MarshMcLennan Agency

GIN
Government Insurance Network

Government Insurance Network

Village of Romeoville

2027 Open Enrollment

Your future is limitless.℠

Agenda

1. Medical
2. Dental
3. Vision
4. Life/AD&D
5. Employee Assistance Program
6. Open Enrollment



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Medical Plans with BlueCross BlueShield of Illinois



BlueCross BlueShield –Blue Advantage HMO B05096

	BlueCross BlueShield *In-Network Benefits Only*
Network	Blue Advantage HMO
Deductible Individual Family	 $0 $0
Coinsurance *(applies to most benefits after deductible)*	100%
Medical Out-of-Pocket Max *(Includes Deductible and Copays)* Individual Family	 $1,500 $3,000
Physician Services Preventive Physician Office Specialist Visit	 No Charge $30 Copay $50 Copay
Emergency Room *(Copay is waived, if admitted)*	$150 Copay
Prescription Drugs *(In-Network)* Generic / Preferred / Non-Preferred / Specialty	Copays: $10 / $40 / $60 / $100
Mail Order Prescription Drugs Generic / Preferred / Non-Preferred	Copays: $10 / $40 / $60
Prescription Drug Out-of-Pocket Max Individual / Family	$1,000 / $2,000

changes highlighted in blue

- Must elect a 3-digit medical group
- Separate Rx Out of Pocket Max
- No Out-of-Network benefits
- Specialty drug copay increased
- Inpatient and outpatient copay changed to $150
- Weight loss drugs such as Wegovy & Zepbound are NOT covered

BlueCross BlueShield – PPO $300

	BlueCross BlueShield *In-Network / Out of Network*	
Network	PPO	Out of Network
Deductible Individual Family	 $300 $900	 $300 $900
Coinsurance *(applies to most benefits after deductible)*	90%	70%
Medical Out-of-Pocket Max *(Includes Deductible and Copays)* Individual Family	 $1,300 $3,900	 $1,300 $3,900
Physician Services Preventive Physician Office Specialist Visit	 No Charge $20 Copay $40 Copay	 Deductible then 70% Deductible then 70% Deductible then 70%
Emergency Room *(Copay is waived, if admitted)*	$150 Copay	
Prescription Drugs Generic / Preferred / Non-Preferred / Specialty	Copays: $10 / $25 / $75 / $100	Copays: $10 / $25 / $75 + 25%
Mail Order Prescription Drugs Generic / Preferred / Non-Preferred	Copays: $10 / $25 / $75	Not Covered
Prescription Drug Out-of-Pocket Max Individual / Family	$2,000 / $6,000	

- Separate Rx Out of Pocket Max
- **Rx moved to the Advantage Network**
  - **Excludes CVS pharmacies**
- Weight loss drugs such as Wegovy & Zepbound are NOT covered

BlueCross BlueShield – BCO PPO $300

	BlueCross BlueShield *In-Network / Out-of-Network*		
Network	BlueChoice Options	PPO	Out of Network
Deductible Individual Family	 $300 $900	 $600 $1,800	 $900 $3,600
Coinsurance *(applies to most benefits after deductible)*	90%	80%	70%
Medical Out-of-Pocket Max *(Includes Deductible and Copays)* Individual Family	 $1,300 $3,900	 $2,600 $7,800	 $5,200 $15,600
Physician Services Preventive Physician Office Specialist Visit	 No Charge $20 Copay $40 Copay	 No Charge $30 Copay $50 Copay	 Deductible then 70% Deductible then 70% Deductible then 70%
Emergency Room *(Copay is waived, if admitted)*	$150 Copay		
Prescription Drugs Generic / Preferred / Non-Preferred / Specialty	Copays: $10 / $25 / $75 / $100	Copays: $10 / $25 / $75 / $100	Copays: $10 / $25 / $75 + 25%
Mail Order Prescription Drugs Generic / Preferred / Non-Preferred	Copays: $10 / $25 / $75	Copays: $10 / $25 / $75	Not Covered
Prescription Drug Out-of-Pocket Max Individual / Family	$2,000 / $6,000		

- Plan access 3 networks:
  - Tier 1: Blue Choice Options (BCO). You pay the least out-of-pocket.
  - Tier 2: PPO. You pay more out-of-pocket than BCO, but still considered in-network.
  - Tier 3: Out-of-Network. You pay the highest out-of-pocket cost and may be subject to balance billing.
- Tier 1 (BCO) and Tier 2 (PPO) deductible and out of pocket maximums cross accumulate
- Separate Rx Out of Pocket Max
- **Rx moved to the Advantage Network**
  - **Excludes CVS pharmacies**
- Weight loss drugs such as Wegovy & Zepbound are NOT covered

