**THIS EMAIL IS FOR FULL TIME EMPLOYEES ONLY.  PLEASE TAKE THE TIME TO READ THOROUGHLY**

**Cooperative 90’s Health Plan Annual Enrollment Overview**

Cooperative 90’s is a consortium of entities who have joined together to provide quality benefits for their employees.   The Cooperative was founded in 1990 and the current members are Bannockburn School District, Bensenville Community Library, Cook Memorial Library, Millburn School District, Waukegan Public Library, and Wilmette School District.

 The Cooperative works diligently to provide its members with a comprehensive benefits plan at reasonable premiums.   Each year, the Cooperative 90’s board reviews the claims experience of the plan from the past year and works with the carriers to negotiate reasonable pricing.   This year the pricing some of our plans have increased (please see attached matrix).  As we approach the start of our new plan year on June 1, 2020, we will once again offer an annual enrollment period.   Because of our current Stay at Home status, we will be completing our Open Enrollment by email and phone.  During annual enrollment, you and/or your eligible dependents have the option to make changes to your current coverage.    Below please find an annual enrollment summary for your review.

**2020 Summary of Employee Benefits Changes**

* The Cooperative will be transitioning to a September renewal date.   This year you will have two enrollment opportunities:
* April /May with changes effective June 1, 2020
* July/August with changes effective September 1, 2020.  After that, the next Annual Enrollment will take place in May 2021 with changes effective September 1, 2021

**MEDICAL**

* The Cooperative will continue to offer the choice of an HMO Plan, a $500 deductible PPO plan,
* The HMO has a change to the emergency room copayment.   All other copays remain the same.
* The PPO plan has a change to the office visit copayment.
* The In Network out of pocket maximums for the PPO plan will increase but the deductibles will remain the same.
* The PPO and HDHP plans will implement BCBS standard plan provisions for therapy limits.
* Physical Therapy – 65 visits per benefit year
* Speech Therapy – 45 visits per benefit year
* Occupational Therapy – 70 visits per benefit year
* The PPO RX copays will change to a 3-tier copay structure.    The copays will be $10 for generic, $40 for preferred brand drugs and $60 for non-preferred brand drugs for a 30-day supply.   Copays for a 90-day supply of maintenance medications will be 2 ½ times the retail copays.
* The PPO and HDHP plans will use the Performance Drug List through Prime Therapeutics/BCBS and will also implement BCBS prescription management programs such as Step Therapy, Prior Authorization and Specialty Pharmacy.   **If you are on a medication that will be impacted by this change, you will receive correspondence from Prime Therapeutics/BCBS.  Please be sure to read any mail you receive from BCBS or Prime Therapeutics.**
* The HDHP plan deductible and out of pocket maximums will remain the same.
* The HMO premiums will increase 5.5% and the premiums for the PPO and HDHP plans will increase 15%.

 **DENTAL**

* The Dental plan benefits under the PPO plan will remain the same with no changes to the annual maximums or deductibles.  There is a 1.3% increase to the PPO dental premium.
* The DHMO plan and premiums will remain the same.

 **VISION and LIFE**

* The Vision and Life insurance will remain the same for the 2020 plan year.

If you wish to make changes to your coverage or elect a different plan, please select a plan and respond by email to HR.  We will complete the enrollment forms upon our return to the library.  If you wish to participate in Flex Spending, you will need to make a choice and respond by email and complete a new election form for 2020 upon our return to the library.

**If you do not wish to make any changes to your plan, please indicate so by email and you will not need to complete an enrollment form.**

**NOTE**:  After the Annual Enrollment Periods, you **cannot** make changes to your coverage during the year unless you experience a change in family status, such as:

 Involuntary loss of coverage                                       -Loss of eligibility of a covered dependent

Death of your covered spouse or child                      -Birth or adoption of a child

Marriage, divorce, or legal separation                       -Change in employment status

**You have 31 days from a change in status to make changes to your current coverage.  If any of the events listed above happen in your life, please notify HR as soon as possible.**

**Special Reminder regarding dependent children**

 The plan allows coverage of dependent children **to age 26** (or to age 30 if the dependent is a military veteran who resides in Illinois). A dependent is eligible for coverage whether they are unmarried or married; student or not a student; employed or unemployed. However, dependent children who are not on the plan can only be added back onto the plan at two times.

