGE Core Plan Effective 01/01/2017

*The following is a listing of common services available through your BlueCare Dental PPO network.  
The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.*

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information.

### BENEFIT HIGHLIGHTS

#### Program Basics

#### Contracting Provider\*

#### Non-Contracting Provider\*

#### Benefit Period Maximum

\$1,200 per benefit period

#### Deductible

\$25 per person per benefit period  
\$75 maximum per family

#### Dependent Coverage

Dependent children are covered up to age 26  
Eligible military personnel are coverage to age 30

### Services

#### Diagnostic & Preventive Services

Dental exams  
Cleanings  
X-rays  
Fluoride treatment

100% of Maximum Allowance

100% of Usual and Customary

#### Miscellaneous Services

Sealants – covered for dependent children to age 19  
Space maintainers  
Labs & tests

100% of Maximum Allowance

100% of Usual and Customary

#### Emergency Care

Treatment for the relief of pain

100% of Maximum Allowance

100% of Usual and Customary

#### Restorative Services

Routine fillings (amalgams and resins)  
Pin retention  
Simple extractions

100% of Maximum Allowance

100% of Usual and Customary

#### General Services

Intravenous sedation  
General anesthesia  
Stainless steel crowns

100% of Maximum Allowance  
after deductible

100% of Usual and Customary  
after deductible

#### Endodontic Services

Root canals  
Pulp caps  
Apicoectomy / apexification

100% of Maximum Allowance  
after deductible

100% of Usual and Customary  
after deductible

#### Periodontic Services

Scaling & root planing  
Gingivectomy / gingivoplasty  
Osseous surgery

50% of Maximum Allowance  
after deductible

50% of Usual and Customary  
after deductible

#### Oral Surgery Services

Surgical extractions  
Alveoloplasty  
Vestibuloplasty

100% of Maximum Allowance  
after deductible

100% of Usual and Customary  
after deductible

#### Crowns, Inlays / Onlays Services

Crowns  
Inlays / onlays  
Prefabricated posts and cores  
Repair and re cementation of crown, inlays / onlays

100% of Maximum Allowance  
after deductible

100% of Usual and Customary  
after deductible

#### Prosthetic Services

Bridges and dentures  
Reline / rebase of dentures  
Addition of tooth or clasp  
Repair of bridges and dentures

50% of Maximum Allowance  
after deductible

50% of Usual and Customary  
after deductible

#### Orthodontics

Coverage for eligible dependent children to age 26

50%

50%

Orthodontia Lifetime Maximum of \$1,000

Orthodontia Lifetime Maximum of \$1,000

#### \* Schedule of Maximum Allowances

Contracting providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. **Non-contracting providers do not** accept the Schedule of Maximum Allowances as payment in full. For services received from a non-contracting provider, member will be liable for the difference between the dentist's charge and covered benefits.

# BlueCare<sup>®</sup> Dental

*Freedom PPO - Passive*



**BlueCross BlueShield  
of Illinois**



**Joliet Junior College #A09101**

Plan Year: **1/1/2017 to 12/31/2017**

Plan Options:

- Health FSA
- Dependent Care FSA

### **Enrollment:**

You may elect up to \$2,600 per year in the Health FSA; \$200 minimum

You may elect up to \$5,000 per year in the Dependent Care FSA; \$200 minimum

### **Claim Submission:**

Claims can be submitted until March 31, 2018 for the 2017 plan year. This is a three month extension to your 2017 plan year that will allow you to submit expenses incurred prior to the end of your 2017 plan year.

### **Grace Period- Health FSA & Dependent Care FSA**

Your employer adopted the IRS grace period rule that will allow you to submit claims that were incurred two and a half (2 ½) months after the 2017 plan year ends (March 15, 2018). This will allow you to use any money left over in your 2017 plan year for eligible FSA expenses incurred during the first 2 ½ months of the 2018 plan year.

### **“Use it or lose it”:**

IRS regulations require that any money left in the account at the end of the plan year, after the grace period has been applied and exhausted, will revert back to the plan.

### **Direct Deposit:**

Members can easily establish direct deposit procedures for their Allied Flex accounts. This makes processing reimbursements easy and instantaneous, without the worry of waiting for reimbursement checks to arrive in the mail. You may elect to use your checking or savings account.

### **Allied Flex Debit Cards—Health FSA Claims Only:**

The Allied Flex debit card makes using and managing a Flex account quick and convenient. In addition, acting as a simple, one-swipe tool that does away with cash co-pays and claims submissions, The Flex Debit Card management page on Allied's secure website allows members to track their Flex account expenses, balances, and claims from anywhere, anytime.





**Allied Benefit Systems, Inc.**  
 200 W. Adams St. Suite 500  
 Chicago, IL 60606  
 alliedbenefit.com

**P 312.906.8080**  
**F 312.906.8879**  
 eligibilitydept@alliedbenefit.com

## Flexible Spending Account Enrollment Form

### Section I. Employer/Employee Information PLEASE PRINT

Employer Name:		Group Number:		Employer Location (if applicable):	
Employee Name:		Sex:	Employee SSN:	Date of Birth:	Flex Plan Year:
Address:			City:	State:	Zip:
Employee E-mail Address:			Daytime Phone:		

### Section II. Election(s)

Use the table below to select your Flex benefits.

	Annual / Mid-Year election pledge	Divided by	# of pay periods of the: annually (Plan Year) / Mid-Year	Equals	Deduction from each pay period
I elect to participate in the Health Flexible Spending Account	\$	/		=	\$
I elect to participate in the Dependent Care Assistance	\$	/		=	\$
(Plan Year Example)	\$ 2,550.00	/	24	=	Example \$106.25

### Section III. Allied Flex Debit Card SSN and DOB are required. Dependent must be over 17.

Please complete the information below for all dependents who should have an Allied Flex Debit Card

Spouse Name:	Date of Birth:	SSN:	Keep current dependent card active. Request new dependent debit card.
Dependent Name:	Date of Birth:	SSN:	Keep current dependent card active. Request new dependent debit card.
Dependent Name:	Date of Birth:	SSN:	Keep current dependent card active. Request new dependent debit card.

### Section IV. Direct Deposit

I would like to participate in Direct Deposit	Yes	No	If yes, please complete the attached "Flex Direct Deposit Enrollment Form" and include a voided check.
---	-----	----	--

I am currently participating in direct deposit. Please keep current banking information on file.

### Section V. Participant Certification

I certify the above information is true and correct and I authorize any premiums and HSA contributions, if applicable, to be paid on a pre-tax basis pursuant to Internal Revenue Code Section 125. I understand that any amounts which are not used for eligible expenses incurred during the Plan Year or Grace Period, will be forfeited in accordance with current Plan provisions and tax laws. I further understand that the salary reduction(s) will be in effect for the Plan Year and cannot be revoked except as authorized by current Plan provisions and laws.

Employee Signature:	Date:
IF YOU DECLINE PARTICIPATION: The benefits of the Plan have been thoroughly explained to me and I decline participation. Employee Signature:	Date:

#### Employer Use Only (Required for processing)

Employee's Flex Plan Effective Date	First Payroll Date	Payroll Cycle	I agree this form is correctly filled out by the Employee.
			HR Signature:



### 403(b) Plan and 457(b) Deferred Compensation Plan

The 403(b) and 457(b) Plans are valuable retirement savings options available through Joliet Junior College, IL. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) and 457(b) Plans.

Plan administration services for the 403(b) and 457(b) plans are provided by TSA Consulting Group, Inc. (TSACG). Visit the TSACG website ([tsacg.com](http://tsacg.com)) for information about enrollment in the plan, investment product providers available, distributions, exchanges or transfers, 403(b) and/or 457(b) loans, and rollovers.

#### Eligibility

All employees are eligible to participate in the 403(b) and 457(b) plans immediately upon employment, however, private contractors, appointed/elected trustees and/or school board members and student workers are not eligible to participate in the 403(b) Plan. Employees may make voluntary elective deferrals to both the 403(b) and 457(b) plans. Participants are fully vested in their contributions and earnings at all times.

#### Employee Contributions

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) and/or 457(b) account(s) up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Contributions to the participant's 403(b) or 457(b) accounts are made from income paid through the employer's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. TSACG monitors 403(b) and 457(b) plan contributions and notifies the employer in the event of an excess contribution.

#### The 2017 Basic Contribution Limit for each plan is \$18,000.

Additional provisions allowed:

#### Age-Based Additional Amount

Participants who are age 50 or older any time during the year qualify to make an additional contribution of up to \$6,000 to the 403(b) and/or 457(b) accounts.

#### Enrollment

Employees who wish to enroll in the 403(b) and/or 457(b) plan must first select the provider and investment product best suited for their account. Upon establishment of the account with the selected provider, a "Salary Reduction Agreement" (SRA) form and/or a deferred compensation enrollment form and any disclosure forms must be completed and submitted to the employer. These forms authorize the employer to withhold 403(b) and/or 457(b) contributions from the employee's pay and send those funds to the Investment Provider on their behalf. A SRA form and/or a deferred compensation enrollment form must be completed to start, stop or modify contributions to 403(b) and/or 457(b) accounts. Unless otherwise notified by your employer, you may enroll and/or make changes to your current contributions anytime throughout the year.

Please note: The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available on the Internet at [www.tsacg.com](http://www.tsacg.com).

