

# Village of Romeoville Benefit Summary



**2026**

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# Eligibility

## Eligibility Requirements

If you are a full-time employee (working 30 or more hours per week), you are eligible to enroll in the benefits described in this summary. Qualified dependents eligible for select benefit coverage include:

- Your legally married husband/wife
- Your child(ren) up to age 26
- Your disabled child(ren) of any age who are either incapable of self-support, disabled before the age limit of 26 and claimed as a dependent on your income tax return
- Civil Union Partners
- Retirees
  - » IMRF employee subject to IMRF age and vested service requirements
  - » Worked as fireman/police officer for a member employer and qualifies for continued coverage under 215 ILCS 5/367f (fireman) or 215 ILCS 5/367g (police officer)

## Waiting Period

All benefit eligible employees electing coverage will be effective on the first day of the month following date of hire or coinciding with the first day of the month.

## 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

# Insurance Benefits



# Insurance Terminology

## **Deductible**

The deductible is the amount you pay out of your pocket before the plan will begin to pay. Annual deductibles reset each year on January 1st .

## **Embedded Deductible**

In a health plan with an embedded deductible, no single individual enrolled in family coverage will pay more than the individual deductible amount.

## **Copayments**

Copayments (or copays) are fixed dollar amounts you are expected to pay to receive certain services such as office visits, procedures, or prescription drugs.

## **Coinsurance**

Coinsurance is a percentage of costs for health care services that you will be expected to pay once the annual deductible has been met.

## **Out-of-Pocket Maximum**

The out-of-pocket maximum is the annual cap on the dollar amount you are expected to pay out of pocket for services (including deductibles, copays, and/or coinsurance). Once the annual out-of-pocket maximum is met, the plan will cover 100% of any remaining medical expenses for the year.

## **Premium**

Premium is the amount to be paid for insurance coverage, whether services are used or not.

# Insurance Benefits

## Medical Insurance

**Carrier:** BlueCross BlueShield

**Website:** [www.bcbsil.com](http://www.bcbsil.com)

**Phone:** 800-828-3116

### Blue Choice Options - Preferred Provider Organization Plan (BCO PPO)

The BCO PPO plan is a “traditional” PPO plan with a deductible, coinsurance, and copays. You have the flexibility of seeing any doctor, hospital, or specialist you choose, without a referral. The plan accesses 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.

### High Deductible Health Plan with Health Savings Account

The plan is comprised of two components:

1. High Deductible Health Plan
2. Health Savings Account (HSA)

The HDHP is a high deductible health plan that provides health care benefits after the deductible has been met. All medical services, with the exception of preventive care, are paid for by you at 100%, less carrier discounts, prior to meeting your entire annual deductible.

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account and it is yours to keep – even when changing plans or retire. The funds roll over from year to year to be used when needed.

2026 HSA Contributions	Village of Romeoville Contribution	Maximum Employee Contribution	Total Contribution Limit
Employee	\$1,000	\$3,400	\$4,400
Employee + Dependent(s)	\$2,000	\$6,750	\$8,750

### PPO 300 & 750 Plan

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 deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. Outside of office visits or pharmacy, deductible and coinsurance apply. If receiving services out-of-network, costs may be higher.

### HMO Plan

The HMO gives you access to certain doctors and hospitals but restricts services to in-network providers. There are no out-of-network benefits. Your care is managed by a Primary Care Physician (PCP). If you require a specialist, outpatient procedure or hospitalization, your PCP must refer you.

