



2024-2025 Benefit Guide



Welcome to your 2024/2025 Benefits!

Elections you make during open enrollment will become effective
July 1, 2024.

KLA Schools offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Benefits Summary



What's New for 2024/2025



Announcements for 2024/2025

- ✓ **Medical:** KLA Schools will be staying with Blue Cross Blue Shield of Illinois for this renewal, which offers a broad provider network, robust customer service, virtual visits, and many more value-adds and resources for members.
- ✓ **FSA (Flexible Spending Account):** KLA Schools will begin to offer a Section 125 plan Health Flexible Spending Account (FSA) through Employee Benefit Corporation (EBC). This allows employees to elect up to \$3,200 (2024 plan year) and \$xxxx (TBD-2025 plan year) in pre-tax dollars to pay for eligible out-of-pocket medical, dental and vision care expenses not covered by other insurance.
- ✓ **Voluntary Life & AD&D:** Also new this year, employees will be able to buy-up additional life insurance above the amount KLA Schools already covers.
- ✓ **Voluntary Dental, Voluntary Vision, and Voluntary Short Term Disability coverages:** remains with Mutual of Omaha *with no premium increase for this plan year.*
- ✓ **Life/AD&D :** remains with Mutual of Omaha and *premiums are paid by the employer.*

Who is Eligible?

Full-time associates, working a minimum of 30 hours per week are eligible for all lines of coverage, and their family members are eligible to enroll in the benefits described in this guide. Children can remain covered up to age 26 for all lines of coverage.

Benefits are available to you, your eligible spouse, and children (through age 26) *on the first of the month following your hire month.*

When to Enroll

The open enrollment period starts on **June 1, 2024, and concludes on June 30, 2024.** The benefits you elect will be effective from **July 1, 2024 - June 30, 2025.**

How to Make Changes

After our 2024 Open Enrollment period, you cannot make changes to the benefits you elect unless you have a qualified change in status. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

Contact Information

M E D I C A L :

Provider Name **Blue Cross Blue Shield of Illinois**
Provider Phone Number **1-800-414-7147**
Provider Web Address www.bcbsil.com

D E N T A L :

Provider Name **Mutual of Omaha**
Provider Phone Number **1-800-927-9197**
Provider Web Address www.mutualofomaha.com/dental

V I S I O N :

Provider Name **Mutual of Omaha**
Provider Phone Number **1-800-369-3809**
Provider Web Address www.mutualofomaha.com/vision

S H O R T - T E R M D I S A B I L I T Y & L I F E :

Provider Name **Mutual of Omaha**
Provider Phone Number **1-800-369-3809**
Provider Web Address www.mutualofomahal.com

Medical Insurance



| BCBSIL Schedule of Benefits | In-Network | Out-of-Network |
|------------------------------|---|----------------|
| | Blue Precision P506PSN- Platinum HMO 107 Option 1 - Blue Precision Network | |
| Annual Maximum Benefit | Unlimited | |
| Deductible Single | \$0 | Not Covered |
| Deductible Family | \$0 | Not Covered |
| Coinsurance | 100% | Not Covered |
| Out-of-Pocket Maximum Single | \$1,500 | Not Covered |
| Out-of-Pocket Maximum Family | \$4,500 | Not Covered |
| Office Visit | \$10 Copay - Primary | Not Covered |
| Preventive Care | 100% | Not Covered |
| Specialist | \$45 Copay - Specialist | Not Covered |
| Inpatient Hospital Services | Inpt. \$150 Copay, Opt. \$100 Copay, see benefit summary for copay listing | Not Covered |
| Urgent Care | \$45 Copay | Not Covered |
| Emergency Room | \$300 Copay | |
| Prescription Drug Coverage | \$10/\$50/\$100/\$150/\$250 | Not Covered |

| 2024/2025 Medical Semi-Monthly Contributions | |
|---|----------|
| Employee Only | \$119.75 |
| Employee + Spouse | \$419.13 |
| Employee + Child(ren) | \$374.23 |
| Employee + Family | \$673.61 |