1. During Annual Enrollment
2. Within 31 days of loss of other coverage. (i.e. loss of job, layoff etc.)

**Below is a brief summary of each plan which will be effective on June 1, 2020.   A Summary of Benefits and Coverage (SBC) for each plan is attached for your review. Also attached is your cost per pay check.**

**HMO PLAN - $20 COPAY**

This plan uses the HMO Illinois network.  To find a Primary Care Physician, go to [www.bcbsil.com](https://webmail.waukeganpl.info/owa/redir.aspx?C=6U-5tBtqMbHLd3Gjfz6zei9MyrUMFA-mL6-Q74E21F-Z8VdqDNvXCA..&URL=http%3a%2f%2fwww.bcbsil.com%2f) and click on Find a Doctor.   Where it asks for Network Type, select “HMO Illinois”.   You will need the 3-digit Medical Group/IPA number as well as the 9-digit PCP number when you enroll.  Female members may elect a Women’s Health Care Physician in addition to a Primary Care Physician, however both providers must be in the same Medical Group.

 **All care must be managed by your Primary Care Physician**

No benefits paid for out of network services

Deductible                                                       None

Office Visit Copay                                           $20.00

Coinsurance                                                    Plan pays 100% in network

Maximum medical out of pocket                $1,500 copay limit Single, $3,000 copay limit Family

**Emergency Room**                                           **$150 Copay**

Wellness or Preventive Care                          Plan pays 100%, no copayment

Prescriptions drug copays                               Retail

$10 generic/$20 Preferred Brand /$35 Non-Preferred Brand

Mail Order copays are two times retail for a 90-day supply.

Maximum RX out of pocket                            $2,500 per person/$5,000 per family

The HMO prescription drug plan is based on the Performance Drug List.  In some cases, the amount you pay for your drug may change.   Drugs not listed on the Performance Drug List are not covered.

For more information about prescription drug benefits or to view the Performance Drug List, visit [**www.bcbsil.com/Member/prescription-drug-plan-information**](https://webmail.waukeganpl.info/owa/redir.aspx?C=4pduMwLWTS6u8xdqEJ2PdXhQ_UOcCZ_bO3UOfj1M-XiZ8VdqDNvXCA..&URL=http%3a%2f%2fwww.bcbsil.com%2fMember%2fprescription-drug-plan-information)**.**

 **PPO Plan - $500 DEDUCTIBLE**

This plan uses the Blue Cross PPO network (broad network).  To find a network hospital or physician, go to [**www.bcbsil.com**](https://webmail.waukeganpl.info/owa/redir.aspx?C=6U-5tBtqMbHLd3Gjfz6zei9MyrUMFA-mL6-Q74E21F-Z8VdqDNvXCA..&URL=http%3a%2f%2fwww.bcbsil.com%2f)and click on Find a Doctor.  Where it asks for Network Type, select PPO (Participating Provider Options).

Deductible                                                       $500 – single

                                                                        $1,000 – family

 **PPO Provider Office Visit Copay                   $20.00**

 Coinsurance                                                    Plan pays 90% in network after deductible is met

Plan pays 70% out of network after deductible is met

 Emergency Room                                            Plan pays 90%, in or out of network, after deductible is met

 Wellness or Preventive Care                          Plan pays 100%, no deductible, in network

Plan pays 70% after deductible is met out of network

All other provisions are subject to deductible and coinsurance.

**Maximum medical out of pocket, in network          $2,500 single/$5,000 family in network**

Maximum medical out of pocket, out of network     $3,500 single/$7,000 family out of network

**Prescriptions drug copays**

**Retail – $10 generic/$40 Preferred Brand/$60 Non-Preferred Brand**

**Mail order – $25 generic/$100 Preferred Brand/$150 Non-Preferred Brand**

Maximum RX out of pocket                            $2,500 per person/$5,000 per family

 Prescription drug information can be found by logging into Blue Access for Members at [www.bcbsil.com](https://webmail.waukeganpl.info/owa/redir.aspx?C=fGw2RPAA4lxBVDTbVIy9mtWdwDmWTsbcEa65xVL3Yu__U1pqDNvXCA..&URL=http%3a%2f%2fwww.bcbsil.com%2f).  **The plan utilizes the 2020 Performance Drug List.  Drugs not listed on the Performance Drug List are not covered.**

The prescription plan will utilize management programs such as Step Therapy and Prior Authorizations.   Impacted individuals will receive notices from Prime/BCBS so be sure to check your mail and review any notices carefully.