# Insurance Benefits

## Health Savings Account (HSA)

You're eligible for a health savings account if you are:

- Covered by a qualified high deductible health plan (HDHP)
- Not covered by any other medical coverage that is not considered a qualified HDHP
- Not enrolled in Medicare (Part A included)
- Not claimed as a dependent on someone's tax return
- Not enrolled in a Medical Flexible Spending Account (your own or your spouse's)

### Advantages to having an HSA

- Interests, dividends, or withdrawals for qualified expenses are not taxable
- Unused funds rollover each year with no maximum on how much you can save
- 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
- The HSA can be viewed as a second means of savings for your retirement
- You control healthcare spending and choose when to use HSA dollars
- You become a more informed participant in your healthcare and healthcare spending

### Steps to using your HSA

- 1.Go to the doctor and present your carrier ID
- 2.The provider submits claims to the carrier for processing
- 3.The carrier adjusts the pricing to reflect the network discounted amount for services
- 4.The carrier generates an Explanation of Benefits (EOB) and sends it to you
- 5.Review your EOB for accuracy
- 6.Pay your provider directly with pre-tax dollars from your HSA

### 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. To view a list of eligibility and qualified expenses, visit <https://www.irs.gov/pub/irs-pdf/p502.pdf>

# Insurance Benefits

## Medical Plan Details

Calendar Year (1/1—12/31) Deductible & Out of Pocket	BCO PPO 300 (Group #305948)			PPO 300 (Group #PH0015)		PPO 750 (Group #PH0016)	
	In-Network		Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	BCO	PPO		PPO		PPO	
<b>Deductible</b>							
Individual	\$300	\$600	\$900	\$300	\$300	\$750	\$1,500
Family	\$900	\$1,800	\$3,600	\$900	\$900	\$1,500	\$3,000
<b>Coinsurance</b>							
Member Responsibility	10%	20%	30%	10%	30%	20%	40%
<b>Out-of-Pocket Max</b>							
Individual	\$1,300	\$2,600	\$5,200	\$1,300	\$1,300	\$2,750	\$5,500
Family	\$3,900	\$7,800	\$15,600	\$3,900	\$3,900	\$5,500	\$11,000
<b>Physician Services</b>							
Preventive Care	\$0 Copay	\$0 Copay	30% After Ded	\$0 Copay	30% After Ded	\$0 Copay	40% After Ded
Physician Visit	\$20 Copay	\$30 Copay	30% After Ded	\$20 Copay	30% After Ded	\$30 Copay	40% After Ded
Specialist Visit	\$40 Copay	\$50 Copay	30% After Ded	\$40 Copay	30% After Ded	\$50 Copay	40% After Ded
Diagnostic Testing	10% After Ded	20% After Ded	30% After Ded	10% After Ded	30% After Ded	20% After Ded	40% After Ded
Lab Testing	10% After Ded	20% After Ded	30% After Ded	10% After Ded	30% After Ded	20% After Ded	40% After Ded
Inpatient Hospital	10% After Ded	20% After Ded	30% After Ded	10% After Ded	30% After Ded	20% After Ded	40% After Ded
Emergency Room	\$150 Copay			\$150 Copay		\$150 Copay	
Telehealth via MDLive	\$20 Copay		N/A	\$20 Copay	N/A	\$30 Copay	N/A
<b>Pharmacy (In-Network)</b>							
Generic/Formulary/Non-Formulary/Specialty							
Prescription Out-of-Pocket Max							
Individual	\$2,000			\$2,000		\$2,000	
Family	\$6,000			\$6,000		\$4,000	
Retail* (30 days)	Copays: \$10 / \$25 / \$75 / \$100**			Copays: \$10 / \$25 / \$75 / \$100**		Copays: \$10 / \$25 / \$75 / \$100**	
Mail Order** (90 days)	Copays: \$10 / \$25 / \$75			Copays: \$10 / \$25 / \$75		Copays: \$10 / \$25 / \$75	

\*For Out-Of-Network drug providers, you are responsible for the retail copay or deductible plus 25% of the eligible amount.

\*\*Out-Of-Network Specialty drug coverage is not provided

## How to Find a Provider

Visit [www.bcbsil.com](http://www.bcbsil.com) and click "Find a Doctor or Hospital."