BlueCross BlueShield – PPO $750

	BlueCross BlueShield *In-Network / Out of Network*	
Network	PPO	Out of Network
Deductible Individual Family	 $750 $1,500	 $1,500 $3,000
Coinsurance *(applies to most benefits after deductible)*	80%	60%
Medical Out-of-Pocket Max *(Includes Deductible and Copays)* Individual Family	 $2,750 $5,500	 $5,500 $11,000
Physician Services Preventive Physician Office Specialist Visit	 No Charge $30 Copay $50 Copay	 Deductible then 60% Deductible then 60% Deductible then 60%
Emergency Room *(Copay is waived, if admitted)*	$150	
Prescription Drugs Generic / Preferred / Non-Preferred / Specialty	Copays: $10 / $25 / $75 / $100	Copays: $10 / $25 / $75 + 25%
Mail Order Prescription Drugs Generic / Preferred / Non-Preferred	Copays: $10 / $25 / $75	Not Covered
Prescription Drug Out-of-Pocket Max Individual / Family	$2,000 / $4,000	

- Separate Rx Out of Pocket Max
- **Rx moved to the Advantage Network**
  - **Excludes CVS pharmacies**
- Weight loss drugs such as Wegovy & Zepbound are NOT covered

BlueCross BlueShield – $3,500 HDHP/HSA

Health Savings Account (HSA) Compatible Plan

	BlueCross BlueShield *In-Network / Out of Network*	
Network	PPO	Out of Network
Deductible Individual Family	 $3,500 $7,000	 $6,800 $13,600
Coinsurance *(applies to most benefits after deductible)*	100%	80%
Medical Out-of-Pocket Max *(Includes Deductible and Copays)* Individual Family	 $3,500 $7,000	 $13,600 $27,200
Physician Services Preventive Physician Office Specialist Visit	 No Charge Deductible then 100% Deductible then 100%	 Deductible then 80% Deductible then 80% Deductible then 80%
Emergency Room *(Copay is waived, if admitted)*	Deductible then 100%	
Prescription Drugs Generic / Preferred / Non-Preferred / Specialty	Deductible then 100%	Deductible then 100% + 25%
Mail Order Prescription Drugs Generic / Preferred / Non-Preferred	Deductible then 100%	Not Covered
Prescription Drug Out-of-Pocket Max Individual / Family	Included in Medical Out of Pocket Max	

- Mandatory IRS deductible and out of pocket increase
- Rx is included in medical out of pocket maximum
- **Rx moved to the Advantage Network**
  - **Excludes CVS pharmacies**
- Weight loss drugs such as Wegovy & Zepbound are COVERED

BlueCross BlueShield – $4,000 HDHP/HSA

Health Savings Account (HSA) Compatible Plan

	BlueCross BlueShield *In-Network / Out of Network*	
Network	PPO	Out of Network
Deductible Individual Family	 $4,000 $8,000	 $8,000 $16,000
Coinsurance *(applies to most benefits after deductible)*	100%	80%
Medical Out-of-Pocket Max *(Includes Deductible and Copays)* Individual Family	 $4,000 $8,000	 $16,00 $32,000
Physician Services Preventive Physician Office Specialist Visit	 No Charge Deductible then 100% Deductible then 100%	 Deductible then 80% Deductible then 80% Deductible then 80%
Emergency Room *(Copay is waived, if admitted)*	Deductible then 100%	
Prescription Drugs Generic / Preferred / Non-Preferred / Specialty	Deductible then 100%	Deductible then 100% + 25%
Mail Order Prescription Drugs Generic / Preferred / Non-Preferred	Deductible then 100%	Not Covered
Prescription Drug Out-of-Pocket Max Individual / Family	Included in Medical Out of Pocket Max	

- Mandatory IRS deductible and out of pocket increase
- Rx is included in medical out of pocket maximum
- **Rx moved to the Advantage Network**
  - **Excludes CVS pharmacies**
- Weight loss drugs such as Wegovy & Zepbound are NOT covered

HSA: What is it?