**Recipes  
FOR  
Financial Success**





### Investment Provider Information

A current list of authorized 403(b) and 457(b) Investment Providers and current employer forms are available on the employer's specific Web page at [www.tsacg.com](http://www.tsacg.com).

### Plan Distribution Transactions

Distribution transactions may include any of the following depending on the employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing.

### 403(b) and 457(b) Plan Loans

Participants may be eligible to borrow their 403(b) and/or 457(b) plan accumulations depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer plan. If loans are available, they are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider. Prior to taking a loan, participants should consult a tax advisor.

### Plan-to-Plan Transfers

A plan-to-plan transfer is defined as the movement of a 403(b) and/or 457(b) account from a previous plan sponsor's plan and retaining the same account with the authorized investment provider under the new plan sponsor's plan.

### Rollovers

Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

### Distributions

Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations without penalty unless they have attained age 59½ or separated from service in the year in which they turn 55 or older. Generally, a distribution cannot be made from a 457(b) account until you have a severance from employment, reach age 70½, or are deceased. In most cases, any withdrawals made from a 403(b) or 457(b) account are taxable in full as ordinary income.

### Exchanges

Within each plan, participants may exchange account accumulations from one investment provider to another investment provider that is authorized under the same plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange. Exchanges can only be made from one 457(b) plan to another 457(b) plan, or from one 403(b) plan to another 403(b) plan.

### Hardship Withdrawals

Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. According to IRS Safe Harbor regulations, to be eligible for a hardship withdrawal, a participant must have exhausted all other available financial resources. The eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at [www.tsacg.com](http://www.tsacg.com). After receiving a hardship withdrawal, the participant may not make voluntary contributions to any employer sponsored retirement plan for a period of six months.

### Unforeseen Financial Emergency Withdrawal

You may be able to take a withdrawal from your 457(b) account in the event of an unforeseen financial emergency. An unforeseeable emergency is defined as a severe financial hardship of the participant or beneficiary. The eligibility requirements to receive a Unforeseen Financial Emergency Withdrawal are provided on the Unforeseen Financial Emergency Withdrawal Disclosure form at [www.tsacg.com](http://www.tsacg.com).

### Employee Information Statement

Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) and 457(b) plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.



## PREPARING A HEALTHY RETIREMENT



**TSA Consulting Group**

website:

[www.tsacg.com](http://www.tsacg.com)

**Plan Administrator**

**Contact Information**

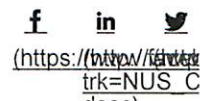
#### Transactions

P.O. Box 4037  
Ft. Walton Beach, FL 32549  
Toll-free: 1-888-796-3786  
Toll-free fax: 1-866-741-0645

#### For overnight deliveries

73 Eglin Parkway NE, Suite 302  
Ft. Walton Beach, FL 32548  
Toll-free: 1-888-796-3786  
Toll-free fax: 1-866-741-0645





- [ABOUT US](#) ▾
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- [INDIVIDUAL](#) ▾
- [FORMS \(/FORMS/\)](#)
- [EMPLOYERS](#) ▾
- [CONTACT US](#) ▾

(/)

### Employers

Select your state from the list below.

#### 01

Illinois

#### 02

Joliet Junior College

### Joliet Junior College

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#### Authorized Investment Providers

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*For specific investment provider information, please click on the investment provider name of your choice to visit the company's website.*

#### 403(b)

- [American Century Services, LLC \(https://www.americancentury.com/enroll/index.jsp\)](https://www.americancentury.com/enroll/index.jsp) (800) 345-3533
- [ASPIre Financial Services \(https://www.aspireonline.com/\)](https://www.aspireonline.com/) (866) 634-5873
- [AXA Equitable Life Insurance Company \(https://us.axa.com/teacher-retirement/403b/\)](https://us.axa.com/teacher-retirement/403b/) (800) 628-6673
- [CPI Qualified Plan Consultants, Inc. \(https://www.myretirementfuture.com/\)](https://www.myretirementfuture.com/) (800) 279-4015
- [Fidelity Investments \(https://nb.fidelity.com/public/nb/ready2enroll/home\)](https://nb.fidelity.com/public/nb/ready2enroll/home) (800) 343-0860
- [Foresters Financial \(https://www.firstinvestors.com/\)](https://www.firstinvestors.com/) (800) 423-4026
- [Lincoln Investment Planning, LLC \(https://www.lincolninvestment.com/\)](https://www.lincolninvestment.com/) (800) 242-1421
- [Metropolitan Life Insurance Company \(https://www.metlife.com/\)](https://www.metlife.com/) (800) 638-5433
- [Morgan Stanley \(http://www.morganstanley.com/\)](http://www.morganstanley.com/) (888) 454-3965
- [ReliaStar Life Insurance Co \(A Voya Company\) \(https://www.voya.com/products-services/workplace-retirement-plans\)](https://www.voya.com/products-services/workplace-retirement-plans) (877) 882-5050
- [Thrivent Financial for Lutherans \(https://www.thrivent.com/\)](https://www.thrivent.com/) (800) 847-4836
- [TIAA-CREF \(https://www.tiaa-cref.org/public/index.html\)](https://www.tiaa-cref.org/public/index.html) (800) 842-2888
- [VALIC \(https://www.valic.com/\)](https://www.valic.com/) (800) 448-2542
- [VOYA Financial \(https://www.voya.com/products-services/workplace-retirement-plans\)](https://www.voya.com/products-services/workplace-retirement-plans) (866) 865-2660
- [Waddell & Reed, Inc. \(http://www.waddell.com/\)](http://www.waddell.com/) (888) 923-3355

#### 457(b)

- [Foresters Financial \(https://www.firstinvestors.com/\)](https://www.firstinvestors.com/) (800) 423-4026
- [ReliaStar Life Insurance Co \(A Voya Company\) \(https://www.voya.com/products-services/workplace-retirement-plans\)](https://www.voya.com/products-services/workplace-retirement-plans) (877) 882-5050

### Employer Point Of Contact

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#### Joliet Junior College

[\(mailto:\)](mailto:)

[\(mailto:\)](mailto:)

1215 Houbolt Rd  
Joliet, IL 60431

<http://www.jjc.edu/> (<http://www.jjc.edu/>)

### Helpful Links

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- [Employers \(/individual/plan-sponsor/\)](#)
- [Plan Transactions \(/individual/plan-transactions/\)](#)
- [Educational Videos \(/individual/educational-videos/\)](#)
- [MAC Calculator \(/individual/rnac-calculator/\)](#)
- [Contribution Guidelines \(/individual/contribution-guidelines/\)](#)
- [Retirement Research \(/individual/retirement-research/\)](#)
- [Retirement System Links \(/individual/retirement-system-links/\)](#)
- [What Is ART? \(/individual/what-is-art-\(1\)/\)](#)
- [ART Assistance \(/individual/what-is-art/\)](#)
- [ART Login \(/individual/art-help/\)](#)

### Most Popular Forms




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*Click on the appropriate link below to download PDF.*


Security Benefit Group ( <a href="https://securitybenefit.com/#">https://securitybenefit.com/#</a> )	(800) 888-2461
VALIC ( <a href="https://www.valic.com/">https://www.valic.com/</a> )	(800) 448-2542


**Forms**

*For employer specific forms and information, please click on the corresponding PDF listed below.*

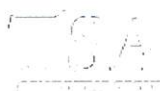
-  [403\(b\) Salary Reduction Agreement](http://tsav8.blob.core.windows.net/cmsroot/tsa/media/tsa/employer-vendor-forms/illinois/joliet-junior-college/403(b)-Salary-Reduction-Agreement.pdf?ext=.pdf)
-  [457\(b\) Enrollment Form](http://tsav8.blob.core.windows.net/cmsroot/tsa/media/tsa/employer-vendor-forms/illinois/joliet-junior-college/457(b)-Enrollment-Form.pdf?ext=.pdf)
-  [Meaningful Notice](http://tsav8.blob.core.windows.net/cmsroot/tsa/media/tsa/employer-vendor-forms/illinois/joliet-junior-college/Meaningful-Notice.pdf?ext=.pdf)

 [Transaction Routing Request Form](http://tsaprod.blob.core.windows.net/cmsroot/tsa/media/tsa/files/forms/transaction_routing_request_form.pdf?ext=.pdf)

 [403\(b\) Hardship Disclosure Form](http://tsaprod.blob.core.windows.net/cmsroot/tsa/media/tsa/files/forms/hardship_withdrawal_disclosure.pdf?ext=.pdf)

 [457\(b\) Unforeseen Emergency Disclosure](http://tsaprod.blob.core.windows.net/cmsroot/tsa/media/tsa/files/forms/457b_unforeseen_financial_emergency_disclosure.pdf?ext=.pdf)

**Related Links**



15 Yacht Club Drive NE  
Fort Walton Beach, FL 32548

Phone. (850) 362-6840  
Toll free. (888) 796-3786

**Employer Services**

- [Employer Services](/employer/employer-services/)
- [Employer System Demo](/employer/employer-system-demo/)
- [Employer Data Uploads](/employer/employer-data-uploads/)
- [Remittance Conversion](/employer/remittance-conversion/)
- [Employers](/employer/)
- [IRS 403\(b\) Regulations](/employer/irs-403(b)-regulations/)
- [Questions & Answers](/employer/questions-answers/)

**Calculations**

- [Retirement Tools](/calculations/employee-mac-resolutions/)
- [MAC Calculator](/calculations/mac-calculator/)
- [Contributions Guidelines](/calculations/contributions-guidelines/)
- [EGTRRA](/calculations/eqtrra/)