Medical Insurance



| BSBCIL Schedule of Benefits | In-Network Level 1 – Blue Choice | In-Network Level 2 – Blue Choice | Out-of-Network |
|------------------------------|--|--|--|
| | Blue Choice Options G508OPT- Gold PPO 106 Option 2 - Blue Options Network | | |
| Annual Maximum Benefit | Unlimited | | |
| Deductible Single | \$1,500 | \$3,750 | \$7,500 |
| Deductible Family | \$4,500 | \$11,250 | \$22,500 |
| Coinsurance | 90% | 70% | 50% |
| Out-of-Pocket Maximum Single | \$5,850 | \$7,850 | Unlimited |
| Out-of-Pocket Maximum Family | \$14,650 | \$18,200 | Unlimited |
| Office Visit | \$35 Copay - Primary | \$60 Copay | Deductible & Coinsurance |
| Preventive Care | 100% | 100% | Not Covered |
| Specialist | \$50 Copay - Specialist | \$100 Copay | Deductible & Coinsurance |
| Inpatient Hospital Services | Inpt. \$250 Copay, Opt. \$200 Copay, then Ded. and coinsurance | Inpt. \$500 Copay, Outpt. \$400 Copay, then deductible and coinsurance | Inpt. \$600 Copay, Opt. \$500 Copay, then deductible and coinsurance |
| Urgent Care | \$75 Copay | \$75 Copay | Deductible & Coinsurance |
| Emergency Room | \$600 Copay, then In-Network Deductible & Coinsurance | | |
| Prescription Drug Coverage | Level 1 (Preferred): \$10/\$20/\$50/\$100/\$250/\$350 Level 2 (Non-Preferred): \$20/\$30/\$70/\$120/\$250/\$350 | Level 1 (Preferred): \$10/\$20/\$50/\$100/\$250/\$350 Level 2 (Non-Preferred): \$20/\$30/\$70/\$120/\$250/\$350 | \$20/\$30/\$70/\$120/\$250/\$350 |

| 2024/2025 Medical Semi-Monthly Contributions | |
|---|----------|
| Employee Only | \$135.55 |
| Employee + Spouse | \$474.44 |
| Employee + Child(ren) | \$423.60 |
| Employee + Family | \$762.49 |

Medical Insurance



| BCBSIL Schedule of Benefits | In-Network | Out-of-Network |
|------------------------------|---|---|
| | Blue Choice Preferred G532BCE – Gold PPO 107 Option 3 – Blue Choice Preferred PPO Network | |
| Annual Maximum Benefit | Unlimited | |
| Deductible Single | \$1,500 | \$3,000 |
| Deductible Family | \$3,000 | \$6,000 |
| Coinsurance | 80% | 50% |
| Out-of-Pocket Maximum Single | \$6,250 | Unlimited |
| Out-of-Pocket Maximum Family | \$12,500 | Unlimited |
| Office Visit | \$40 Copay | Deductible & Coinsurance |
| Preventive Care | 100% | Deductible & Coinsurance |
| Specialist | \$60 Copay | Deductible & Coinsurance |
| Inpatient Hospital Services | Inpt: \$200 Copay per visit; \$150 Copay per visit, then deductible and coinsurance | Inpt: \$300 Copay per visit; \$250 Copay per visit, then deductible and coinsurance |
| Urgent Care | \$75 Copay | Deductible & Coinsurance |
| Emergency Room | \$400 copay; In-Network Ded. & Coins. | |
| Prescription Drug Coverage | Level 1 (Preferred): \$5/\$15/\$50/\$100/\$250/\$350 Level 2 (Non-Preferred): \$15/\$25/\$70/\$120/\$250/\$350 | \$15/\$25/\$70/\$120/\$250/\$350; Plus and additional 50% |

| 2024/2025 Medical Semi-Monthly Contributions | |
|---|----------|
| Employee Only | \$122.96 |
| Employee + Spouse | \$430.35 |
| Employee + Child(ren) | \$384.25 |
| Employee + Family | \$691.64 |