Component 1

High-Deductible Health Plan:
A PPO Plan which requires you to meet your deductible before insurance begins to pay

Component 2

Health Savings Account:
A tax-exempt savings account funded with tax-free contributions used to pay for qualified expenses

Health Savings Account (HSA)

Component 1	Component 2
(High Deductible Health Plan): A PPO Plan which requires you to meet your deducible before insurance pays.	**(Health Savings Account):** A tax-exempt savings account used to pay for qualified expenses all year long.

Health Savings Account (HSA) Plan

- An HSA is a **bank account** that is funded for qualified medical, dental, and vision expenses
- The account has a **triple tax advantage**. Money you contribute is tax free.
  - Tax-free contributions: Lower taxable income by contributing money pre-tax via payroll deductions
  - Tax-free withdrawals: Pay no tax on money used to pay for qualified expenses
  - Tax-free growth: Pay no tax on interest or earnings that accrue in the account
- Unused funds roll over each year with no maximum on how much can accumulate over time.
- Account is portable, so the funds are yours to keep even if changing plans, retiring, or leaving the Village.

- You are eligible for an HSA if:
  - You are covered under a High-Deductible Health Plan (HDHP)
  - You are **not** covered by any other health coverage that is not an HDHP
  - You are **not** enrolled/eligible in Medicare (under age 65)
  - You are **not** claimed as a dependent on someone else's tax return

Tax-free Contributions	Employee Only	Family
IRS Maximum for 2027	$4,500	$9,000
Catch-up Contributions (Age 55+)	$1,000	

Health Savings Account (HSA) | What is a qualified expense?

- Distributions from your HSA are tax-free for *qualified expenses.*
- If funds are used for non-qualified expenses, there is a penalty. If under age 65, you will also be required to pay taxes on the funds spent.

Examples of qualified medical expenses under Section 213(d) of the IRS code



- Medical services, procedures and treatments (i.e. acupuncture, chiropractic, fertility treatments, diagnostic services, etc.)
- Prescription Drugs
- Glasses and contacts
- Laser eye surgery
- Hearing aids
- Medical Equipment
- Psychiatric care
- Assistance for disabled
- Dental (includes orthodontia)
- Long Term Care premiums
- Medicare premiums, copays, and deductibles

BCBS HDHP/HSA Plan | Preventative Care Drug List

- The HDHP plan has an extended preventative care drug list

- The preventative care drug program currently included prescriptions in the following categories:
  - Anticoagulants
  - Bowel preparation
  - Breast cancer primary prevention
  - Contraceptives
  - Depression
  - Diabetes medications
  - Diabetes supplies
  - Fluoride
  - High blood pressure
  - Osteoporosis
  - Respiratory
  - Tobacco cessation
  - Vaccines



BCBS Web Portal Services

BlueCross BlueShield Medical Provider Finder – HMO Plan

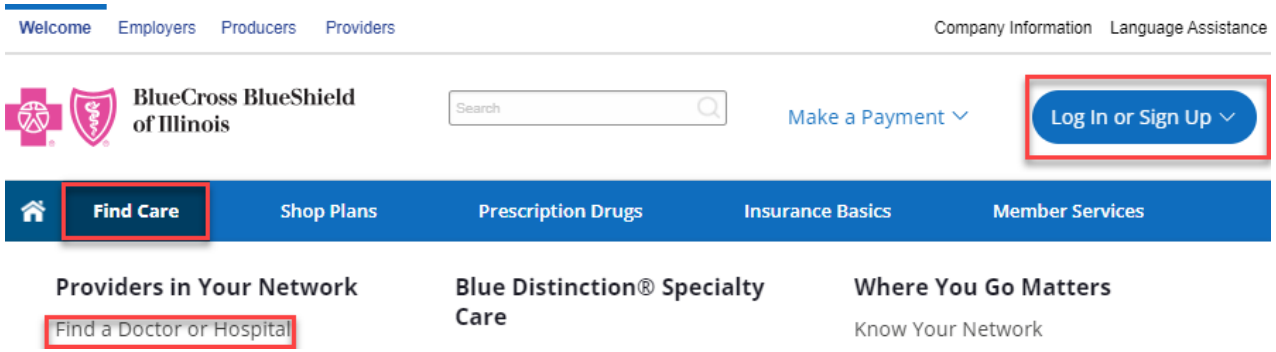
- Visit https://www.bcbsil.com/
- Login to your Blue Access for Members account or search as a guest
- Select Find Care and then Find a Doctor or Hospital
- Select HMO Blue Advantage network
- Search by zip code, provider or specialty
- Select Medical Group (3-digit code needed to process enrollment)