**ART Help**

- [Log-In Overview](http://tsaprod.blob.core.windows.net/cmsroot/tsa/media/tsa/content/files/forms/steps_necessary_to_request-an-online-transaction-revised-6-4-2013.pdf?ext=.pdf)
- [Online History](http://tsaprod.blob.core.windows.net/cmsroot/tsa/media/tsa/art-documents/steps-necessary-to-request-an-online-transaction-revised-6-4-2013.pdf?ext=.pdf)

**Related Links**

- [Retirement Research](http://tsaprod.blob.core.windows.net/cmsroot/tsa/content/files/forms/steps_necessary_to_request-an-online-transaction-revised-6-4-2013.pdf?ext=.pdf)
- [Retirement System Links](/related-links/retirement-system-links/)
- [Association of School Business Officials](/related-links/association-of-school-business-officials/)

**Joliet Junior College, IL  
Participation Agreement for Internal Revenue Code  
Section 457(b) Deferred Compensation Program**

**Name of Company:**  
 Foresters Financial  
 Reliastar Life Insurance Company  
 Security Benefit Group  
 VALIC

Employee's Name	Social Security Number
Work Location	Position

**Original Agreement**

With respect to services rendered by the Employee hereafter, the Employer and the Employee hereby agree the Employee's compensation for such services shall be reduced by:

Equal amounts of \$ \_\_\_\_\_ per pay period beginning the \_\_\_\_\_, 20\_\_ pay period.

**Amendment Agreement - Type of Change Desired**

Increase from \$ \_\_\_\_\_ per pay period to \$ \_\_\_\_\_ beginning the \_\_\_\_\_, 20\_\_ pay period.

Decrease from \$ \_\_\_\_\_ per pay period to \$ \_\_\_\_\_ beginning the \_\_\_\_\_, 20\_\_ pay period.

Suspend \_\_\_\_\_ Effective Date of Suspension \_\_\_\_\_, 20\_\_

NAME OF COMPANY

The undersigned hereby agrees to the terms and conditions of the Joliet Junior College, IL Deferred Compensation Plan ("Plan") as such Plan now exists or is hereinafter amended and a copy of the Plan has been made available to them. This election shall continue until the undersigned makes a subsequent election as provided by the Plan. The employer hereby authorizes on the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan.

I ( the Employee) understand and agree to the following:  
 My deferrals cannot begin sooner than the month following Participation Agreement approval. My accumulated deferrals will be held in trust by the Joliet Junior College, IL for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan. I realize I may not assign or transfer my rights under the Plan.

I am responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of IRS Code Section 457 could result in additional taxes, interest, and penalties to the Employee.

I hereby authorize my Employer to reduce or suspend any deferrals established by this agreement, if in its opinion, the total annual deferral would exceed the maximum allowable limit in any calendar year. Should my deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excess amount and direct these amounts to be refunded to me.

**Release of Liability** - The Employee agrees that the Employer and its agents shall have no liability whatsoever for any and all losses suffered by me with regard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated investment company, the financial condition, operation of or benefits provided by said insurance company, custodian, or regulated investment company, or my selection and purchase of shares of regulated investment companies.

The employer hereby authorizes on the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan.

Earnings, if any, will be applied to my accumulated deferrals in accordance with the Company and product I have selected. Neither the Employer, nor Trustees, nor agencies of the Employer shall be liable for the performance of the Companies or products selected by the Employee.

**Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by Employee and Employer.**

This Agreement may be terminated by either the Employer or Employee upon thirty (30) days notice to the Company and to the Employer or Employee as applicable.

**Designation of Beneficiary** - The beneficiary for each annuity contract or certified account to which contributions are allocated shall be determined in accordance with the terms of that specific contract or account.

Effective Date of this Agreement \_\_\_\_\_, 20 \_\_\_\_ Joliet Junior College, IL

\_\_\_\_\_  
AGENT / REPRESENTATIVE

\_\_\_\_\_  
EMPLOYEE

By: \_\_\_\_\_  
EMPLOYER REPRESENTATIVE

DATED \_\_\_\_\_, 20 \_\_\_\_

DATED \_\_\_\_\_, 20 \_\_\_\_

**Important Notice-** A copy of the account application must accompany this agreement and the following ownership and beneficiary designations must be used:  
 Owner - "Joliet Junior College, IL 457(b) Plan FBO (participant's name)"

Beneficiary - Any single or multiple beneficiaries named by the participant. (Do not list Joliet Junior College, IL as a beneficiary)

## ILLINOIS COMMUNITY COLLEGE CONSORTIUM

### Optional Life and AD&D Quick Reference Chart

The employee can elect optional benefits on themselves and/or their spouse. Benefits are elected in increments of \$10,000 up to a maximum of \$750,000. Benefits cannot exceed 7 x annual salary or \$750,000, whichever is less. Spouse coverage cannot exceed the employee's optional benefit.

Guarantee Issue Amounts if elected within 31 days of hire:

Employee: \$150,000

Spouse: \$100,000

Effective 7/1/09

#### Monthly Cost for Age of Employee and Spouse

Amount of Coverage	Under Age 30	30 through 39	40 through 44	45 through 49	50 through 54	55 through 59	60 through 64	65 through 69	70 through Unlimited
\$10,000	\$0.67	\$0.86	\$1.33	\$2.00	\$3.14	\$5.13	\$8.17	\$12.83	\$26.00
\$20,000	\$1.34	\$1.72	\$2.66	\$4.00	\$6.28	\$10.26	\$16.34	\$25.66	\$52.00
\$30,000	\$2.01	\$2.58	\$3.99	\$6.00	\$9.42	\$15.39	\$24.51	\$38.49	\$78.00
\$40,000	\$2.68	\$3.44	\$5.32	\$8.00	\$12.56	\$20.52	\$32.68	\$51.32	\$104.00
\$50,000	\$3.35	\$4.30	\$6.65	\$10.00	\$15.70	\$25.65	\$40.85	\$64.15	\$130.00
\$60,000	\$4.02	\$5.16	\$7.98	\$12.00	\$18.84	\$30.78	\$49.02	\$76.98	\$156.00
\$70,000	\$4.69	\$6.02	\$9.31	\$14.00	\$21.98	\$35.91	\$57.19	\$89.81	\$182.00
\$80,000	\$5.36	\$6.88	\$10.64	\$16.00	\$25.12	\$41.04	\$65.36	\$102.64	\$208.00
\$90,000	\$6.03	\$7.74	\$11.97	\$18.00	\$28.26	\$46.17	\$73.53	\$115.47	\$234.00
\$100,000	\$6.70	\$8.60	\$13.30	\$20.00	\$31.40	\$51.30	\$81.70	\$128.30	\$260.00
\$150,000	\$10.05	\$12.90	\$19.95	\$30.00	\$47.10	\$76.95	\$122.55	\$192.45	\$390.00
\$200,000	\$13.40	\$17.20	\$26.60	\$40.00	\$62.80	\$102.60	\$163.40	\$256.60	\$520.00
\$250,000	\$16.75	\$21.50	\$33.25	\$50.00	\$78.50	\$128.25	\$204.25	\$320.75	\$650.00
\$300,000	\$20.10	\$25.80	\$39.90	\$60.00	\$94.20	\$153.90	\$245.10	\$384.90	\$780.00
\$350,000	\$23.45	\$30.10	\$46.55	\$70.00	\$109.90	\$179.55	\$285.95	\$449.05	\$910.00
\$400,000	\$26.80	\$34.40	\$53.20	\$80.00	\$125.60	\$205.20	\$326.80	\$513.20	\$1,040.00
\$450,000	\$30.15	\$38.70	\$59.85	\$90.00	\$141.30	\$230.85	\$367.65	\$577.35	\$1,170.00
\$500,000	\$33.50	\$43.00	\$66.50	\$100.00	\$157.00	\$256.50	\$408.50	\$641.50	\$1,300.00
\$550,000	\$36.85	\$47.30	\$73.15	\$110.00	\$172.70	\$282.15	\$449.35	\$705.65	\$1,430.00
\$600,000	\$40.20	\$51.60	\$79.80	\$120.00	\$188.40	\$307.80	\$490.20	\$769.80	\$1,560.00
\$650,000	\$43.55	\$55.90	\$86.45	\$130.00	\$204.10	\$333.45	\$531.05	\$833.95	\$1,690.00
\$700,000	\$46.90	\$60.20	\$93.10	\$140.00	\$219.80	\$359.10	\$571.90	\$898.10	\$1,820.00
\$750,000	\$50.25	\$64.50	\$99.75	\$150.00	\$235.50	\$384.75	\$612.75	\$962.25	\$1,950.00

Premium is based on employee's and/or spouse's prior years age and will be adjusted on January 1 as the age bracket changes.

**Child Optional Benefits** - Child Optional Benefits can be purchased in increments of \$2,500 to a maximum of \$10,000. Guarantee Issue if elected within 31 days of hire.

**Child Optional Monthly Costs** - Child Optional Life Premium is \$0.22 per \$1,000

Amount Of Coverage	Monthly Cost
\$ 2,500	\$0.55
\$ 5,000	\$1.10
\$ 7,500	\$1.65
\$ 10,000	\$2.20

Dependent children are covered from 14 days to age 20, and will continue to be covered to age 26 if they are unmarried and attending a recognized College or University on a full-time basis. The cost of this coverage is the same regardless of the number of children you have. Child Optional benefits cannot exceed employee's optional benefit.