Call Customer Service toll-free:

**PPO:** 800-828-3116

# Insurance Benefits

## Medical Plan Details

	HMO (Group #B05096)	PPO HDHP 3400 (Group #230713)		PPO HDHP 4000 (Group #438963)	
Calendar Year (1/1—12/31) Deductible & Out of Pocket	In-Network Benefits Only	In-Network	Out-of- Network	In-Network	Out-of- Network
<b>Network</b>	<b>Blue Advantage</b>	<b>PPO</b>		<b>PPO</b>	
<b>Deductible</b>					
Individual	\$0	\$3,400	\$6,800	\$4,000	\$8,000
Family	\$0	\$6,800	\$13,600	\$8,000	\$16,000
<b>Coinsurance</b>					
Member Responsibility	0%	0%	20%	0%	20%
<b>Out-of-Pocket Max</b>					
Individual	\$1,500	\$3,400	\$13,600	\$4,000	\$16,000
Family	\$3,000	\$6,800	\$27,200	\$8,000	\$32,000
<b>Physician Services</b>					
Preventive Care	\$0 Copay	Plan Pays 100%	20% After Ded	Plan Pays 100%	20% After Ded
Physician Visit	\$30 Copay	0% After Ded	20% After Ded	0% After Ded	20% After Ded
Specialist Visit	\$50 Copay	0% After Ded	20% After Ded	0% After Ded	20% After Ded
Diagnostic Testing	\$0 Copay	0% After Ded	20% After Ded	0% After Ded	20% After Ded
Lab Testing	\$0 Copay	0% After Ded	20% After Ded	0% After Ded	20% After Ded
Inpatient Hospital	\$0 Copay	0% After Ded	20% After Ded	0% After Ded	20% After Ded
Emergency Room	\$150 Copay	100% After Ded		100% After Ded	
Telehealth via MDLive	N/A	\$48 Copay	N/A	\$48 Copay	N/A
<b>Pharmacy (In-Network)</b>					
Generic/Formulary/Non-Formulary/Specialty					
Prescription Out-of-Pocket Max		Applies to Medical Out of Pocket Maximum		Applies to Medical Out of Pocket Maximum	
Individual	\$1,000				
Family	\$2,000				
Retail* (30 days)	Copays: \$10 / \$40 / \$60 / \$75	Deductible Applies		Deductible Applies	
Mail Order** (90 days)	Copays: \$10 / \$40 / \$60	Deductible Applies		Deductible Applies	

\*For Out-Of-Network drug providers, you are responsible for the retail copay or deductible plus 25% of the eligible amount.

\*\*Out-Of-Network Specialty drug coverage is not provided

## How to Find a Provider

Visit [www.bcbsil.com](http://www.bcbsil.com) and click “Find a Doctor or Hospital.”

Call Customer Service toll-free:

**HMO:** 800-892-2803

# Insurance Benefits

## Making the Most of Your Medical Benefits

Employees enrolled in the BlueCross BlueShield medical plan have access to the following services:

### **BlueAccess for Members:** [www.bcbsil.com](http://www.bcbsil.com)

A secure member website that gives you immediate access to health care benefit information and easy-to-use tools.

### **BlueAccess Mobile™**

You are able to access your BlueAccess for Members account straight from your mobile device. Choose to receive text messaging for Rx refill reminders, diet and fitness tips, claim updates and more. Download the application straight to your smartphone for immediate access.

### **24/7 Nurseline: 800.299.0274 (PPO & HDHP members only)**

General health information and guidance for specific conditions from fevers to bee stings as well as coaching on appropriate treatment paths.

### **Maternity Care Program: 888.421.7781**

Personalized support provided by Obstetrical nurses.

### **Mail Order Prescriptions:** [express-scripts.com/rx](http://express-scripts.com/rx) or 833-715-0942

Members can save time and money by calling 24/7 to refill or transfer a current prescription or get started with home delivery.

### **Accredo:** [www.accredo.com](http://www.accredo.com) or 833-721-1619

Accredo is the prescription specialty drug vendor

### **Blue365 Discounts**

As a member you have access to additional special program discounts. Details can be accessed at [www.bcbsil.com](http://www.bcbsil.com) under the “My Coverage” tab and then Discounts.