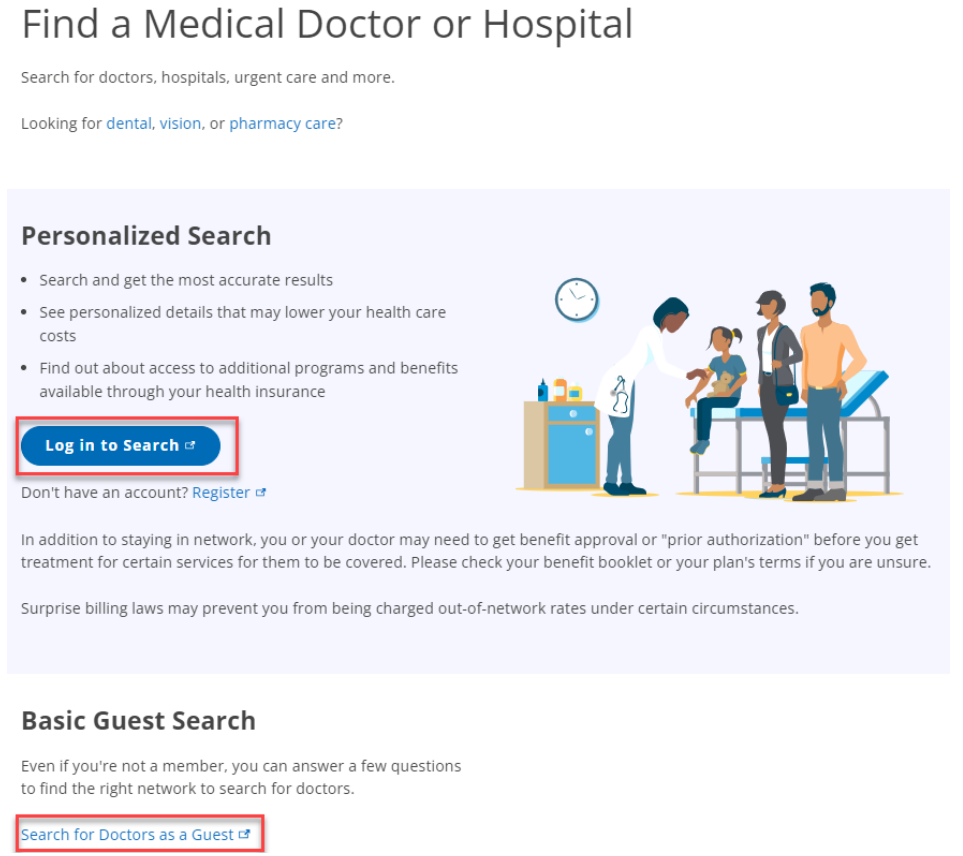
BlueCross BlueShield Medical Provider Finder – PPO Plans

- Visit https://www.bcbsil.com/
- Login to your Blue Access for Members account or search as a guest
- Select Find Care and then Find a Doctor or Hospital
- For PPO 750 and HDHP select the “Participating Provider Organization” network
- Search by zip code, provider or specialty

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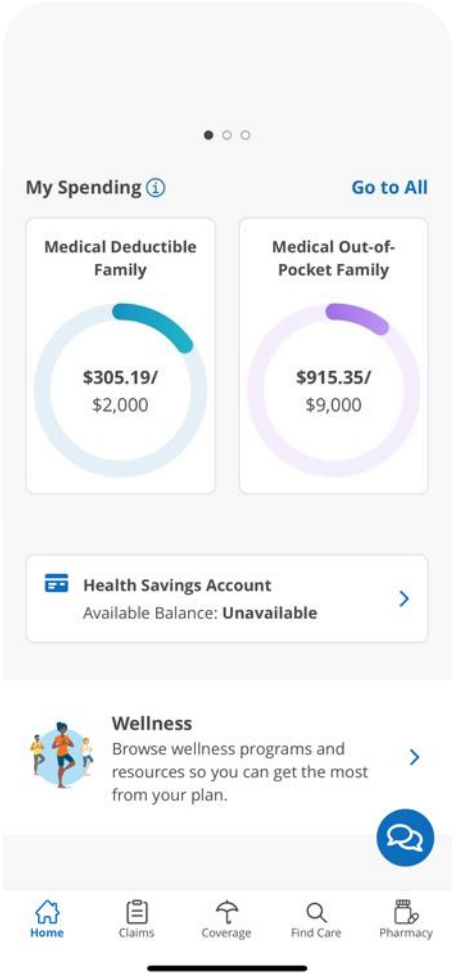
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BlueCross BlueShield Blue Access for Members