# Coverage You Can Rely On



**ILLINOIS COMMUNITY COLLEGE CONSORTIUM**  
**Supplemental Term Life and Supplemental AD&D Insurance**

**RELIANCE STANDARD**  
LIFE INSURANCE COMPANY



## **Voluntary benefits. So important.**

Great news! Your employer is offering you the opportunity to purchase term life and accidental death & dismemberment insurance at group rates from Reliance Standard, a trusted benefits carrier for over a century.

Life insurance can be an important step in safeguarding your family's overall financial plan. You may have already considered purchasing term life insurance, or you may already have insurance through another source, but have you considered all the ways your family relies on you and how term life insurance can help bring some peace of mind to both you and those you would leave behind? If you've considered life insurance and decided you don't need it, read on—you may be surprised!

### **Protection for the future is no accident.**

According to the U.S. Department of Transportation's National Highway Traffic Safety Administration, more than 32,000 people died in car accidents in 2011. More than one in four Americans has been involved in a car accident in the last five years, and in the time it takes to watch a television sitcom, two people will die in car accidents in the U.S. And if that doesn't sound compelling, consider this: experts believe that based on current trends, every single American will be involved in at least one automobile accident in his or her lifetime.<sup>1</sup>

### **And that's just car accidents.**

Reliance Standard's Voluntary AD&D coverage is a convenient, affordable measure of protection you can give employees and their families against the very aspects of life no one wants to think about, let alone plan for.

### **"How much do I need?"**

Experts recommend that you have at least five to ten times your annual income in life insurance protection.<sup>1</sup> If you don't think you already have as much coverage as you may need, this is your opportunity to secure additional protection for your family.

You can purchase the amount that's right for you. You may be eligible to purchase as much as \$750,000 of coverage.

### **"I don't need it because I don't have any dependents."**

Many people assume that if they don't have dependents, they don't need life insurance... but that is not always the case. If anyone would be affected financially by your death for any reason—including funeral expenses, hospital bills, or mortgage, student loan or credit card debts—a term life insurance policy can help cover these types of expenses. You should also consider parents or siblings who, while not your dependents, may receive financial support from you.

### **"But I already have life insurance."**

But do you have enough?

Most people are confident with their decision to purchase life insurance to help with funeral expenses, estate administration costs, debts and medical expenses not covered by health insurance. When considering these costs, it's vital to factor in expenses like your mortgage, college tuition, a spouse's retirement, and the cost of services you currently provide which may need to be paid for in your absence (such as home maintenance, tax preparation, etc.) as well as hidden expenses currently paid for by your employer (such as healthcare, retirement funds and other benefits).

Moreover, many people forget that certain life events result in an increased need for life insurance. For example, your children may be getting closer to college age, your spouse may not be working, or you may be supporting aging parents.

### **"I don't want to worry about keeping track of another monthly bill."**

Your employer has made it possible for you to pay for your coverage at group rates through convenient payroll deduction. You may be able to take your coverage with you if you change jobs. And in the event that you become totally disabled, your coverage may be continued with no premiums due.

<sup>1</sup> *The Wall Street Journal Complete Personal Finance Guide Book*, 2006

your  
annual  
income



5 X  
your annual  
income in  
life insurance

10 X  
your annual  
income in  
life insurance

Experts recommend  
that you have at least  
five to ten times your  
annual income in life  
insurance protection.<sup>1</sup>

### “What do I do now?”

If you agree that you and your loved ones can benefit from this important coverage, it's easy to get started. Simply review the accompanying materials and complete the Reliance Standard enrollment form supplied by your employer.

If you have questions or require an enrollment form, please contact your Benefits Administrator.

Additional information to aid you in your life insurance purchase decision can be found online at [www.RelianceStandard.com/voluntarylife](http://www.RelianceStandard.com/voluntarylife).

### Why Reliance Standard?

You are buying Disability insurance from Reliance Standard Life Insurance Company, a national insurer in business for over a century.

### Summary of features

**Guaranteed issue amount.** You may be eligible for an amount of insurance without submitting evidence of insurability.

**Waiver of premium.** Premiums may be waived if you should become totally disabled as defined by your policy. (Supplemental Life only)

**Portability of coverage.** You may be able to keep your insurance if you later become ineligible. (Supplemental Life only)

**Conversion of coverage.** You may be able to convert your coverage to an individual insurance policy, without having to furnish proof of good health.

**Accelerated Death Benefit.** This Benefit feature is designed to help offset the high cost of medical care if an insured is diagnosed as terminally ill. Accelerating benefits allows the insured to receive advanced payment of 75% of the applicable death benefit. Payment of this Benefit is subject to certain coverage requirements as described in the group policy and each certificate. (Supplemental Life only)

**Bereavement Counseling.** In cooperation with Health Management Systems of America (HMSA), we offer a toll-free counseling service to all household members who experience the loss of a loved one.

**RSL Asset Account®.** For benefit payments of \$5,000 or more to a personal Beneficiary, we establish an RSL Asset Account® on behalf of the Beneficiary at no cost. This is an interest-bearing checking account. For benefit payments less than \$5,000 or if the Beneficiary is an estate or trust, a benefit check will be issued.

**On Call International Travel Assistance.** On Call International provides medical assistance services for employees of our Accidental Death and Dismemberment Policyholders. Whenever your covered employees are on a trip in a foreign country or 100 miles or more from home, they are eligible for a wide array of medical and travel assistance services.

**Seat Belt/Air Bag Benefit.** This benefit pays an additional percentage of the Principal Sum if death occurs while riding in or driving a four-wheel vehicle while wearing a seat belt and being protected by an air bag that inflates. Payment of this benefit is subject to certain coverage requirements as described in the group policy and each certificate. (Supplemental AD&D only)

Some plan features may be applicable only to the employee and not to dependents.

You also may choose coverage for your eligible dependent children. Please see your Plan Highlights for the dependent child(ren) benefit amount(s) available to you.

### What if my employment terminates?

If premiums are not being waived due to total disability, there are options that may allow you to still have life insurance protection after your employment ends.

If you leave your employer, you can keep your Supplemental Term Life insurance (and that of your insured dependents) under the plan's portability of coverage feature by electing to pay premiums directly to Reliance Standard. Portability is available in other instances, too, but is not available if you are on waiver of premium, or if your coverage ends because of cancellation or termination of your employer's participation or because the Group Policy terminates. Premiums are based on the prevailing rate charged to all insureds who continue coverage under the portability feature. The certificate of insurance contains complete details of this feature.

Conversion allows you to continue life and/or AD&D insurance protection by converting your group term life and/or AD&D insurance to an individual permanent life insurance policy without submitting proof of good health. Your insured spouse and your insured child(ren) can also convert. Conversion is also available to you and insured dependents in other situations, but is not available if you are on waiver of premium, or if coverage ends because you stopped paying premiums. Conversion rights are fully explained in the certificate of insurance.

### **Why should I buy this coverage now?**

You are given the best guaranteed issue opportunity(ies) when you enroll during your initial eligibility period (within 31 days of first becoming eligible for this insurance). And because the guaranteed issue amount is higher during your initial eligibility period than it will be for any future annual enrollments, there are fewer amounts subject to proof of good health requirements.

### **How much does this insurance cost?**

Supplemental Term Life and Supplemental AD&D insurance is offered at group rates through convenient payroll deduction (your employer will tell you the date your first payroll deduction will be taken\*). Please see the premium table sheets for your rates for this coverage.

Your cost for insurance for yourself is based on your age and the benefit amount you select. Your cost for insurance for your spouse is based on his/her age and the benefit amount you select for him/her. Child(ren) are covered for one composite rate, the amount of which depends on the child(ren) benefit amount you select.

You will see from the premium table sheets that for employees and spouses rates increase as an insured moves from one age bracket to the next. Age brackets are in five-year increments.

Reliance Standard reserves the right to change the rates for this insurance plan, but you can never be singled out for a rate increase.

\*If payroll deduction of premiums should begin prior to Reliance Standard's approval of your application, it does not mean that coverage is in effect. Premium(s) paid for coverage not issued will be returned.

### **How do I enroll?**

During an approved enrollment period, you must be an eligible employee who is actively performing all the regular duties of your occupation to enroll. You must complete, sign and return the application to your employer during the enrollment period.

- ▶ Fill out the enrollment application form. Be sure to answer all the questions about your benefit choices.
- ▶ Return the form to your employer.

### **Do I have to answer medical questions or have a physical?**

It depends. If you apply for only an eligible guaranteed issue amount, you do not have to answer medical questions, provided you apply for coverage within 31 days after initial eligibility and you (or your spouse) have not been previously declined for life insurance coverage with Reliance Standard or an affiliate; have not had your coverage postponed; have not had your application withdrawn; or have not voluntarily terminated your insurance with Reliance Standard or an affiliate.

Any application for an amount of insurance over the guaranteed issue amount requires completion of an Evidence of Insurability application.

It's not often that a physical examination is required. However, it can be necessary if Reliance Standard is unable to obtain enough information to permit proper consideration of your application. Reliance Standard bears the cost of tests and exams that it requires.

### **Can I get more coverage later?**

Yes. Reliance Standard recognizes that your insurance needs may change at a time that does not coincide with an annual enrollment—like at marriage or divorce, or the birth or adoption of the first dependent child. These are called "life event changes" and allow you to apply, or change your amount of insurance outside of the formal enrollment period. You must make the election within 31 days after life event change, and cannot increase coverage for an amount that will exceed the guaranteed issue amount.