### **Well onTarget<sup>SM</sup> Member Wellness Program**

Access health and wellness resources that can help you manage your health with resources such as health assessments, health coaching, tracking tools and many more!

### **Virtual Visits—MDLIVE (PPO & HDHP members only)**

MDLIVE’s telehealth program provides enrolled members with access to non-emergency medical care without even leaving the couch. Visit a doctor virtually 24 hours a day, 7 days a week for a variety of different ailments and symptoms ranging from allergies, asthma, aches, infections, cold/flu, and more. Log on to [MDLIVE.com/bcbsil](http://MDLIVE.com/bcbsil) or call 888.676.4204 today to find out additional info on this convenient benefit.

# Insurance Benefits

## Tips to Save Money

### Preventive/Wellness Exams

- Each covered member is eligible for an annual preventive exam and other appropriate services
- Females are eligible to receive an annual well-woman exam covered at 100% in addition to their annual preventive exam

### Prescription Drugs

- Ask your doctor if there's a generic version of the medication being prescribed
- Take advantage of the Generic Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates
- Use mail order to save on copays

### High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are less costly at free-standing, in-network imaging centers than at hospitals
- Finding an in-network provider will save a substantial amount of money

### Accessing Medical Care

The emergency room is a costly experience for issues that aren't true emergencies. There are alternatives that can offer you quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- **Doctor's office:** for non-life threatening symptoms, schedule your appointment.
- **Convenient Care Clinics:** Utilize for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc.
- **Urgent Care (UC):** less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.
- **Virtual Visits (MDLIVE):** BlueCross BlueShield's telehealth program provides access to non-emergency medical care from the comfort of your home.

### MedsYourWay

MedsYourWay is a program that does an automatic real-time, behind-the-scenes price comparison on select drugs, so members pay the lower available price between a participating drug discount card or plan cost-share amount.

### Prescription Drugs Generic Default

For the medical plans with a drug copay card, brand drugs will default to generic when a equivalent is available. If your doctor determines you cannot tolerate the available generic equivalent, your doctor can write dispense as written/do not substitute on the prescription. Otherwise, you will pay the brand drug copay amount plus the difference in cost between the brand drug and its generic equivalent.

# Insurance Benefits

## Dental Insurance

Carrier: BlueCross BlueShield

Website: [www.bcbsil.com](http://www.bcbsil.com)

Phone: 800-367-6401

### Dental Preferred Provider Organization (DPPO)

This dental plan allows the flexibility to select a dentist of your choice. Manage out-of-pocket costs more efficiently by using in-network dentists. Services are categorized according to complexity and costs.

Dental Benefits:	High Plan (Group #230717)	
	BlueCare DPPO	Out-of-Network
Calendar Year (1/1 - 12/31) Deductible & Out-of-Pocket		
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Preventive Coinsurance*	100%	100%
Basic Coinsurance*	100%	80%
Major Coinsurance*	80%	50%
Annual Maximum	\$2,000	\$2,000
Orthodontia Coinsurance**	50%	50%
Orthodontia Lifetime Maximum**	\$2,000	\$2,000

\*Coinsurance in-network is based on contracted rates. Out-of-Network coinsurance is based on 90th percentile of usual and customary. Member will be balanced bill for out-of-network services. Plan pays coinsurance shown in table above.

\*\*Adults and dependent children are eligible for orthodontia coverage.

#### Preventive:

- Annual cleanings (2 per calendar year)
- X-rays
- Fluoride Treatments
- Sealants/Space Maintainers

#### Basic:

- Simple extractions
- Root Canals
- Oral Surgery
- Amalgam Fillings

#### Major:

- Dentures
- Bridges
- Partial
- Crowns and Inlays

As a BlueCross BlueShield member, you have access to the **Dental Wellness Center**, which provides information on topics such as pediatric care, cosmetic dentistry, and tips to prevent cavities, gum disease, tooth loss, and other problems. To access the wellness center, log in to the Blue Access for Members at [www.bcbsil.com](http://www.bcbsil.com) and click on the *Wellness* tab.