**PPO -HIGH DEDUCTIBLE HEALTH PLAN**

 This plan allows for individuals to establish a health savings account to shelter money on a pre-tax basis for future qualified medical expenses.  The High Deductible Health Plan (HDHP) benefits are:

* Deductible, in network                       $1,500 single/$3,000 family
* Deductible, out of network                 $3,000 single/$6,000 family

*Note – If one person enrolls, they are financially responsible for the first $1,500 of charges (the single deductible).   If more than one person is listed on the application, they are financially responsible for the first $3,000 of charges (the family deductible).  This can be met by one person or a combination of charges by the family.*

Coinsurance                                        Plan pays 80% in network/60% out of network after deductible is met

                                                             (except for Emergency Room and Prescriptions)

Max out of pocket, in network           $3,000 single/$6,000 family

Max out of pocket, out of network     $6,000 single/$12,000 family

Emergency Room                                Plan pays 80% in or out of network, after deductible is met

 Wellness or Preventive Care              Plan pays 100%, no deductible, in network

                                                             Plan pays 60%, after deductible is met, out of network

Prescription drugs                               Plan pays 80%, after deductible is met

 All other provisions are subject to deductible and coinsurance.

 Along with the High Deductible Health Plan, participants may open a Health Savings Account to set aside money on a pre-tax basis for the purpose of paying qualified medical expenses.   The maximum amount you can contribute to your Health Savings Account for 2020 is $3,550 if you have single coverage and $7,100 if you have family coverage.   Members who are 55 and older may also contribute an additional “catch-up” contribution of $1,000 per calendar year.

**DENTAL**

The Cooperative offers two plans through Delta Dental – the PPO plan and the DHMO plan.   Below is an overview of the two plan options.

**Delta Dental PPO Plan**

Delta Dental has two PPO networks – PPO and Premier.  Network dentists agree to accept discounts for the services they provide.   Dentists in the PPO network offer the highest discounts for services.  Dentists in the Premier Network also provide discounts but not as high as the PPO network.   Members who use network providers will not be balance billed for the difference between the amount charged and the maximum allowed fee.

If you choose to use a provider who is not in one of the two networks, the plan will still pay benefits.

However, the dentist may balance bill the member for any difference in between the amount charged and the maximum allowed fee and payments will be made to the member, who in turn will be responsible to pay the dentist.  To find a provider in the Delta Dental network, go to [**www.deltadentalil.com**](https://webmail.waukeganpl.info/owa/redir.aspx?C=krWJTjSk1QVcoWk9xExl-gGSnp6JOhyqRC15GZRlrRn_U1pqDNvXCA..&URL=http%3a%2f%2fwww.deltadentalil.com%2f)and click on Dentist Search.

Deductible

$0 when using a dentist in the PPO Network

$50 per person to a maximum of $150 per family when using a

Premier network dentist or an out of network dentistry

 Preventive Services                             100% (no deductible)

Basic Services                                      80% after deductible

Major Services                                    50% after deductible

Annual Maximum                               $2,000 per person

 Orthodontia                                        50% - Dependent Children to age 19 only

Orthodontia Lifetime Maximum        $2,000 per person

 The PPO plan includes the “To Go” feature.   This feature allows you to carry over any qualified, unused portion of your annual maximum each year and apply it to your To Go Bank.   You must have a dental service that applies to the annual maximum (preventive, basic or major) during the year in order to carry over any unused maximum.   The balance in the To Go Bank may not exceed the amount of your annual maximum ($2000).   The program is automatic and does not require a separate enrollment.

 **DHMO**

Delta Dental also offers a Dental HMO plan called DeltaCare 285.   **Members who elect the DHMO plan must select a Primary Care Dentist (PCD)**.   All care must be directed by your Primary Care Dentist.    Should you need to see any type of dental specialist, you will need to have a referral from your PCD.    You will be financially responsible for any care received from a provider without a referral.