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**More than half of all injury-related deaths occur in homes and communities.**



### **“I don’t have a high-risk lifestyle.”**

*Accidental death is more common than most people realize. More than half of all injury-related deaths occur in homes and communities, and unfortunately, accidental deaths in the U.S. are rising at an alarming rate—more than 20 percent over a ten-year period, reaching 113,000 deaths in 2005. Accidental death is a silent epidemic in America.*

*– National Safety Council, 2007*

### **When will coverage end?**

Your coverage will end when the earliest of the following occurs:

- ▶ Premium is not paid as required
- ▶ You exercise the conversion privilege
- ▶ You no longer meet the eligibility requirements for this insurance (except for insurance continued in accordance with Group policy provisions)
- ▶ You enter military service, not including the Reserves or National Guard (except for insurance continued in accordance with Group policy provisions)
- ▶ Your employer’s participation in the plan ends
- ▶ The master Group policy terminates

Dependent coverage will end when the earliest of the following occurs:

- ▶ Your insurance ends
- ▶ Premium is not paid as required
- ▶ The dependent no longer meets the definition of an eligible dependent
- ▶ The dependent exercises the conversion privilege

### **Are there other benefits I should know about?**

Your Supplemental Term Life and Supplemental AD&D insurance (and that of your insured dependents) can continue on a premium paying basis (see your employer for details on length of time).

- ▶ If you are on a leave of absence approved by your employer under the Family and Medical Leave Act of 1993
- ▶ You are on an approved leave of absence due to entering military service of the United States

You must continue to pay your premiums while on either of these leaves. All coverage provisions apply during the leave period, except that for military service leave there is no coverage for any loss which occurs while you are on active duty if such loss is caused by or arises out of such military service, including but not limited to war or act of war (declared or undeclared).

Complete details of these benefits are contained in the Certificate of Insurance.

Reliance Standard will allow an ANNUAL re-enrollment whereby employees can increase their optional life/AD&D benefit by \$10,000, without Evidence of Insurability, even if the resulting level of coverage exceeds the non-medical maximum. Employees not currently enrolled for coverage can elect \$10,000 without Evidence of Insurability as well during the annual enrollment.

Anyone previously declined for coverage may submit Evidence of Insurability and be approved for any increase. This applies to any ANNUAL or OPEN enrollment that is negotiated.

The guarantee issue still applies at the time of initial coverage election and medical evidence will apply for any level increase in coverage thereafter, unless the increase in coverage is tied to the ANNUAL enrollment.

## Term Life Insurance

### Eligibility

Each active full-time employee working hours as required by your employer per week, except any person working on a temporary or seasonal basis

### Coverage Options

Employee: Option of \$10,000 to \$750,000 in increments of \$10,000, subject to evidence of insurability for amounts over Guarantee Issue Limit

Spouse: Option of \$10,000 to \$750,000 in increments of \$10,000, subject to evidence of insurability for amounts over Guarantee Issue Limit

Dependent Child(ren): Age 14 days up to age 26 - \$2,500, \$5,000, \$7,500 or \$10,000

### Guarantee Issue Limit

Employee: \$150,000

Spouse: \$100,000

Coverage may not exceed seven (7) times annual earnings.

Spouse coverage amount may not exceed employee's amount.

### Provisions

- ▶ Accelerated Death Benefit
- ▶ Portability
- ▶ Waiver of Premium
- ▶ Conversion

## AD&D Insurance

### Eligibility

All Active Full-Time Employees working hours as required by your employer per week except any person working on a temporary or seasonal basis

### Coverage

Employee & Spouse: Option of \$10,000 to \$750,000 of 24 hour AD&D Coverage (in \$10,000 increments)\*

Coverage may not exceed seven (7) times annual earnings.

Spouse coverage amount may not exceed employee's amount.

Child: 10% of employee's benefit to maximum of \$10,000

### Provisions

- ▶ Exposure and Disappearance coverage
- ▶ Conversion Benefit
- ▶ Reserve National Guard Benefit
- ▶ WorldNet Travel Assistance
- ▶ Seat Belt/Air Bag Benefit

### Exclusions

The Policy does not cover any loss caused by: war; an accident that occurs while in the armed forces; riding in a non-civilian aircraft; suicide; intentionally self-inflicted injuries; commission or attempted commission of an assault or felony; acute or chronic alcoholic intoxication; voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug. Exclusions may vary by state.

### Schedule of Benefits

Loss of	Benefit
Loss of Life	The Principal Sum
Loss of Two or More Members	The Principal Sum
Loss of Speech and Hearing	The Principal Sum
Loss of One Member	1/2 The Principal Sum
Loss of Speech or Hearing	1/2 The Principal Sum
Loss of Thumb and Index Finger of the Same Hand	1/4 The Principal Sum

Other losses may be covered as well.  
Please see your HR Manager.

### Contribution

100% employee paid

## Supplemental Life/AD&D Insurance Rates

Note: You will be automatically enrolled in Supplemental AD&D coverage upon election of Supplemental Life insurance.

### Monthly Employee/Spouse Rates per \$10,000 of Benefit

Age	Rate	Age	Rate
Under age 30	\$ .67	55-59	\$ 5.13
30-39	\$ .86	60-64	\$ 8.17
40-44	\$ 1.33	65-69	\$12.83
45-49	\$ 2.00	70 and over	\$26.00
50-54	\$ 3.14		

Dependent Child(ren) from 14 days up to age 26\*\*  
Rates are per unit of coverage

Coverage Amount	Rate*
\$2,500	\$ .55
\$5,000	\$1.10
\$7,500	\$1.65
\$10,000	\$2.20

\*One rate for all eligible dependent children in family, regardless of number

\*\*AD&D — unmarried dependent up to age 26 or up to age 30 if a military veteran; (1) Illinois resident; (2) served as a member of the active or reserve of any branch of the Armed Forces of the United States, and (3) has received a release or discharge other than a dishonorable discharge.

### Rate Example

Employee age 40 elects \$100,000, Spouse age 37 elects \$50,000, Dependent Child Coverage of \$10,000.

#### Cost:

Employee:

$\$1.33$  (age banded rate)  $\times$   $\$100,000/10,000 = \$ 13.30$

Spouse:

$\$0.86$  (age banded rate)  $\times$   $\$50,000/10,000 = \$ 4.30$

Child:

$\$2.20$  (unit rate) =  $\$ 2.20$

Total Monthly Cost =  $\$ 19.80$

## Please read this important information

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There is also a detailed description of all provisions of the Group plan in the master Group policy, which is the legal contract. If there are discrepancies between this brochure and the master Group policy, the Group policy takes precedence.

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Plan arranged and managed by Gallagher Benefit Services, the employee benefits division of Arthur J. Gallagher & Co. Gallagher receives a 9.5% commission compensation for the marketing and administrative services they provide.

Benefits are provided by policy form series LRS-6422 and LRS- 8604, et al.



Gallagher Benefit Services, Inc.



# Coverage You Can Rely On



**ILLINOIS COMMUNITY COLLEGE CONSORTIUM**

**Voluntary Long Term Disability Insurance**

**RELIANCE STANDARD**  
LIFE INSURANCE COMPANY



# Voluntary benefits. So important.

Great news! Your employer is offering you the opportunity to purchase disability income protection insurance at group rates from Reliance Standard, a trusted group benefits carrier.

Even though no one likes to think about getting sick or sustaining an injury, almost everyone makes sure to get medical insurance—just in case. But medical insurance is only designed to cover all or most of the healthcare costs an illness or injury brings—what happens to your paycheck if you can't work for a period of time and you've exhausted your paid time off? If your paycheck were to stop for a period of time, how would that affect you and your family? If you've never thought about the possibility, now is a good time. And if you have thought about it but have questions, read on—you may be surprised!

## **“That will never happen to me.”**

Becoming disabled happens more often than you'd imagine. Over 37 million Americans are classified as disabled; that's about 12% of the population.<sup>1</sup> What's more astonishing is that more than 50% of those disabled Americans are in their working years from 18-64.<sup>1</sup> The question at hand is could your family survive and maintain your same lifestyle with just \$1,130 a month? That is the average monthly benefit paid by the Social Security Disability Insurance (SSDI) at the end of 2012.<sup>1,2</sup> Most families would not be able to live off that amount, in fact, half of working Americans don't make it a month before financial difficulties set in, and almost one in four have problems immediately.<sup>2</sup> Working Americans underestimate their risk of disability tremendously with 64% of wage earners believing they have a 2% or less chance of being disabled for 3 months for more during their working career. However, the actual odds for a worker entering the workforce today are about 25%.<sup>1,3</sup>

## **“I have enough insurance already.”**

Very few people hesitate to insure assets like their home or car, but many fail to protect their most valuable asset of all: themselves. Disability income protection insurance will help protect your financial security in the event that you cannot work. The chance of poverty jumps from 9% for people without a disability to 27% for those with a severe disability.<sup>4</sup> Unexpected illnesses and injuries cause 350,000 personal bankruptcies each year,<sup>5</sup> and nearly 50% of all mortgage foreclosures.<sup>6</sup>

## **“There's always workers' compensation.”**

Disability insurance covers you when workers' compensation doesn't. Workers' compensation only applies to injuries sustained while an employee is at work. Statistics show that there are almost twice as many off-the-job injuries as on-the-job injuries and twice as many work days lost due to off-the-job injuries as on-the-job injuries.<sup>9</sup> Partial disabilities may also be covered.