In BAM, you can:

- Print, download or share your digital member ID card with your doctor's office
- Review claims status and history
- Confirm health care benefit information
- Find a doctor or pharmacy near you
- Update your preferences to go paperless
- Log in anytime. **Secure access is available 24/7.***



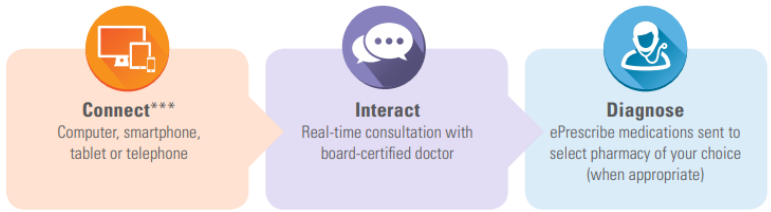
Download the BCBS App:

- Find an in-network doctor, hospital or urgent care facility or search for Spanish-speaking doctors
- Access your claims, coverage and deductible information
- Access temporary digital member ID card
- Secure login with Face ID
  (iOS only) and Fingerprint ID
- Set your communication

BCBS Value Added Services

MDLive – Virtual Visits (PPO/HDHP Only)

- ✓ Connect virtually with board-certified doctors (24/7/365) to treat acute conditions (i.e. cold/flu, pink eye, ear infection, etc.) and/or behavioral health conditions (virtual counseling for mental health conditions)
- ✓ Available to BCBS PPO/HDHP members and their covered dependent(s)



HMO Away From Home Care (HMO Only)

- ✓ HMO Away From Home Care – may apply for one of the following situations:
  - ✓ Have a child attending school out of state
  - ✓ Have family members living in different service areas
  - ✓ Have a long-term work assignment in another state or are a retiree with dual residency
- ✓ *Must contact BCBS HMO if member or covered dependent will be away from home for at least 90 consecutive days

Fitness Program

- ✓ Available to BCBS members and their covered dependent(s)
- ✓ Access a network of gyms for one monthly price
- ✓ Digital content and studio class rewards included

Base	Core	Power	Elite	Pro	Signature	Premier
$19/mo	$29/mo	$39/mo	$129/mo	$159/mo	$199/mo	$239/mo
3500+ Standard Gyms†	8,500+ Standard Gyms	13,000+ Standard Gyms	Access to 1 Luxury Gym + All 13,000+ Standard (Luxury Gyms differ by tier, 180+ Available)†			
Digital Content: Video and Live Stream						
Studio Class Rewards: 30% off every 10th Class						

24/7 Nurseline (PPO/HDHP Only)

- ✓ Nurse helpline staffed 24/7/365
- ✓ Members can get answers to their health questions
  - ✓ Decide whether to call doctor, visit ER / urgent care, or treat the issue at home

BCBS Value Added Services Continues

BlueAccess for Members (BAM): www.bcbsil.com

- ✓ BAM is a secure member website that gives you immediate access to your health care and benefit information. Check claim status, find in-network providers, use the hospital comparison tool, print medical or dental ID cards, and more.

Blue365 Discounts

- ✓ Log into your BCBS member portal and click on Wellness.

Look for the Blue365 Member Discount Program and click Visit Blue365.

Well on Target Member Wellness Program

- ✓ Access health and wellness resources that can help you manage your health. Resources include health assessments, self-directed courses and health coaching.

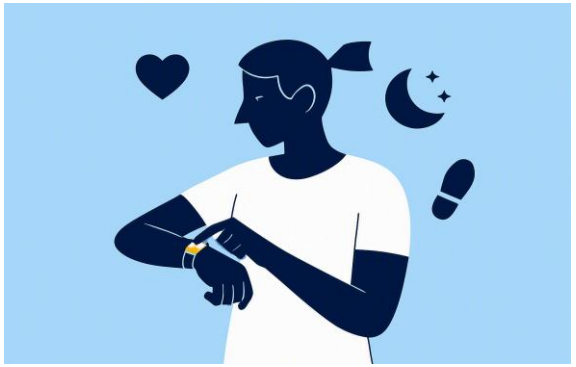
BlueCross BlueShield of Illinois | Blue365

BCBS GoWellbeing

- Well onTarget is sunsetting and moving to Go Wellbeing effective 1/1/27
- BCBSIL is sunsetting the Well onTarget program and transitioning members to Go Wellbeing
- This program is included at no extra cost for employees
- MMA will send any communications and promotional materials regarding this change
- Please note that BluePoints on the current Well on Target program will be expiring at the end of December. BluePoints will need to be redeemed and used by December 31, as any unused BluePoints will expire after that date.