## How to Find a Provider

Visit [www.bcbsil.com](http://www.bcbsil.com) and click “Find Care—Find a Dentist”

Call Customer Service toll-free at **800-367-6401**

# Insurance Benefits

## Vision Insurance

Carrier: VSP

Website: [www.vsp.com](http://www.vsp.com)

Phone: 800-877-7195

Vision insurance provides coverage for eye exams, glasses, and contact lenses. Manage your out-of-pocket costs by using in-network vision providers.

You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. If you use an Out-of-network provider, you will have to file a claim form to be reimbursed up to the allowed amount.

	Frequency	In-Network	Out-of-Network
<b>Network Name</b>	VSP Choice Network		
<b>Eye Exam</b>	Every 12 Months*	\$10 Copay	Up to \$45 Reimbursement
<b>Lenses</b> - Single vision - Bifocal - Trifocal - Lenticular	Every 12 Months*	\$25 Copay	Reimbursement Varies
<b>Frames</b>	Every 24 Months*	\$130 allowance then 20% Off Balance	Up to \$70 Reimbursement
<b>Elective Contacts</b>	Every 12 Months**	\$130 Allowance	Up to \$105 Reimbursement

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

\*\* You cannot get contacts and glasses in the same calendar year

Visit [www.vsp.com](http://www.vsp.com) to see available perks and offers.

## How to Find a Provider

Visit <https://www.vsp.com/eye-doctor>

Call Customer Service toll-free at 800-877-7195

# Insurance Benefits

## Basic Life and AD&D Insurance

Carrier: The Hartford

Website: [www.TheHartford.com](http://www.TheHartford.com)

Phone: 800-523-2233

Your designated beneficiary will receive a benefit in the event of your death. In addition, the Accidental Death and Dismemberment (AD&D) benefits paired with life insurance provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident. Group Life benefit is portable or convertible within 31 days of leaving employment.

See HR for details.

This benefit is 100% employer paid.

### Basic Life / Accidental Death & Dismemberment

1x Salary  
Maximum \$150,000

## Voluntary Life and AD&D Insurance

Voluntary term life/AD&D allows you to purchase additional life and AD&D coverage for yourself and your dependents. Your age and the amount of insurance you elect determines the premium you'll pay. Benefits are reduced starting at age 70.

	Employee	Spouse	Child(ren)
Coverage Increments	\$10,000	\$5,000	\$2,000
Maximum Benefit Amount	\$500,000	\$250,000	\$10,000
Guaranteed Issue Amount	\$250,000	\$50,000	\$10,000

Employee must elect Voluntary Life coverage in order for spouse/child(ren) to be eligible for Voluntary Life coverage. A spouse's maximum election cannot exceed 50% of the employee's election amount.

New hires (within 31 days of eligibility date) can elect up to guarantee issued amount without Evidence of Insurability.

Evidence of Insurability **IS REQUIRED** if employee or spouse previously waived (did not enroll in) coverage when initially eligible or electing an amount that exceeds guaranteed issue amount.

Employee and spouse rates are based on employee's age.

Please remember to review your beneficiary information.

Voluntary Life benefit is portable or convertible within 31 days of leaving employment. See HR for details.

**The cost of the benefit is 100% paid by employee.**

# Mental Health

## First Stop Health

Get convenient care for you mental health and wellbeing from where you're comfortable. First Stop Health is provided to medical-enrolled employees and their covered dependents for **FREE**.

## Support for your mental health

Ready to feel your best? Get matched with a compassionate provider for care.

- Coaches help you avoid burnout, improve stress management and more.
- Therapists help manage anxiety, depression, grief, relationship issues and more.
- Doctors can provide care for your mental health, including prescriptions\* for anxiety and depression when appropriate.

*First Stop Health services are not intended to constitute a health plan.  
\*Providers at First Stop Health do not prescribe controlled substances.  
Costs according to your medical plan may apply for prescriptions.*

## How to get care:

- 1 Log into the mobile app, visit our site [firststophealth.com](https://firststophealth.com) or call (888) 691-7867.
- 2 Answer a few quick questions. Our intake process takes <5 minutes.
- 3 Schedule your visit.
- 4 See your provider for convenient, compassionate care.