## **“I can't pay another bill every month.”**

Your employer has made it possible for you to purchase this coverage at group rates. You pay for your coverage through convenient payroll deduction.

## **“I doubt I would be approved.”**

You cannot be turned down for this insurance, as long as you are eligible.

## **“Why now?”**

Evidence of Insurability requirements are waived for employees who enroll during your employer's open enrollment.

## **“What do I do now?”**

If you agree that you and your loved ones can benefit from this important coverage, it's easy to get started. Simply review the accompanying materials and complete the Reliance Standard enrollment form supplied by your employer. If you have questions or require an enrollment form, please contact your Benefits Administrator.

Additional information to aid you in your disability income protection insurance purchase decision can be found online at [www.RelianceStandard.com/voluntarydisability](http://www.RelianceStandard.com/voluntarydisability).

## **Why Reliance Standard?**

You are buying Disability insurance from Reliance Standard Life Insurance Company, a national insurer in business for over a century.



### one in four

Just over 1 in 4 of today's 20 year-olds will become disabled before they retire.<sup>1</sup>



### one in eight

One in eight workers will be disabled for five years or more during their working careers.<sup>2</sup>

## What is Voluntary Disability Income Protection insurance?

It's disability insurance that pays benefits if you cannot work because of illness or injury. Your employer has made it possible for you to obtain this insurance with:

- ▶ Lower cost group rates
- ▶ No physical examination
- ▶ The convenience of payroll deduction

If you become disabled and can't work because of a covered sickness or injury, your Voluntary Disability Income Protection insurance will pay you a benefit. You'll start receiving payments if you meet the definition of disabled and satisfy the elimination period.

Reliance Standard Life Insurance Company provides this insurance. Reliance Standard has been in business for over 100 years, and it specializes in employee group benefits.

## Who is eligible?

You are eligible to participate in this plan if you:

- ▶ Are actively at work
- ▶ Are a full-time employee working the determined hours as required by your employer
- ▶ Earn at least \$10,000 annually in base pay.

"Actively at work" includes approved time off for vacation, jury duty and funeral leave but does not include time off as a result of injury or sickness.

Your employer also may require that you work for the company for a minimum period of time before you can buy insurance.

## "I don't need it."

Many people make the mistake of thinking that if they are healthy, they don't need disability insurance. However, just like medical insurance acts as a safety net for you in the event that you become ill or injured, disability insurance is another level of protection: it will help provide for you financially in the event that you cannot work due to injury or illness.

## How soon do benefits begin after I become disabled?

No benefits are payable during the elimination period. The elimination period starts on the first day you become disabled and continues for the period specified in the policy. You must pay your premiums during the elimination period. Once the elimination period is satisfied, you begin collecting benefits while disabled.

## If I am disabled, how long can I receive benefits?

Voluntary Disability Income Protection insurance pays benefits for a disability due to a covered injury or sickness. The benefit duration period (amount of time benefits can be paid) extends to a person's normal retirement age as defined by the 1983 amendments to the United States Social Security Act. All duration schedules comply with the Age Discrimination and Employment Act (ADEA).

Of course, if you recover from your disability, you can no longer receive benefits.

## What is a disability? How is it defined?

- ▶ Regular ("own") occupation
- ▶ Any occupation

During the initial 60 months means that you cannot perform the material duties you routinely performed for your employer.

"Regular ("own") occupation" means that you cannot perform the occupation you are routinely performing. We will look at your occupation as it is normally performed in the national economy, and not how the work tasks are performed for a specific employer or at a specific location.

<sup>1</sup> Council for Disability Awareness, July 2013. <sup>2</sup> The Disability Survey conducted by Kelton Research on behalf of Life Happens, April 2012. <sup>3</sup> Council for Disability Awareness, Long-Term Disability Claims Review, 2010. <sup>4</sup> U.S. Census Bureau, 2009. <sup>5</sup> "Illness and Injury as Contributors to Bankruptcy," Health Affairs, February 2005. <sup>6</sup> Health Affairs, The Policy Journal of the Health Sphere, February 2005. <sup>7</sup> National Safety Council, Injury Facts 2008 Edition.

"Any occupation" means that you cannot perform any occupation normally performed in the national economy for which you are reasonably suited based upon your education, training or experience.

The "any occupation" definition applies for the remainder of the disability. That means from the end of the "own job" and/or "own occupation" period up to the maximum benefit duration period.

Reliance Standard considers you to be disabled during and after the elimination period if, because of injury or sickness, you cannot perform the material duties of your "own occupation" or "any occupation" (as applicable) on a part-time basis, or some of the material duties full-time. "Total" disability is not required.

### **Will my Voluntary Disability Income Protection benefits be reduced if I receive income from other sources while I am disabled?**

Yes, some other sources of income that you receive or are eligible to receive will reduce the disability benefit paid by Reliance Standard. Income that reduces your Voluntary Disability Income Protection benefits are as follows:

- ▶ Disability income benefits you are eligible to receive under any group insurance plan(s)
- ▶ Disability income benefits you are eligible to receive under any government retirement system, except benefits payable under a federal government employee pension benefit
- ▶ Disability income benefits you are eligible to receive under workers' compensation laws, occupational disease law, and any compulsory benefit law
- ▶ Wages or other compensation (including a formal salary continuance plan) you are eligible to receive from your employer, excluding the amount that is allowable while you are performing rehabilitative employment
- ▶ Commissions or monies you are eligible to receive, including vested renewal commissions, but excluding commissions or monies that you earned before becoming disabled that are paid after the disability has begun
- ▶ Disability or retirement benefits under the United States Social Security Act, the Canadian pension plans, federal or provincial plans or any similar law that you [and your dependents] are eligible to receive
- ▶ That part of a disability or retirement benefit paid for by you that you are eligible to receive under a group retirement plan

Retirement benefits that do not reduce your disability benefits are:

- ▶ A federal government employee pension
- ▶ A thrift plan
- ▶ A deferred compensation plan
- ▶ An individual retirement account
- ▶ A tax sheltered annuity
- ▶ A stock ownership plan
- ▶ A profit sharing plan
- ▶ Section 401(k), 403(b) or 457 plans

Your state may have different laws about the sources of income that can reduce your Voluntary Disability Income Protection benefits.

### **What does the State Universities Retirement System (SURS) Disability Plan pay if I'm disabled?**

You may claim SURS disability benefits if, after you have at least two years of service credit, you become unable to perform your job due to illness. There is no minimum service credit required to claim SURS disability benefits if you are disabled due to an accident. SURS benefits begin on the later of 1) the day following 60 continuous calendar days of disability, or 2) the day following your last day of employer provided salary or sick leave payments.

The amount of SURS disability benefit will be the greater of 1) 50% of your basic compensation on the day you became disabled or, 2) 50% of your average earnings for the 24 months prior to the date you became disabled.

The SURS disability benefit is taxable. It is paid until you have received 50% of your earnings while a participant of SURS. You must requalify for the 35% Disability Retirement Allowance (DRA) which is also taxable. To qualify, you must be unable to perform any gainful occupation (for additional information, see your SURS Member Guide).

**The Reliance Standard disability benefit is tax-free and supplements SURS or DRA if they pay and pays a benefit when SURS does not pay, providing you qualify for disability. It may pay in the case of partial disability.**

## Sample SURS Employee

**Name:** Male age 45, disabled due to an illness

**Annual Salary:** \$60,444

**Monthly Salary:** \$5,037

**Months of Employment:** 48 months

**State Universities Retirement System:** 50% (before tax) of monthly salary up to 50% of total SURS earnings.

**(SURS) Monthly Disability Benefit:** Two years of SURS service credit is required to be eligible, and benefits commence the later of exhaustion of sick days or 60-day elimination period (\$2,518.50 payable until you've received 50% of your earnings under SURS).

**Disability Retirement Allowance (DRA) Monthly Disability Benefit:** 35% (before tax) of monthly salary to age 65 (\$1,762.95 payable to age 65 assuming continuation of total disability).

**Reliance Standard Disability Benefit:** 65% (tax-free) of salary to age 65 after your elimination period, the greater of 90 days or your accumulated sick leave (\$3,274 payable monthly to age 65 offset by SURS or DRA, if payable).

Employee becomes totally disabled but then partially recovers and does not qualify for DRA benefits. SURS pays 50% (before tax) of salary for approximately 2 1/2 years then benefits end because the employee doesn't qualify for DRA continuation.

Reliance Standard supplements the SURS payment up to 65% (tax-free) of pre-disability salary then continues up to Social Security Normal Retirement Age with a partial disability benefit.

## What happens to my benefits if I am able to go back to work part-time?

This insurance program is designed to encourage you to go back to work.

You don't have to be totally disabled during the elimination period.

You can work part-time and still be eligible for disability benefits at the end of the elimination period.

