

### **City of Peru - Active Employees**

This summary is designed to give you an outline of the health benefit programs offered through City of Peru. Contained in this summary is a comparison of our medical and dental plan and tips for you on using the plans.

**JANUARY 2023** 

# Benefit Summary

### The Who's Who of City of Peru's Benefit Plans

- Blue Cross Blue Shield (BCBS) is the claims administrator for City of Peru's PPO medical plan.
  - » Contact BCBS for questions concerning membership, plan benefits, status of claim payments, and more. PPO Customer Service Health Advocates are available at 877.245.5681, 24 hours a day, 358 days of the year (closed for major holidays).
  - » New for 7/1/22: Health Advocacy Solutions: Your personal Health Advocate can help you with understanding your benefits, schedule medical appointments, navigate a chronic illness or new diagnosis, prepare for upcoming surgery, get a preauthorization, or save money on your health care. You can also engage via multiple 24/7 communication channels including the BCBSIL mobile app and the My Evive digital member hub both of which feature live chat and secure messaging with a Health Advocate. The My Evive Hub also offers proactive engagement, mobile-first design connecting you with your other benefit carriers, in addition to your BCBSIL medical plan!
  - » The Evive Digital Member Hub will get you access to BCBSIL's website as well as links to other carrier and vendor websites. Their web address is <a href="https://www.myevive.com">www.myevive.com</a>.
  - >> Well onTarget® is a program that can give you the support you need to make healthy choices while rewarding you for your hard work. Blue Points is a program that rewards you for engaging in healthy activities including filling out a Health Assessment, syncing a fitness device, and more. Join the low cost Fitness Program with access to more than 10,000 fitness locations nationwide. Employees can access Well onTarget through EVIVE at <a href="https://www.myevive.com">www.myevive.com</a>.
  - » Member Rewards is a program that offers cash rewards when a lower cost, high-quality provider is selected. This program allows you to minimize your out-of-pocket costs, and gives you a cash reward. Speak with a Health Advocate for more information.
  - » MDLIVE: Call a Health Advocate at 877.245.5681 or download the EVIVE app to access MDLIVE and connect with a board certified doctor 24/7 (Virtual Visit). You will pay your portion of the Virtual Visit based on your medical plan provisions.
- Express Scripts manages the prescription drug benefit for City of Peru. Retail and mail-order prescription services for the medical programs are administered through Express Scripts.
  - » Express Scripts member service representatives can be reached at 800.294.7041, 24 hours a day, 7 days a week (except Thanksgiving and Christmas). Contact Express Scripts for questions regarding orders, account information, or to refill prescriptions.

- » Or you can visit Express Scripts online at www.express-scripts.com to order refills, check order status, compare medication costs, find potential lower-cost options, receive time-sensitive alerts and reminders, print forms, and much more. If you are a first time visitor to our site, take a moment to register. Please have your member ID number and a recent prescription number available.
- Express Scripts Smart90 Program: If you take maintenance medications (long-term medications), be sure to obtain a 90-day/3-month supply from Walgreens, CVS or through Express Scripts home delivery to avoid paying the full cost of the prescription. Call 800.294.7041 or visit www.express-scripts.com/90day for more information.
- Delta Dental is the claims administrator of dental benefits for you and your family. Delta Dental offers both telephonic and web access to your personal information to assist you in managing your dental benefits.
- » Telephonic: A Delta Dental Customer Service Representative can be reached at 800.323.1743, Monday through Thursday from 7:00 a.m. to 7:00 p.m. CST, Friday from 7:00 a.m. to 6:00 p.m. CST, or the automated system is available 24 hours a day, seven days a week. Here you can verify eligibility status, review plan benefits, check on the status of a claim, and get claim forms.
- >> Web: Employees can access their benefits at www.deltadentalil.com. This website offers you the ability to view claim status and eligibility information, view a summary of your dental benefits, as well as locate a dentist in your area.
- VSP (Vision Service Plan) is the vision carrier for City of Peru. To see a list of participating providers near you, go to <a href="https://www.vsp.com">www.vsp.com</a>. VSP representatives can be reached at 800.877.7195, Monday through Friday from 7:00 a.m. to 10:00 p.m. CST, Saturday and Sunday from 9:00 a.m. to 9:00 p.m., CST. Closed: Major Holidays (Interactive voice response system available). If you're hearing impaired, call 800.428.4833 for assistance.
- NEW! Securian is the life insurance carrier for your basic employer-paid and supplemental employee-paid life insurance benefits. Securian's Customer Service Representatives are managed through Ochs and can be reached at 800.392.7295, Monday through Friday from 8:00 a.m. to 4:30 p.m. CST.
- Flex will manage your FSA & HRA on behalf of the City of Peru.
  - » Telephonic: Flex Customer Service Representatives can be reached at 888.345.7990
  - » Web: Employees can access their information at www.myflexaccount.com.



