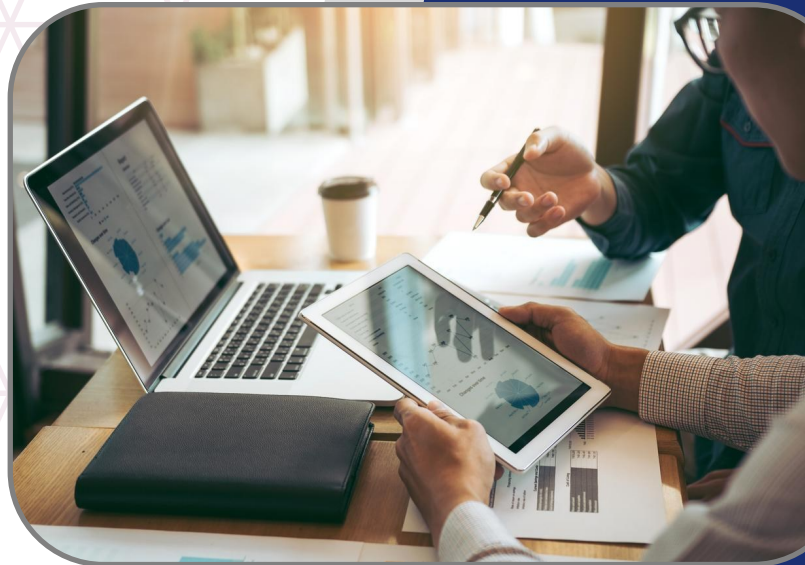




Peotone CUSD 207U Benefits Summary

All Eligible Employees
January 1, 2026 – December 31, 2026



**Marsh McLennan
Agency**

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Eligibility

HR Contact: Amanda Faber

Email: afaber@peotoneschools.org

Phone: 708-258-0991 x3115

Eligibility Requirements

You are eligible to enroll in the benefits described in this summary. Qualified dependents eligible for select benefit coverage include:

- Your legal spouse
- Your child(ren) up to age 26
- Your incapacitated child(ren) whom are unmarried, incapable of self-support due to a mental or physical disability, and is a federal tax dependent.

Waiting Period

All benefit eligible employees electing coverage will be effective on the date of hire.

Qualifying Events

Outside of open enrollment you would need to have a qualifying event to add, drop, or make changes to your benefits. Employees are responsible for notifying Human Resources within 30 days of the qualifying life event to make a change to benefit elections. Qualifying event changes are effective on the date in which the event occurred.

Some examples of qualifying events are:

- Losing existing health coverage
- Losing eligibility for Medicare, Medicaid, or Children's Health Insurance Program (CHIP)
- Turning 26 and losing coverage through a parent's plan
- Getting married or divorced
- Having a baby or adopting a child
- Death in the family

Benefits Microsite

All information regarding the full suite of benefits available through your employment is available on the benefits microsite. You can find the microsite at <https://peotonecusd207u.ilschoolinsurancenetwork.org/>

The microsite contains:

- Benefit definitions and explanations
- Educational videos
- Policy plan documents
- Claims forms
- Provider finder guides
- Information about additional services:
 - Maternity Services
 - Tobacco Cessation
 - Travel Resources
 - And many more!

Medical Insurance | BlueCross BlueShield

Health Maintenance Organization (HMO)

HMOs give you access to a network of doctors and hospitals, but restrict services to in-network providers only. HMO participants must choose a contracting medical group and primary care physician (PCP) to provide or coordinate their healthcare services. If you require specialty care, an outpatient procedure, or a hospitalization, you must receive a referral from your PCP. There are no out-of-network benefits.