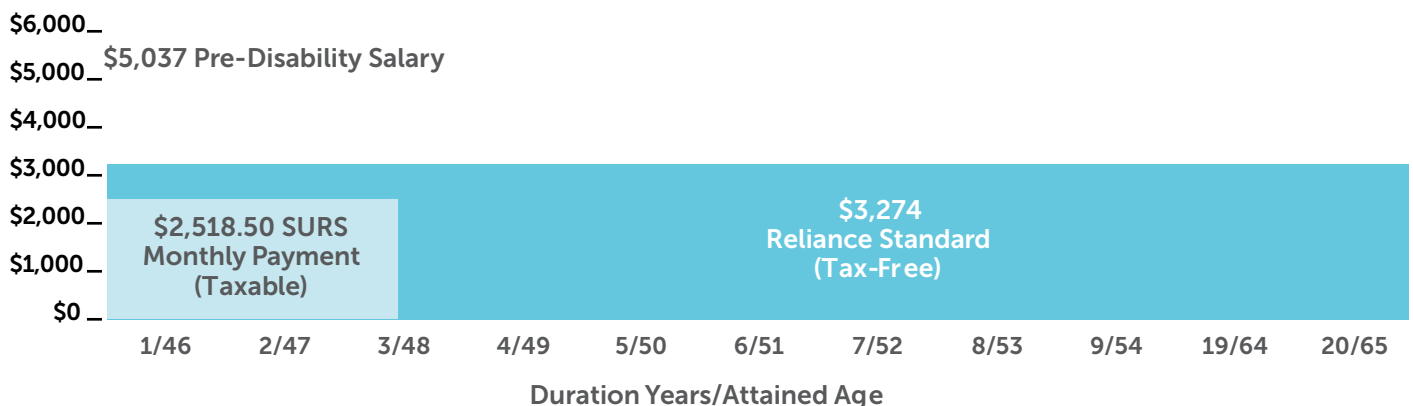
You can also return to active, full-time work up to 30 days. If you have to go back on disability for the same injury or illness, you will not have to satisfy a new elimination period.

Once the disability benefit is payable, for the first twelve months of rehabilitation employment we will not reduce the disability benefit by earnings from rehabilitative employment until the sum of the benefit prior to offsets with other income benefits and earnings exceed 100% of your covered earnings for plans.

After that, we will continue to pay the disability benefit but will subtract an amount equal to 50% of earnings you receive from rehabilitative employment for plans with a benefit duration greater than 104 weeks.

## Is coverage limited for any illnesses?

In the Voluntary Long Term Disability Income plan, limited benefits are available for disabilities related to substance abuse, mental or nervous disorders.



## What is not covered?

Reliance Standard will not pay a benefit for any disability caused by:

- ▶ An act of war, declared or undeclared
- ▶ Intentionally self-inflicted injury, while sane or insane
- ▶ Your committing or attempting to commit a felony
- ▶ An injury or sickness that occurs while you are confined in any penal or correctional institution

## Why should I buy this coverage now?

If you enroll within 31 days of becoming eligible for the insurance, coverage is available on a "guaranteed issue" basis. You do not have to answer any health questions.

If you apply at any other time, you will be required to provide proof of good health.

## How much does Voluntary Disability Income Protection insurance cost?

Voluntary Disability Income Protection is offered at group rates\* through convenient payroll deduction. The cost is based on your age and the benefit amount you select. The cost may change annually on the anniversary of the group policy. (See your enrollment materials.) Your employer will tell you the date your first payroll deduction will be taken. You must be actively at work on the effective date of your coverage. If you are not, your coverage becomes effective the day you return to work full-time.

\*Rates are subject to change.

## How do I enroll for Voluntary Disability Income Protection insurance?

Fill out the enrollment request form. Be sure to answer all the questions about your benefit choices.

Your coverage begins on the individual effective date that is specified in your certificate of insurance, as long as you are actively at work on that date. If you are not, your coverage will begin on the date you return to full-time work.

## Do I have to have a physical or answer medical questions?

Proof of good health is not required to enroll for this coverage if you apply within 31 days from the date you are eligible to enroll in the plan. However, benefits at the time of enrollment are subject to a pre-existing condition limitation. (A pre-existing condition is any illness, injury or pregnancy for which you were treated during the 6 months before your coverage went into effect.) No

benefits will be paid for a pre-existing condition. However, this limitation will no longer apply if you:

1. Do not receive any treatment or services for that condition for 6 consecutive months.
2. Are insured under the plan for a full 24 months without interruption.

## If I am disabled, will I get help so I can return to work?

Reliance Standard has many ways to help you return to work as quickly and easily as possible.

- ▶ **Vocational Rehabilitation Assessment** – This service is performed and managed by our in-house staff. We work with a field vocational rehabilitation counselor who helps you.
- ▶ **Job Search Assistance** – If you can't return to your original job, our vocational counselors will help you find work that does not require relocation or a change in lifestyle.
- ▶ **Educational Expenses** – If you will need to go back to school to learn new skills before you can go back to work, our rehabilitation program may help with educational expenses for training in a new occupation.

## Reliance Standard offers other benefits to help you return to work:

### Worksite Modification

Sometimes a change in your worksite would make it possible for you to return to work. Reliance Standard will pay your employer up to \$2,000 (actual and reasonable costs) to modify your worksite, if you then return to work part-time or full-time.

### Return to Work Incentive and Child Care Expense Benefit

During the first 12 months of rehabilitative employment, Reliance Standard will keep paying your disability benefit. We will not deduct the amount you earn until, when you add it to your disability benefit, the amount is more than 100% of your pre-disability earnings.

If you have dependent child(ren) under age 14, then we will add an amount equal to actual expenses incurred for child care, up to \$350 per child per month, to your covered earnings when we calculate your benefit. That means we will not subtract anything until your earnings plus your disability benefit are more than 100% of covered earnings plus child care expenses.

After 12 months, we will continue to pay the disability benefit but will subtract an amount equal to 50% of

earnings you receive from rehabilitative employment while you are still disabled.

### **Temporary Recovery During the Elimination Period (Interruption Period)**

If you have a temporary recovery from your disability, you don't have to start all over again with a new elimination period. If you return to full-time work for up to 30 days (if the elimination period is 90 days or more) during the elimination period, the disability will be considered continuous.

### **Rehabilitative Employment**

Reliance Standard encourages you to return to work either on a part-time or full-time basis. Vocational rehabilitation services help you gain the skills to go back to work.

The managed rehabilitation benefit encourages you to return to work on a part-time basis in any gainful occupation, including your occupation, for which your training, education or experience will reasonably allow.

We will continue to pay the disability benefit less an amount equal to 50% of the earnings received through rehabilitative employment. If you refuse rehabilitation, we may reduce or stop the disability benefit depending on the circumstances. (Reduction or termination of benefits may be prohibited in some states.)

### **Family and Medical Leave Act (FMLA) and Military Service Leave of Absence**

The Family and Medical Leave Act of 1993 mandates that employers with more than 50 workers maintain your group health coverage (medical expense and health flexible spending account) during an allowed period of family or medical leave, just as if you were on the job during that time.

The FMLA does not require your employer to maintain your group disability coverage, but Reliance Standard makes it available as an option to your employer's master policy.

Your Voluntary Disability Income Protection insurance can continue for up to 12 weeks in a 12 month period:

- ▶ If you are on a leave of absence approved by your employer under FMLA
- ▶ If you are on an approved leave of absence due to entering military service of the United States

You must continue to pay your premiums while on either of these leaves. All coverage provisions apply during the leave period, except that for military services leave. There is no coverage for any loss which occurs while you are on active duty if such loss is caused by or arises out of such military service, including but not limited to war or act of war (declared or undeclared).

### **Are there other benefits I should know about?**

Yes. These extra benefits are included:

#### **Conversion Privilege**

If your employment is terminated, you can convert to a disability policy made available by RSL. You must meet the eligibility requirements. You can maintain the same benefit level as the group policy, up to a maximum of \$3,500. You are not required to provide evidence of insurability.

#### **Specific Indemnity Benefit**

If you are disabled by an accidental injury, this provision guarantees you will receive a minimum number of benefit payments if you suffer one of a number of specific losses from the accident (listed in the policy). This provision is available for plans with a maximum benefit period that is five years or longer.

#### **Survivor Benefit**

This is a benefit that is paid to your spouse or unmarried children under 25 if you die after becoming disabled. It is a lump sum equal to six times your net monthly benefit before your death. It is paid if you had been receiving a disability benefit and were disabled for at least 180 consecutive days.

#### **ADL Benefit**

An Activities of Daily Living Benefit may be paid in addition to the Monthly Benefit if you are Totally Disabled, receiving a Monthly Benefit from us, and we determine that you are unable to safely and completely perform 2 or more Activities of Daily Living (ADLs) without another person's assistance or verbal direction or you are cognitively impaired. The ADL benefit is 20% of your Covered Monthly Earnings, subject to a maximum amount of \$2,500 and the maximum duration of benefits. Please see your certificate for a complete description of the benefit, including any limitations.

#### **On Call Travel Assistance**

On Call is a non-insurance service which provides a comprehensive range of information, referral, coordination and arrangement services designed to respond to most medical care situations and many other emergencies employers may need to offer employees while they travel. This service is available to employees and their family members: spouse, unmarried child(ren) under the age of 20 or full-time students under the age of 26 who are dependents.

Complete details of these benefits (other than On Call Travel Assistance) are contained in the Certificate of Insurance.

## **Please read this important information**

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Benefits are provided by policy form series LRS-6564 et al.