With GO Wellbeing, you can:

- Find tools and tips to support your mind and body
- Take the RealAge Test to see how your body's age compares to your actual age and get simple, personalized steps on how to maintain or improve your health
- Earn rewards for healthy activities like sleep tracking, connecting a wearable health device, learning about financial fitness and more
- Join fun challenges to stay motivated and boost your progress



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Dental Plan with BlueCross BlueShield of Illinois



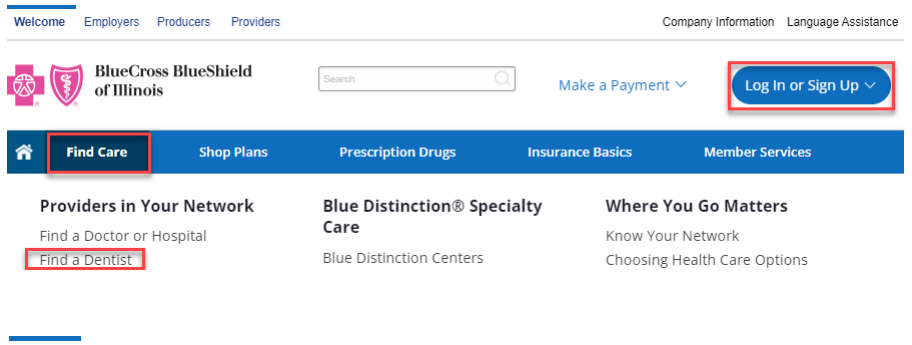
BlueCross BlueShield Dental High Plan

Coverage	In-Network	Out-of-Network
Provider Network	BlueCare Dental PPO	Non-Network
Calendar Year Maximum	$2,000 per person	$2,000 per person
Calendar Year Deductible		
Individual	$50	$50
Family	$150	$150
Waived for Preventive?	Yes	Yes
Coinsurance Levels		
Preventive	100%	100%
Basic	100%	80%
Major	80%	50%
Implants	50%	50%
Orthodontia (Adults and children)	50%	50%
Orthodontia Maximum	$2,000 per person	$2,000 per person

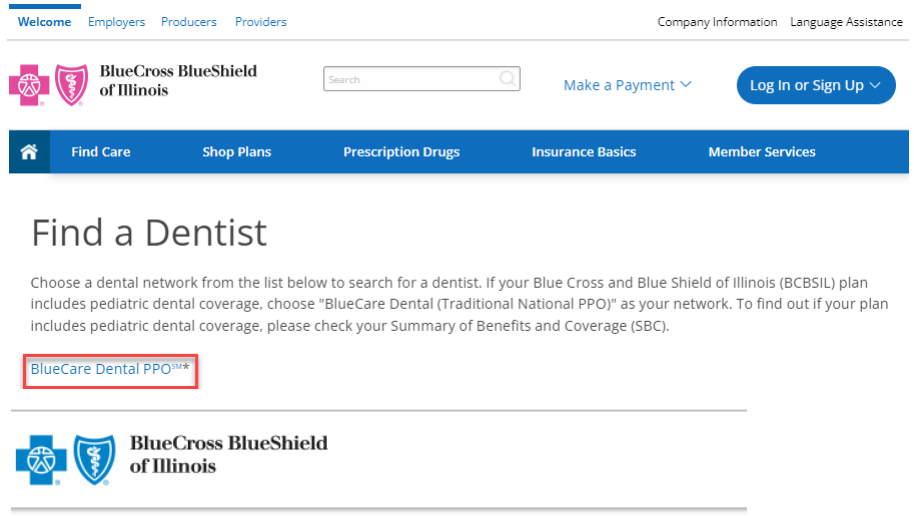
BlueCross BlueShield Dental Provider Finder

- Visit https://www.bcbsil.com/
- Login to your Blue Access for Members account or search as a guest
- Select Find Care and then Find a Dentist
- Select the BlueCare Dental PPO network
- Search by location, provider, county, dental office