### **Medical Plan**

Benefits	BCBS PF0464
Major Medical Coverage	
Deductible	
Network	\$2.500 individual* / \$5,000 family**
Non-Network	\$5,000 individual / \$10,000 family
Coinsurance	•
Network	100%
Non-Network	50%
Out-of-Pocket (includes deductible)	
Network	\$2,500 individual / \$5,000 family
Non-Network	\$10,000 individual / \$20,000 family
Outpatient Surgery & Diagnostic	
Network	Deductible applies, then 100%
Non-Network	Deductible applies, then 50%
Hospital Care - Inpatient	
Network	Deductible applies, then 100%
Non-Network	Deductible applies, then 50%
Hospital Care - Outpatient	
Network	Deductible applies, then 100%
Non-Network	Deductible applies, then 50%
Hospital Emergency Care	·
Network	Deductible and the 4000/
Non-Network	Deductible applies, then 100%
Physician Services	
Network	Deductible applies, then 100%
Non-Network	Deductible applies, then 50%
Other Covered Services	
Network	Deductible applies, then 100%
Non-Network	Deductible applies, then 50%
Preventive Services	
Network	100%
Non-Network	Deductible applies, then 100%
Prescription Drug Coverage (administered by Express Scripts)	
Retail (30-day supply)	Deductible applies, then 100%
Mail Order (90-day supply)	Deductible applies, then 100%
Non-Network	No prescription coverage

#### HEALTH REIMBURSEMENT ACCOUNT (HRA) SUMMARY

\*The first \$300 of the deductible is reimbursed at 100% by the City

The next \$2,000 of the deductible is reimbursed at 50% by the City

The final \$200 of the deductible is the employee's responsibility and not reimbursed

The maximum reimbursement for the deductible is \$1,300

Total out-of-pocket maximum for an employee with an individual meeting the deductible and beyond is \$1,200

The next \$4,000 of the family deductible is reimbursed at 50% by the City

The final \$400 of the family deductible is the employee's responsibility and not reimbursed

The maximum reimbursement for the family deductible is \$2,600

Total out-of-pocket maximum for a family meeting the deductible and beyond is \$2,400

**Note:** The comparisons are outlines of the Benefit Schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

<sup>\*\*</sup>The first \$600 of the family deductible is reimbursed at 100% by the City



### **Dental Plan**

Benefits		Delta Dental PPO Option Delta Dental of Illinois		
	PPO* and Premier** Network	Out-of-Network***		
Deductible† Individual / Family	\$50 /	\$50 / \$150		
Annual Maximum Benefit Per Person	\$1,5	\$1,500		
Preventive (cleanings, exams, x-rays)	100	100%		
Basic Restorative (fillings, extractions)	80	80%		
Major Restorative (bridges, dentures)	50	50%		
Orthodontia	50	50%		

Child(ren)'s eligibility for dental coverage is from birth to age 26.

\*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15 - 40% discount off of average billed charges nationally.

\*\*Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers a 5 - 15% discount off of average billed charges nationally

\*\*\*Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 90th MDR.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge



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



## Vision Plan IPBC VSP Plan D

Benefits	Description	Сорау	Frequency		
Denents	Your Coverage with a VSP Provider				
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every 12 months		
<b>Prescription Glasses</b>		\$10	See frame & lenses		
Frame	<ul> <li>\$160 allowance for a wide selection of frames</li> <li>\$180 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$90 Walmart/Sam's Club/Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every 12 months		
Lenses	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months		
Lens Enhancements	<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$0 \$95-\$105 \$150-\$175	Every 12 months		
Contacts (instead of glasses)	<ul><li>\$160 allowance for contacts</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every 12 months		
Diabetic Eyecare Plus Program	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed		
Suncare	\$160 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts	\$10	Every 12 months		
	<ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. Go to <a href="www.vsp.com/offers">www.vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>				
Extra Savings	as an enhancement to a	WellVision Exam			
	<ul> <li>Laser Vision Correction</li> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>				

#### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

 $\label{logintom} \mbox{Log in to} \ \ \mbox{\underline{www.vsp.com}} \ \mbox{to} \ \mbox{find an in-network provider based on your plan type}.$ 