Choice of plan options:	HMO BA Plan 1 - B03878 <i>In-Network Benefits Only</i>	HMO BA Plan 2 - B03881 <i>In-Network Benefits Only</i>	HMO BA Plan 4 - B01776 <i>In-Network Benefits Only</i>
Network	Blue Advantage	Blue Advantage	Blue Advantage
Deductible			
Individual	\$0	\$0	\$500
Family	\$0	\$0	\$1,000
Coinsurance	0%	0%	20%
Out-of-Pocket Max			
Individual	\$1,500	\$1,500	\$2,500
Family	\$3,000	\$3,000	\$5,000
Physician Services			
Well Adult / Well Child	\$15 copay	No Charge	No Charge
Physician Office	\$15 copay	\$25 copay	\$35 copay
Specialist Visit	\$15 copay	\$25 copay	\$55 copay
Emergency Room	\$75 copay	\$100 copay	\$150 copay + 20% after deductible
Urgent Care	\$15 copay	\$25 copay	\$35 copay
Prescription Drugs* - Retail			
Generic Drugs / Preferred Brand Drugs	Copays: \$7 / \$12 / \$25 / \$25	Copays: \$10 / \$20 / \$35 / \$35	Copays: \$10 / \$50 / \$100 / \$100
Non-Preferred Brand Drugs / Specialty Drugs			
Prescription Drugs - Mail Order			
Generic Drugs / Preferred Brand Drugs	Copays: \$14 / \$24 / \$50	Copays: \$20 / \$40 / \$70	Copays: \$30 / \$150 / \$300
Non-Preferred Brand Drugs			
Prescription Out-of-Pocket Max			
Individual / Family	No Maximum	\$5,100 / \$10,200	Included in Medical Out-of-Pocket Max

*BlueCross BlueShield reserves the right to update their drug list quarterly. Prescription drugs may change tiers or may no longer be covered on their drug list. If a drug you are using is no longer covered on their drug list, please call BlueCross BlueShield customer service number located on the back of your medical ID card.

To find a HMO BCBS Medical Provider, Visit www.bcbsil.com/find-a-doctor-or-hospital or Call Customer Service toll-free: 800-892-2803

Medical Insurance | BlueCross BlueShield

Preferred Provider Organization (PPO)

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. Once the applicable deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. The types of services that accumulate towards your deductible are office visits, inpatient hospital stays, outpatient surgeries, emergency room and urgent care visits, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). Prescription drug copays do not accumulate towards your deductible or your overall out-of-pocket maximum.

Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. The deductible does not accumulate toward the out-of-pocket maximum.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

The HDHP is a PPO plan that provides health care benefits after the applicable deductible has been met. You pay the full cost of services prior to meeting your annual deductible with the exception of preventive care. Once the deductible is met, services will be covered by the plan coinsurance until the annual out-of-pocket maximum is met. If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay. Services are covered at 100% once the out-of-pocket maximum is met.

Choice of plan options:	PPO - 165622 <i>In-Network Benefits Shown</i>	HDHP with HSA - 165602 <i>In-Network Benefits Shown</i>
Network	PPO	PPO
Deductible		
Individual	\$500	\$1,700
Family	\$1,000	\$3,400
Coinsurance	10%	10%
Out-of-Pocket Max		
Individual	\$1,000	\$3,400
Family	\$3,000 <i>Includes Deductible</i>	\$6,800 <i>Includes Deductible</i>
Physician Services		
Well Adult / Well Child	No Charge	No Charge
Physician Office	\$20 copay	Deductible then 10%
Specialist Visit	\$40 copay	Deductible then 10%
Emergency Room	Deductible then 10%	Deductible then 10%
Urgent Care	\$40 copay (Unless billed as an ER visit)	Deductible then 10%
Prescription Drugs* - Retail		
Generic Drugs / Preferred Brand Drugs	Copays: \$10 / \$15 / \$25 / \$40	Deductible then 20%
Non-Preferred Brand Drugs / Specialty Drugs		
Prescription Drugs - Mail Order		
Generic Drugs / Preferred Brand Drugs	Copays: \$20 / \$30 / \$50	Deductible then 20%
Non-Preferred Brand Drugs		
Prescription Out-of-Pocket Max		
Individual / Family	\$2,500 / \$7,000	Included in Medical Out-of-Pocket Max

*BlueCross BlueShield reserves the right to update their drug list quarterly. Prescription drugs may change tiers or may no longer be covered on their drug list. If a drug you are using is no longer covered on their drug list, please call BlueCross BlueShield customer service number located on the back of your medical ID card.