## Need help?

For pharmacy questions, issues logging in, and any help you may need, our team is available 24/7.

**App:** Click the "Help" tab

**Call:** 888-691-7867 and press 2

**Email:** [member\\_services@fshealth.com](mailto:member_services@fshealth.com)

# Insurance Benefits

## Voluntary Accident

**Carrier:** The Hartford

**Website:** [www.thehartford.com/employee-benefits](http://www.thehartford.com/employee-benefits)

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:

- **Treatment:** Pays a specific benefit amount for emergency room treatment, X-Rays, diagnostic exams, physical therapy, and follow-up treatment
- **Organized Sports:** Pays a specific benefit amount for injuries sustained during organized amateur sport activities
- **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.

	Plan 1.1	Plan 2.1	Plan 3.1
	Accidental Death Benefit	Accidental Death Benefit	Accidental Death Benefit
Employee	\$50,000	\$80,000	\$100,000
Spouse	\$25,000	\$40,000	\$50,000
Child(ren)	\$13,000	\$20,000	\$25,000

See your plan documents for more information.

# Insurance Benefits

## Voluntary Critical Illness

**Carrier:** The Hartford

**Website:** [www.thehartford.com/employee-benefits](http://www.thehartford.com/employee-benefits)

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 benefit can be used to cover medical expenses, lost income, or other financial burdens, offering peace of mind and financial support during a challenging time. 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. This benefit is paid for by you

Coverage Amount	
Employee Coverage Amount	\$10,000, \$20,000 or \$30,000
Spouse Coverage Amount	100% of employee coverage amount
Child(ren) Coverage Amount	50% of employee coverage amount

*\*Guarantee issue applies to new hires only.*

See your plan documents for more information.

# Insurance Benefits

## Voluntary Hospital Indemnity

**Carrier:** The Hartford

**Website:** [www.thehartford.com/employee-benefits](http://www.thehartford.com/employee-benefits)

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 allowing you to focus on your recovery rather than worrying about unexpected expenses. 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. This benefit is paid for by you.

Plan Coverage		
First Day Hospital Confinement	Up to 1 day per year	\$500, \$1,000, \$2,000
Hospital Confinement (Day 2+)	Up to 90 days per year	\$100, \$150, \$200
Daily ICU Confinement (Day 2+)	Up to 30 days per year	\$200, \$300, \$400

*\*Guarantee issue applies to new hires only.*

See your plan documents for more information.

# Employee Assistance Program

The Ability Assist Counseling Services program, offered by The Hartford through their partnership with ComPsych, is available to full time and part time employees and their dependents. The program provides 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, 7 days a week for you and your eligible dependents at no cost to you.

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

The EAP offers up to 3 face-to-face visits with trained counselors for each concern you may have. For more information on health topics or to register visit [guidanceresources.com](https://guidanceresources.com) and provide the following:

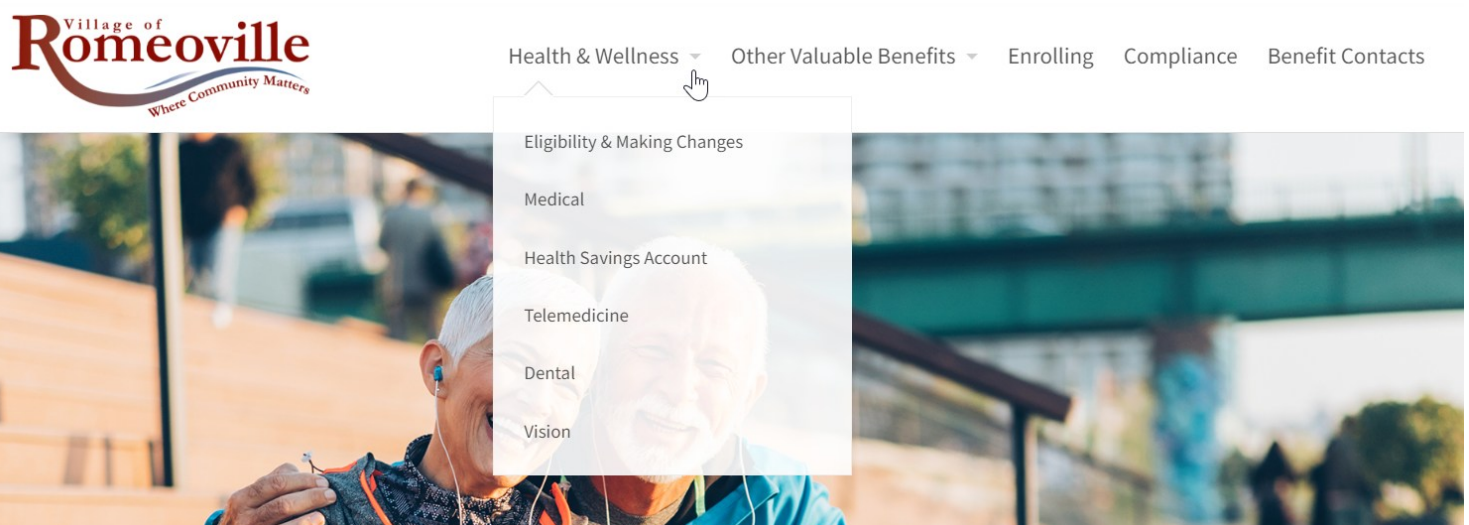
Company Code: HLF902

Company Name: ABILI

To contact an EAP representative, call (800) 964-3577 and mention you are a part of Government Insurance Network.

## Benefits Website

Visit <https://romeoville.governmentinsurancenetwork.org/> for additional resources.



# Carrier and HR Contact Information

## Medical HMO

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>Phone Number</b>	800-892-2803
<b>Policy Number</b>	B05096

## Medical PPO Plans

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>Phone Number</b>	800-828-3116
<b>Policy Number</b>	305948 / PH0015 / PH0016 / 230713 / PH0015 / 438963

## Health Savings Account

<b>Carrier</b>	Health Equity
<b>Website</b>	<a href="https://www.healthequity.com/">https://www.healthequity.com/</a>
<b>Phone Number</b>	866-346-5800

## Dental DPPO

<b>Carrier</b>	BlueCross BlueShield
<b>Website</b>	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>Phone Number</b>	800-367-6401
<b>Policy Number</b>	230717

## Vision

<b>Carrier</b>	VSP
<b>Website</b>	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Phone Number</b>	800-877-7195
<b>Policy Number</b>	30082920

## Basic and Voluntary Life/AD&D

<b>Carrier</b>	The Hartford
<b>Website</b>	<a href="http://www.TheHartford.com">www.TheHartford.com</a>
<b>Phone Number</b>	800-523-2233
<b>Policy Number</b>	715317

## Mental Health

<b>Carrier</b>	First Stop Health
<b>Email</b>	<a href="mailto:member_services@fshealth.com">member_services@fshealth.com</a>
<b>Phone Number</b>	888-691-7867

## Voluntary Accident / Critical Illness / Hospital Indemnity

<b>Website</b>	<a href="http://www.thehartford.com/employee-benefits">www.thehartford.com/employee-benefits</a>
<b>Phone Number</b>	866-547-4205

## Human Resources Contact Information

<b>Contact</b>	Meagan Harney
<b>Email Address</b>	<a href="mailto:mharney@romeoville.org">mharney@romeoville.org</a>
<b>Phone Number</b>	815-886-7209
<b>Website</b>	<a href="http://romeoville.governmentinsurancenetwork.org">http://romeoville.governmentinsurancenetwork.org</a>



NOTE: This Benefits Summary is merely intended to provide a brief overview of your employer's employee benefit programs. Employees should review the 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. Your employer 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.