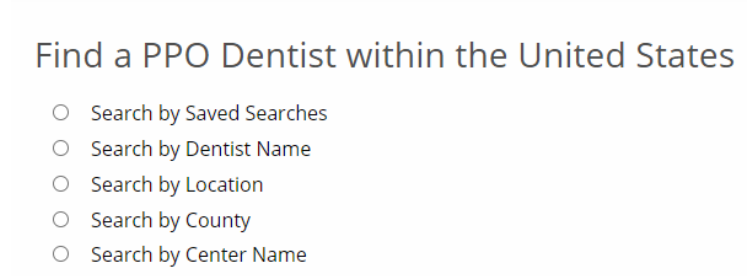
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Vision Plan with VSP



Vision Plan | Choice Network

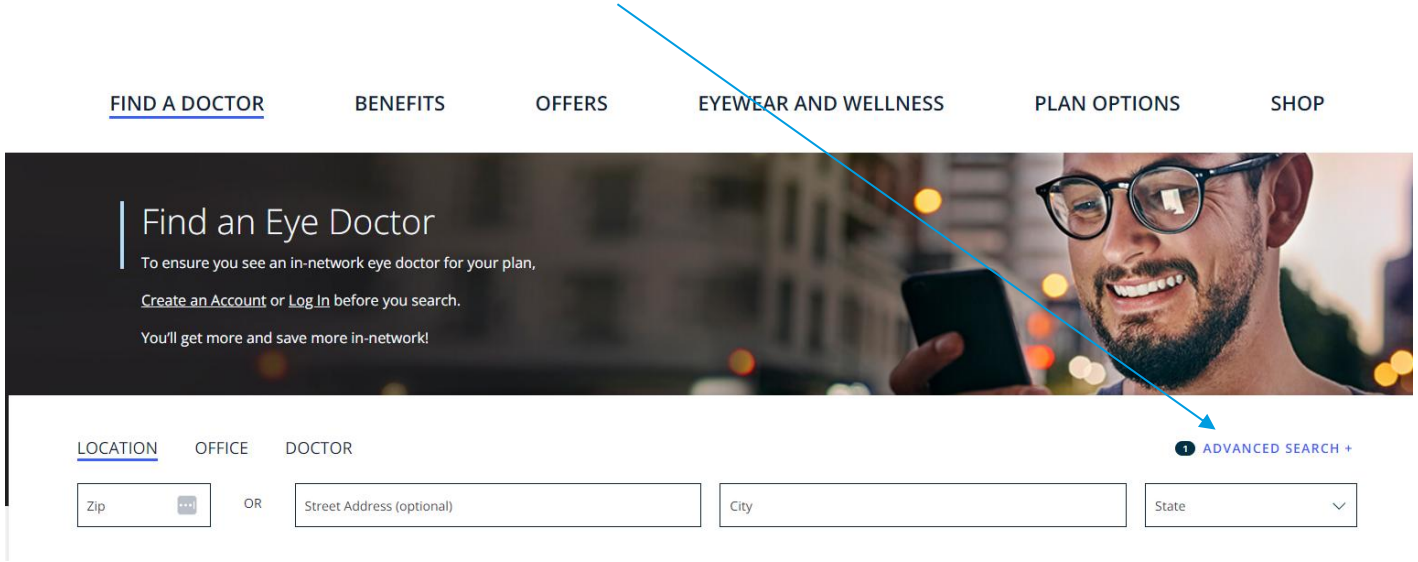
Coverage	In-Network	Out-of-Network
Eye Exam Copay	$10 copay	Up to $45 reimbursement
Frequency		
Lenses	12 months	
Frames	24 months	
Contact Lenses	12 months	
Benefits		
Single Vision Lenses	$25 copay	Reimbursement fee schedule
Bifocal Lenses	$25 copay	Reimbursement fee schedule
Trifocal Lenses	$25 copay	Reimbursement fee schedule
Frames	$130 allowance; 20% off balance over $130	Up to $70 reimbursement
Elective Contact Lenses	$130 allowance;	Up to $105 reimbursement
Necessary Contact Lenses	Covered in full	Up to $210 reimbursement

Go to VSP.com before your next visit:

- To find a doctor
- For special offers

VSP Find a Provider and Perks

- Visit https://www.vsp.com/eye-doctor
- Login or search as a guest
  - See available perks and search for vision providers through your portal
- Select Choice Network under “Advanced Search +”