To find a PPO/HDHP BCBS Medical Provider, Visit www.bcbsil.com/find-a-doctor-or-hospital or Call Customer Service toll-free: 800-828-3116

Health Savings Account (HSA)

2026 HSA Contributions

The District will contribute \$750 for single coverage and \$1,000 for family coverage annually to your HSA. An HSA account will be opened with Employee Benefits Corporation. You can choose to contribute additional tax-free funds into your HSA account.

IRS Max Contribution:	Employee Only	Family
Maximum IRS Annual HSA Contributions 2026	\$4,400	\$8,750
Your Allowed Annual HSA Contribution for 2026	\$3,650	\$7,750
“Catch-Up” Contributions (individuals aged 55 and older)	\$1,000	

**Once enrolled in Medicare, you are no longer eligible to contribute to your HSA account.*

Using your HSA on qualified expenses

You can use the money in your HSA to pay for qualified medical, dental and vision expenses permitted under federal tax law. Examples include, but are not limited to:

Medical Expenses

- Acupuncture
- Chiropractic care
- Fertility treatments
- Diagnostic services
- And more

Dental Expenses

- Cavities
- Crowns
- Dentures
- Orthodontia
- And more

Vision Expenses

- Vision exams
- Contacts
- Eye glasses
- Laser eye surgery
- And more

For a full list of qualified medical expenses go to www.irs.gov and search Section 213d.

Advantages to having a Health Savings Account (HSA)

- Triple tax savings benefit as contributions are not taxed going into the account, while they sit there earning interest or when they're taken out for a qualified medical expense
- You pay less in premium for this plan
- Unused funds rollover each year with no maximum on how much you can save and accumulate over time
- The account is portable so you never have to worry about losing the money in the account should you change between plans, retire or even seek employment elsewhere
- Your HSA can be viewed as a second means of savings for your retirement
- You control your healthcare spending and choose when to use your HSA dollars and when to save them
- You become a more informed participant in your healthcare and healthcare spending

Value Added Benefits | BlueCross BlueShield

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.

To access BlueAccess Mobile download the app.

Virtual Visits—MDLIVE (PPO/HDHP Members Only)

MDLIVE's telehealth program provides enrolled members with access to non-emergency medical care without ever leaving the couch. Visit a doctor virtually, 24 hours a day, 7 days a week, for a variety of ailments and symptoms. Log on to MDLIVE.com/bcbsil or call **888.676.4204** today for additional info on this benefit.

Maternity Care Program: 888.421.7781

Personalized support provided by Obstetrical nurses.

24/7 Nurseline: 800.299.0274 (PPO/HDHP Members Only)

General health info and guidance for specific conditions from fevers to bee stings from a registered nurse.

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.

Mail Order Prescriptions: 833.715.0942

Through Express Scripts express-scripts.com/rx, mail order prescriptions may save time and money.

Specialty Pharmacy Program: 833.721.1619

Through Accredo accredo.com, you can order and manage your specialty drug prescriptions.

Tips to Save Money

Preventive/Wellness Exams Covered at 100% (For all plans EXCEPT HMO BA Plan 1)

- Preventive care is one physical exam per year per enrolled member.
- Females get an annual well-woman exam covered at 100% in addition to their annual physical exam.
- No out-of-pocket costs apply - these exams are fully covered *as long as your physician codes them as preventive.*

Prescription Drugs

- Ask your doctor if there's a generic version of any medication you're currently taking or being prescribed.
- Take advantage of the Prescription Savings Programs at major retailers.
- Ask about free samples from your doctor and/or manufacturer rebates.

High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are less costly at in-network free-standing imaging centers than at hospitals.
- When possible, compare cost options prior to scheduling your necessary services.

Emergency Room Alternatives

The ER is a costly experience for issues that aren't true emergencies. Below are alternatives that can offer quick care at a more affordable cost.

- Doctor's office: for non-life threatening symptoms, call and let them know your symptoms require immediate attention.
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit cvs.com or walgreens.com to find a clinic near you.
- Urgent Care: less costly than the ER and can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.

Dental Insurance | BlueCross BlueShield

Dental Health Maintenance Organization (DHMO)

The DHMO requires you to choose a Primary Care Dentist or dental facility to coordinate all your oral health needs. If you need to see a specialist, your primary care dentist must refer you and services may require preauthorization. There are no out-of-network benefits; if you visit a dentist outside the network, you will likely be responsible for the entire bill. A DHMO has no deductible or maximums. Instead, you pay a fixed dollar amount for dental treatment based off a pre-determined fee schedule. Some diagnostic and preventive services have no fee.