 The DHMO provides schedule of copays for various services.   Please see the Fee Schedule for Delta Care 285 for basic benefits.

**VISION**

The Vision Plan through Delta Vision (formerly TruAssure) will remain the same for 2020.

**Delta Vision Plan**

*Benefits shown below are available when using an in-network provider.  Please see highlight sheet for additional copay options for in network providers and allowances for out of network providers.*

Exam                                                   $20 copay

Lenses                                                 $20 copay

Frames                                                $100 allowance, then 20% off balance over $100

Contact Lens                                      Standard - $0 copay for fit and follow up visits after exam

Frequency

Exam                                                   Once every 12 months

Lenses or Contact Lenses                Once every 12 months

Frames                                                Once every 24 months

* For those who do not elect the vision plan, a discount program is available through Blue Cross Blue Shield.   The BCBS discount program utilizes EyeMed providers.  To find a provider who will give you discounts when you show your BCBS card, go to [**www.eyemedexchange.com/blue365**](https://webmail.waukeganpl.info/owa/redir.aspx?C=Yl5ANjByWmYuKPrd4LOVZQWYtldOkkqZbI0sP8q6xqz_U1pqDNvXCA..&URL=http%3a%2f%2fwww.eyemedexchange.com%2fblue365)  and click on Find A Provider Near You.
* HMO Participants have a vision benefit as part of their HMO plan.  One exam is covered at 100% every 12 months when using an EyeMed provider.   See the HMO plan for more details about this benefit.

FLEXIBLE SPENDING PLAN

This benefit allows you to pay for your out-of-pocket medical, dental and vision expenses and dependent care expenses with pre-tax dollars, which lowers your tax liability.

**If you currently contribute to the Flexible Spending Plan, you MUST RE-ENROLL FOR 2020.**

* Health Care Reform regulations state the maximum allowable medical expense election per employee for calendar year 2020 is $2,750.
* The maximum for dependent care elections remains at $5,000 per household.

**LIFE INSURANCE**

 The life insurance provided through Madison National Life will continue in 2020 with no changes.  Employees covered under the life insurance also have access to the following service at no additional cost.

 **IDENTITY THEFT ASSISTANCE SERVICES**

* If you or your family member suspects you are a victim of identity theft, you can contact a Certified Risk Management Specialist who will help you assess the situation, create a plan of action and guide you through the process.
* Risk Management specialists are available 24 hours a day, 7 days a week at 855-860-3727.    Callers will be asked to provide the name of your employer.

**EMPLOYEE ASSISTANCE PROGRAM**

 The Employee Assistance Program with Perspectives Ltd will continue in 2020 with no changes.

* Perspectives offers confidential assistance with a variety of different issues.    Through this program, employees and their household family members (even those who are not on the benefit plan) may contact Perspectives and speak with counselors about challenges of daily living such as stress, grief/loss, relationships, childcare, addiction, legal, financial and change.  All information shared with the counselors is completely confidential and will never be shared with the employer.
* The counselors will listen to your concerns and assist you in finding solutions.   They can provide referrals in the areas of mental health, substance abuse, as well as legal and financial assistance.   Assistance with finding childcare and eldercare resources is also available.  If face to face counseling sessions are needed, the counselors will refer you to a location that is convenient to your home or work.
* EAP services are available by phone at **800-456-6327** or online at [**www.perspectivesltd.com**](https://webmail.waukeganpl.info/owa/redir.aspx?C=tY79rjDGp7NiNc7U_0Jz2BMg12O3UBwsxLhfr20-Pc7_U1pqDNvXCA..&URL=http%3a%2f%2fwww.perspectivesltd.com%2f) using the password ***perspectives***.    Services are available 24 hours a day and all contact with the EAP is confidential.

**Please send your response via email back to HR by April 24, 2020. If you are changing plans, please indicate the specific plan you are choosing. If you are not changing plans, please state so; and finally, if you are declining coverage, please state so as well.**

**We recognize that this year's Open Enrollment may be challenging.  However, Susan and I will do everything possible to resolve any questions you may have.  I may be reached at 847-887-9768. If we cannot address your questions, you may also contact Amy Abel who is our Co-Op 90 representative at 847-457-3099.**