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Worksite Benefits



Accident | The Hartford

- Accident Insurance
  - Accident insurance can help pay for out-of-pocket expenses associated with an accident by paying you a benefit for each of the covered injuries you suffer and the treatment you received.
  - This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides.
  - Pays specific $ amounts for injuries resulting from accidents
  - Payments are made directly to you to use as you see fit. They can be used to help pay for medical plan deductibles and copays (if applicable), out-of-network treatments, your family's every day living expenses, or anything else you need while recovering from an accident.
  - Wellness Benefit pays you $50 for a preventative care visit such as an annual physical.

Critical Illness | The Hartford

- Critical Illness Insurance
  - Critical illness insurance protects your family when you are diagnosed with an unexpected covered condition by providing you with a lump sum cash benefit in the event you or an insured family member is diagnosed with a covered condition.
  - This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides.
  - Covered Illnesses: heart attack, stroke, invasive cancer, major organ failure
  - Wellness Benefit pays you $50 a preventative care visit such as an annual physical

Coverage Amount	
Employee Coverage Amount	$10,000 - $30,000 in increments of $10,000
Spouse Coverage Amount	100% of employees coverage amount
Child(ren) Coverage Amount	50% of employees coverage amount

Hospital Indemnity | The Hartford

- Hospital Indemnity Insurance
  - Hospital Indemnity insurance protects your family when you have a hospital or ICU stay.
  - This policy provides financial protection by paying you a benefit for hospital admission, hospital confinement and ICU care.
  - Benefits are paid based on admission and length of stay for a defined number of days.
  - This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides.

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Life/AD&D Insurance with The Hartford



The Hartford - Group Life/AD&D and Voluntary Life/AD&D Plans

- Group Life/AD&D - all benefit eligible employees are offered a Group Life/AD&D policy
  - AD&D (Accidental Death & Dismemberment) coverage is equal to 100% of the life insurance benefit
  - Benefit amount is located in your benefit summary or connect with HR on the amount
- **Review beneficiary information to make sure it is up to date!**
  - The person you have listed will receive the benefit in the event a death occurs
  - It's not who you're legally bound to, it's who you have selected as your designated beneficiary
- This coverage is 100% employer paid

- Voluntary Life/AD&D - all benefit eligible employees are offered a Voluntary Life/AD&D policy
  - AD&D (Accidental Death & Dismemberment) coverage is equal to 100% of the life insurance benefit
- This coverage is 100% employee paid
- Spouse rates based on employee age

Voluntary Life Benefit	Employee	Spouse	Child(ren) to age 26
Benefit Amount	$10,000 to $500,000	$5,000 to $250,000	$2,000 to $10,000
Coverage Increments	$10,000	$5,000	$2,000
Guaranteed Issue Amount	$250,000	$50,000	$10,000
Limitations	Not to exceed 5x annual salary	Not to exceed 50% of EE amount	N/A
Reduction of Benefits	At age 70 – 35% reduction At age 75 – 50% reduction At age 80 – 70% reduction	At age 70 – 35% reduction At age 75 – 50% reduction At age 80 – 70% reduction	Live birth to 15 days - $0 15 days to 6 months - $2,000



Employee Assistance Program with The Hartford

Employee Assistance Program (EAP)

- Professional assistance, consultation and resources
- 3 face-to-face visits with trained counselors, per issue per year
- EAP services are available 24 hours a day, 7 days a week
- Available to all benefit eligible employees, dependent children up to age 26 and household family members
- To reach an EAP representative call 800-964-3577 or go online at www.guidanceresources.com
  - Use company ID to register: HLF902
  - Use company name: ABILI
- Cost is 100% paid by employer



Open Enrollment

Open Enrollment

Open Enrollment runs: November 2nd through November 13th

- **Late enrollments will not be accepted**
- **Open Enrollment elections will be effective January 1, 2027**
- **See Benefit Summary Guides for more benefit information**

- Don’t forget to update beneficiary information for employer provided life coverage, if necessary. And emergency contact information.

Remember: Your next opportunity to make changes to your existing coverage without a qualified life event (birth/adoption of a child, marriage/divorce, loss of job/coverage and death of an immediate family member) will be next year during open enrollment time.



For more information or if you have questions, reach out to your HR benefits contact.

Your future is limitless.℠

MarshMMA.com



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