Dental Preferred Provider Organization (DPPO)

The DPPO allows the flexibility to use any dentist, in or out-of-network. Staying in-network will allow your annual maximum to last longer. If you visit a dentist out-of-network, you may be responsible for paying the bill at the time of service and receiving reimbursement later.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost. We recommend you request a predetermination of benefits for major services.

Preventive:

- Annual cleanings
- Bitewing X-rays
- Space maintainers
- And more

Basic:

- Fillings
- Root canals
- Oral Surgery
- And more

Major:

- Dentures
- Bridges
- Inlays, Onlays, Crowns
- And more

Choice of plan options:	DHMO - D14330 In-Network Benefits Only	DPPO 1000 - 270728 In-Network Out-of-Network		DPPO 1500 - 270729 In-Network Out-of-Network	
Network Name	BlueCare Dental	BlueCare Dental		BlueCare Dental	
Individual Deductible	None	\$25 per calendar year		\$25 per calendar year	
Family Deductible	None	\$25 per person per calendar year (maximum \$75)		\$25 per person per calendar year (maximum \$75)	
Office Visit Copay	\$0	N/A	N/A	N/A	N/A
Preventive Coinsurance	Scheduled Fee	100%	100%	100%	100%
Basic Coinsurance	Scheduled Fee	80%	80%	80%	80%
Major Coinsurance	Scheduled Fee	50%	50%	50%	50%
Annual Plan Maximum	Unlimited	\$1,000	\$1,000	\$1,500	\$1,500
Orthodontia	Scheduled Fee	Not Covered		50% coinsurance	50% coinsurance
Orthodontia Age Limit	Adults and Child(ren) to Age 19	Not Covered		Age 19	Age 19
Orthodontia Maximum	Scheduled Fee	Not Covered		\$1,500	\$1,500

Enhanced Dental Benefit

Provides additional dental benefits to members with specific medical conditions such as cardiovascular disease, diabetes or pregnancy. These services apply towards your annual maximum.

Benefit for one of the following:

- Scaling and Root Planning
- Periodontal Maintenance
- One Additional Cleaning

To Find a Dental Provider, Visit www.bcsil.com/find-care/providers-in-your-network/find-a-dentist or Call Customer Service toll-free at 800-367-6401

NOTE: This Benefit Summary is a brief synopsis of coverage only. See plan documents for full details. In the event of any inconsistency between this Summary of Benefits and such documents, the applicable provisions of the plan documents will govern.

Vision Insurance | VSP

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the true benefit of vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. If you visit a vision provider out-of-network, you will be responsible for paying the bill at the time of service and receiving reimbursement later.

Vision Plan Details:	Frequency*	In-Network	Out-of-Network
Network	VSP Choice Network		
Eye Exam	Every 12 months	\$0 WellVision Exam Copay Up to \$60 Contacts Exam Copay	\$45 max reimbursement
Lenses » Single vision » Bifocal » Trifocal » Lenticular » Polycarbonate for children	Every 12 months	\$25 copay	Reimbursement varies
Frames	Every 24 months	\$175 allowance (\$195 for featured brands) + 20% off balance over allowance	\$70 max reimbursement
Elective Contacts**	Every 12 months	\$175 allowance	\$105 max reimbursement

*Vision benefit frequencies are based on the date of service within the policy year.

**Contacts and glasses are not covered by the plan in the same calendar year. Discounts may apply if additional materials are purchased.

Primary Eye Care

VSP's most robust medical eye care plan, providing treatment and services for all vision-related medical conditions such as dry eye, cataracts, pink eye, eye injury, and foreign body removal and diseases.

Included in the Primary EyeCare benefit:

- Covered-in-full retinal screening for members with diabetes, even if you don't show signs of diabetic eye disease.
- Additional medical eye exams to monitor and track diabetic eye disease, glaucoma and/or AMD.
- Additional medical eye exams and other services for non-chronic conditions.