**Gallagher Benefit Services, Inc.**

**RELIANCE STANDARD**  
A MEMBER OF THE TOKIO MARINE GROUP

[www.reliancestandard.com](http://www.reliancestandard.com)

# Plan Highlights

## Voluntary Group Long Term Disability Insurance



### Joliet Junior College

#### COVERAGE

Disability income protection insurance provides a benefit for “long term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

#### ELIGIBILITY

#### BENEFIT AMOUNT

The monthly benefit is an amount equal to 65% of covered earnings, up to a maximum benefit of \$8,000 per month.

#### ELIMINATION PERIOD

90 consecutive days of total disability

#### MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of Benefits below:

<u>Age at Disablement</u>	<u>Duration of Benefits</u>
---------------------------	-----------------------------

61 or less	to age 65
62	3 ½ years
63	3 years
64	2 ½ years
65	2 years
66	1 ¾ years
67	1 ½ years
68	1 ¼ years
69 or more	1 year

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

#### RATES

See attached Rate Sheet.

#### FEATURES

- Activities of Daily Living Benefit
- Conversion Privilege
- Mental/Nervous Illness Limitation – 24 month out-patient
- Own Occupation Coverage – 60 months
- Pre-Existing Condition Limitation – 6/6/24
- Rehabilitation provision
- Residual and Partial Disability
- Substance Abuse Limitation – 24 months
- Survivor Benefit – 6 months
- Work Incentive & Child Care provisions

#### VALUE ADDED SERVICES

- Travel Assistance Service
- Identity Theft Recovery Services

#### EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury or sickness occurring while confined in any penal or correctional institution.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.





# Reliance Standard Voluntary Plans Disability Income Protection Insurance Premium Worksheet

## Plan Holder: Joliet Junior College Voluntary Long Term Disability – VPL

**Scheduled Benefit:** Each eligible employee may elect 65% of their monthly earnings up to \$8,000 per month maximum.

To calculate your monthly payroll deduction, use the following formula below:  
(Round all numbers to the nearest whole number)

1. Enter your **Annual Earnings**. 1. \$ \_\_\_\_\_
2. **Divide** your annual earnings by 12. (monthly earnings)  
(average monthly income cannot exceed \$12,308) 2. \$ \_\_\_\_\_
3. **Multiply** the amount in Line 2 (monthly earnings)  
by .65 (max. benefit amount). 3. \$ \_\_\_\_\_
4. Find your rate from the age table displayed. 4. \$ \_\_\_\_\_
5. **Multiply** the amount in Line 3 by the appropriate rate  
for your age entered on Line 4. 5. \$ \_\_\_\_\_
6. **Divide** the amount on Line 5 by 100 and  
enter the amount on Line 6 to get your monthly  
payroll deduction. 6. \$ \_\_\_\_\_

Age	Rate per \$100 of benefit
Under 20	0.152
20-24	0.152
25-29	0.167
30-34	0.182
35-39	0.198
40-44	0.274
45-49	0.404
50-54	0.579
55-59	0.732
60-64	0.755
65-69	0.87
70+	1.16

\* The amount shown on Line 6 is your estimated monthly payroll deduction.

**Example Calculation: John Smith is Age 35.**

1. Enter your **Annual Earnings**. 1. \$ 50,000 (annual earnings)
2. **Divide** your annual earnings by 12.  
(average monthly income cannot exceed \$12,308) 2. \$ 4,167 (monthly earnings)
3. **Multiply** the amount in Line 2 (monthly earnings)  
by .65 (max. benefit amount). 3. \$ 2,709 (max. monthly benefit)
4. Find your rate from the age table displayed. 4. \$ .198 (rate for age 35-39)
5. **Multiply** the amount in Line 3 by the appropriate rate  
for your age entered on Line 4. 5. \$ 536.38
5. **Divide** the amount on Line 5 by 100 and  
enter the amount on Line 6. 6. \$ 5.36 (monthly payroll deduction)

# Windfall Elimination Provision

2015



## Your Social Security retirement or disability benefits may be reduced

The Windfall Elimination Provision may affect how we calculate your retirement or disability benefit. If you work for an employer who does not withhold Social Security taxes from your salary, such as a government agency or an employer in another country, any pension you get from that work may reduce your Social Security benefits.

## When your benefits may be affected

This provision may affect you when you earn a pension from an employer who didn't withhold Social Security taxes *and* you qualify for Social Security retirement or disability benefits from work in other jobs for which you did pay taxes.

The Windfall Elimination Provision may apply if:

- You reached 62 after 1985; or
- You became disabled after 1985; and
- You first became eligible for a monthly pension based on work where you did not pay Social Security taxes after 1985, even if you are still working.

This provision also affects Social Security benefits for people who performed federal service under the Civil Service Retirement System (CSRS) after 1956. Your Social Security benefit amounts won't be reduced if you performed federal service under a system such as the Federal Employees' Retirement System in which Social Security taxes were withheld.

## How it works

Social Security benefits are intended to replace only some of a worker's pre-retirement earnings.

We base your Social Security benefit on your average monthly earnings adjusted for inflation. We separate your average earnings into three amounts and multiply the amounts using three factors. For example, for a worker who turns 62 in 2015, the first \$826 of average monthly earnings is multiplied by 90 percent; the next

\$4,980 by 32 percent; and the balance by 15 percent. The sum of the three amounts equals the total monthly payment amount.

When we apply this formula, the percentage paid to lower-paid workers is higher than highly paid workers. For example, workers making \$3,000 per month could receive a benefit of \$1,439 (48 percent) of their pre-retirement earnings. For a worker making \$8,000 per month, the benefit could be \$2,666 (33 percent).

Lower-paid workers could get a Social Security benefit that equals about 55 percent of their pre-retirement earnings. The average replacement rate for highly paid workers is about 25 percent.

## Why we use a different formula

Before 1983, people whose primary job wasn't covered by Social Security had their Social Security benefits calculated as if they were long-term, low-wage workers. They had the advantage of receiving a Social Security benefit representing a higher percentage of their earnings, plus a pension from a job for which they didn't pay Social Security taxes. Congress passed the Windfall Elimination Provision to remove that advantage.

Under the provision, we reduce the 90 percent factor in our formula and phase it in for workers who reached age 62 or became disabled between 1986 and 1989. For those who reach 62 or became disabled in 1990 or later, we reduce the 90 percent factor to 40 percent.

## Some exceptions

The Windfall Elimination Provision doesn't apply if:

- You are a federal worker first hired after December 31, 1983;
- You were employed on December 31, 1983, by a nonprofit organization that did not withhold Social Security taxes from your pay at first, but then began withholding Social Security taxes from your pay;
- Your only pension is for railroad employment;
- The only work you performed for which you did not pay Social Security taxes was before 1957; or

(over)

- You have 30 or more years of substantial earnings under Social Security.

The Windfall Elimination Provision doesn't apply to survivors benefits. We may reduce widows or widowers benefits because of another law. For more information, read *Government Pension Offset* (Publication No. 05-10007).

See the first table that lists substantial earnings for each year.

The second table shows the percentage used depending on the number of years of substantial earnings. If you have 21 to 29 years of substantial earnings, we reduce the 90 percent factor to between 45 and 85 percent.

To see the maximum amount we could reduce your benefit, visit [www.socialsecurity.gov/retire2/wep-chart.htm](http://www.socialsecurity.gov/retire2/wep-chart.htm).

## A guarantee

The law protects you if you get a low pension. We will not reduce your Social Security benefit more than half of your pension for earnings after 1956 on which you did not pay Social Security taxes.

## Contacting Social Security

Visit [www.socialsecurity.gov](http://www.socialsecurity.gov) anytime to apply for benefits, open a *my Social Security* account, find publications, and get answers to frequently asked questions. Or, call us toll-free at 1-800-772-1213 (for the deaf or hard of hearing, call our TTY number, 1-800-325-0778). We can answer case-specific questions from 7 a.m. to 7 p.m., Monday through Friday. Generally, you'll have a shorter wait time if you call after Tuesday. We treat all calls confidentially. We also want to make sure you receive accurate and courteous service, so a second Social Security representative monitors some telephone calls. We can provide general information by automated phone service 24 hours a day. And, remember, our website, [www.socialsecurity.gov](http://www.socialsecurity.gov), is available to you anytime and anywhere!

Year	Substantial earnings	Year	Substantial earnings
1937-1954	\$900	1991	\$9,900
1955-1958	\$1,050	1992	\$10,350
1959-1965	\$1,200	1993	\$10,725
1966-1967	\$1,650	1994	\$11,250
1968-1971	\$1,950	1995	\$11,325
1972	\$2,250	1996	\$11,625
1973	\$2,700	1997	\$12,150
1974	\$3,300	1998	\$12,675
1975	\$3,525	1999	\$13,425
1976	\$3,825	2000	\$14,175
1977	\$4,125	2001	\$14,925
1978	\$4,425	2002	\$15,750
1979	\$4,725	2003	\$16,125
1980	\$5,100	2004	\$16,275
1981	\$5,550	2005	\$16,725
1982	\$6,075	2006	\$17,475
1983	\$6,675	2007	\$18,150
1984	\$7,050	2008	\$18,975
1985	\$7,425	2009-2011	\$19,800
1986	\$7,875	2012	\$20,475
1987	\$8,175	2013	\$21,075
1988	\$8,400	2014	\$21,750
1989	\$8,925	2015	\$22,050
1990	\$9,525		

Years of substantial earnings	Percentage
30 or more	90 percent
29	85 percent
28	80 percent
27	75 percent
26	70 percent
25	65 percent
24	60 percent
23	55 percent
22	50 percent
21	45 percent
20 or less	40 percent