For additional discounts on materials and services, visit <https://www.vsp.com/offers/special-offers>

To Find a VSP Vision Provider, Visit www.vsp.com/eye-doctor or Call Customer Service toll-free at **800-877-7195**

Vision ID cards are not required for service as providers are able to locate you in their system. If you would like an ID card, you can login to your account to print your Member ID card.

Basic Life/AD&D | BlueCross BlueShield

Basic Life Insurance is provided at no cost to you in order to ease the financial burden on your loved ones should you pass away. Accidental Death and Dismemberment (AD&D) provides an additional benefit to your beneficiary should you suffer loss of life due to a covered accident; AD&D will also pay a benefit to you should you suffer loss of limb, sight, or vision due to a covered accident.

	Basic Life	Accidental Death & Dismemberment
Benefit Amount	\$50,000 per Employee	\$50,000 per Employee

Voluntary Life/AD&D | BlueCross BlueShield

Voluntary Term Life/AD&D allows you to purchase additional coverage. You may also elect voluntary life coverage for your spouse and/or dependent child(ren). AD&D coverage is not available for spouses and/or child(ren). An employee's maximum benefit election cannot exceed 5x their basic annual earnings. A spouse's maximum election cannot exceed 50% of the employee election. The cost of the benefit is 100% paid for by you. Age of participant and the amount of insurance you elect determines the premium you'll pay.

EOI is required if electing over the guaranteed issue amount or if electing after initial eligibility. EOI forms must be submitted within 30 days of election.

	Employee	Spouse	Child(ren)
Coverage Increments	\$25,000	\$10,000	Birth to 15 days: \$0 15 days to 6 months: \$500 6 months to age 26: \$5,000
Maximum Benefit Amount	\$100,000, not to exceed 5x annual earnings	\$50,000, not to exceed 50% of employee election	\$5,000
Guaranteed Issue Amount	\$100,000, not to exceed 3x annual earnings	\$20,000	\$5,000

IMPORTANT REMINDER: Be sure your beneficiary information is up-to-date!

To update your beneficiary information, reach out to your Human Resources Representative. You can update your beneficiary at anytime throughout the year.

Voluntary Accident | BlueCross BlueShield

Since accidents can happen at any time, it's important to prepare for the unexpected. 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. See plan highlight sheet for specific coverage details.

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. Here are some, but not all, ways to trigger a payment from the accident policy:

- **Wellness:** Pays a specific benefit amount for going for a preventive care visit such as an annual physical
- **Treatment:** Pays a specific benefit amount for emergency room treatment, X-Rays, diagnostic exams, physical therapy, and follow-up treatment
- **Ambulance:** Pays a specific benefit amount for ambulance or air-ambulance transportation to a hospital due to injuries sustained in a covered accident
- **Miscellaneous:** Pays a specific benefit amount for concussions, breaks, sprains, burns, dislocations, lacerations, and more

Note, this coverage applies to accidents that occur on or off the job.

Voluntary Critical Illness | BlueCross BlueShield

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. This plan also pays a specific benefit amount for going for a preventive care visit such as an annual physical. See plan highlight sheet for specific coverage details.

Coverage Amount	
Employee Coverage Amount	\$5,000 - \$20,000 in increments of \$5,000
Spouse Coverage Amount	\$2,500 - \$10,000 in increments of \$2,500, not to exceed 100% of the employee benefit amount
Child(ren) Coverage Amount	\$2,500 - \$10,000 in increments of \$2,500, not to exceed 100% of the employee benefit amount

Voluntary Hospital Indemnity | BlueCross BlueShield

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.

		Plan Coverage
Hospital Admission	Up to 1 day per year	\$1,000
Daily Hospital Confinement (Day 2+)	Up to 30 days per year	\$100 per day
ICU Admission	Up to 1 day per year	\$1,000
Daily ICU Confinement (Day 2+)	Up to 10 days per year	\$100 per day

Employee Assistance Program (EAP)

The EAP, provided by AllOne Health, offers caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. There is no cost, it's just there for you when you need it.

For more information call (800) 451-1834

Additionally, you can visit allonehealth.com/portal and login with the following account credentials for more information:

Member Portal and App Code: LIN500

Possible reasons to call can include:

- Stress and depression
- Life transitions
- Grief and loss
- Parenting and child care
- Elder care referrals
- Domestic violence
- Workplace conflict
- Work/life balance
- Addiction and recovery
- Financial issues
- Legal assistance
- And more

Pet Insurance | Pet Partners

What is Pet Insurance?

Pet insurance is health insurance for dogs and cats. Get reimbursed for costly veterinary bills and focus more on the health of your pets and less on how you're going to pay for it. Plans feature coverage for accidents, illnesses and injuries including cancer coverage.

How it Works:

- Enroll in pet insurance
- Pay your vet
- Submit a claim with your vet bill
- Get reimbursed for eligible expenses

Enroll:

<https://www.petpartners.com/enroll?p=LAA>

Coverage Includes:

- Common Illnesses
- Prescription Medication
- Toxin Ingestion
- Alternative Treatments
- Behavioral Issues
- Preventative Care
- Digestive Issues
- Diagnostics
- Cancer
- Broken Bones
- Hospitalization
- Surgery

Travel Resource Services

Travel Resource Services, provided by Assist America, is a 24-hour emergency and information service that helps you access emergency assistance when you are traveling 100 or more miles away from home. The multilingual emergency assistance professionals will help you with your struggles to make sure you, your family and friends receive the best service when traveling.

Key services include:

- Medical Search and Referral
- Medical Monitoring
- Medical Evacuation/Return Home
- Dependent Children Assistance
- Replacement of Medication and Eyeglasses
- Emergency Travel Arrangements
- Emergency Cash
- Pre-Trip Information
- Interpretation/Translation
- Legal Assistance/Bail
- And More

Download the free Assist America Mobile App and use reference number 01-AA-TRS-12201. You can also set up your account by calling 800-872-1414 or by emailing medservices@assistamerica.com.

Beneficiary Resource Services

BlueCross BlueShield has partnered with Morneau Shepell to provide Beneficiary Resource Services to life insurance policyholders and their beneficiaries. Beneficiary Resource Services helps people:

- Manage any legal issues that may result after the loss of a loved one
- Provide information for those planning or pre-planning a funeral
- Create, modify, and store a last will and testament online
- Cope with and recover from the emotional impact of the loss of a loved one
- Effectively manage the financial consequences

To access these resources, call 800-769-9187 or visit workhealthlife.com (Username: beneficiary).

Carrier Information

Medical HMO BA Plan 1, 2 and 4

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	(800) 892-2803
Network	Blue Advantage
Policy Number	B03878 / B03881 / B01776

Dental DHMO

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	(800) 323-7201
Network	BlueCare Dental
Policy Number	D14330

Vision

Carrier	VSP
Website	www.vsp.com
Phone Number	(800) 877-7195
Network	VSP Choice Network
Policy Number	12019596

Voluntary Term Life and AD&D Insurance

Carrier	BlueCross BlueShield
Website	www.bcbsil.com/ancillary/employees
Phone Number	(800) 367-6401

Employee Assistance Program

Carrier	AllOne Health
Website	Allonehealth.com/portal
Phone Number	(800) 451-1834
Portal & App Code	LIN500

Human Resources Contact Information

Contact	Amanda Faber
Email Address	afaber@peotoneschools.org
Phone Number	(708) 258-0991 x3115

Medical PPO and HDHP/HSA

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	(800) 828-3116
Network	PPO
Policy Number	165622 / 165602

Dental PPO 1000 / Dental PPO 1500

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	(800) 367-6401
Network	BlueCare Dental
Policy Number	270728 / 270729

Basic Life and AD&D Insurance

Carrier	BlueCross BlueShield
Website	www.bcbsil.com/ancillary/employees
Phone Number	(800) 367-6401

Voluntary Accident, Critical Illness, Hospital Indemnity

Carrier	BlueCross BlueShield
Phone Number	(800) 367-6401
Policy Number	F022645

Travel Resource Services

Carrier	Assist America
Email	medservices@assistamerica.com
Phone Number (US & Canada)	(800) 872-1414
Other Locations (Call Collect)	(609) 986-1234

Pet Insurance

Carrier	Pet Partners
Website	www.petpartners.com
Phone Number	(866) 774-1113
Email	help@petpartners.com

For additional benefit information, visit <https://peotonecusd207u.ilschoolinsurancenetwork.org/>



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.