Medical Insurance



| BCBSIL Schedule of Benefits | In-Network | Out-of-Network |
|------------------------------|---|---------------------------------------|
| | Blue Choice Preferred S531BCE-Silver PPO 104 Option 4 - Blue Choice Preferred PPO Network | |
| Annual Maximum Benefit | Unlimited | |
| Deductible Single | \$5,000 | \$10,000 |
| Deductible Family | \$15,000 | \$30,000 |
| Coinsurance | 70% | 50% |
| Out-of-Pocket Maximum Single | \$9,100 | Unlimited |
| Out-of-Pocket Maximum Family | \$18,200 | Unlimited |
| Office Visit | \$45 Copay - Primary | Deductible & Coinsurance |
| Preventive Care | 100% | Deductible & Coinsurance |
| Specialist | \$65 Copay - Specialist | Deductible & Coinsurance |
| Inpatient Hospital Services | Inpt: \$250 Copay Outpt: \$200 Copay | Inpt: \$350 Copay; Outpt: \$300 Copay |
| Urgent Care | \$75 Copay | Deductible & Coinsurance |
| Emergency Room | \$500 Copay, In-Network Deductible & Coinsurance | |
| Prescription Drug Coverage | Level 1 (Preferred): \$0/\$10/\$50/\$100/\$150/\$250 Level 2 (Non-Preferred): \$10/\$20/\$70/\$120/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |

| 2024/2025 Medical Semi-Monthly Contributions | |
|---|----------|
| Employee Only | \$106.44 |
| Employee + Spouse | \$372.55 |
| Employee + Child(ren) | \$332.64 |
| Employee + Family | \$598.75 |

Medical Insurance



| BSBCIL Schedule of Benefits | In-Network | In-Network | Out-of-Network |
|------------------------------|---|---|---|
| | Blue Choice Options S506OPT – Silver PPO 104 Option 5 – Blue Choice Options Network | | |
| Annual Maximum Benefit | Unlimited | | |
| Deductible Single | \$5,250 | \$6,250 | \$12,500 |
| Deductible Family | \$15,750 | \$18,200 | \$36,400 |
| Coinsurance | 80% | 60% | 50% |
| Out-of-Pocket Maximum Single | \$8,150 | \$9,100 | Unlimited |
| Out-of-Pocket Maximum Family | \$18,200 | \$18,200 | Unlimited |
| Office Visit | \$50 Copay - Primary | \$70 Copay - Primary | Deductible & Coinsurance |
| Preventive Care | 100% | 100% | Not Covered |
| Specialist | \$70 Copay - Specialist | \$110 Copay - Specialist | Deductible & Coinsurance |
| Inpatient Hospital Services | Inpt. \$250 Copay, Opt. \$200 Copay, then deductible and coinsurance | Inpt. \$500 Copay, Opt. \$400 Copay, then deductible and coinsurance | Inpt. \$600 Copay, Opt. \$500 Copay, then deductible and coinsurance |
| Urgent Care | \$75 Copay | \$75 Copay | Deductible & Coinsurance |
| Emergency Room | \$600 Copay, then In-Network Deductible & Coinsurance | | |
| Prescription Drug Coverage | Level 1 (Preferred): \$10/\$20/\$50/\$100/\$250/\$350 Level 2 (Non-Preferred): \$20/\$30/\$70/\$120/\$250/\$350 | Level 1 (Preferred): \$10/\$20/\$50/\$100/\$250/\$350 Level 2 (Non-Preferred): \$20/\$30/\$70/\$120/\$250/\$350 | \$20/\$30\$70/\$120/\$250/\$350 |

| 2024/2025 Medical Semi-Monthly Contributions | |
|---|----------|
| Employee Only | \$117.34 |
| Employee + Spouse | \$410.70 |
| Employee + Child(ren) | \$366.70 |
| Employee + Family | \$660.06 |

Medical Insurance



| BCBSIL Schedule of Benefits | In-Network | Out-of-Network |
|------------------------------|---|--|
| | Blue Choice Preferred S535BCE – Silver PPO 105 Option 6 – Blue Choice Preferred PPO Network | |
| Annual Maximum Benefit | Unlimited | |
| Deductible Single | \$7,900 | \$15,800 |
| Deductible Family | \$15,800 | \$31,600 |
| Coinsurance | 100% | 100% |
| Out-of-Pocket Maximum Single | \$9,000 | \$18,000 |
| Out-of-Pocket Maximum Family | \$18,000 | \$36,000 |
| Office Visit | \$45 Copay - Primary | Deductible & Coinsurance |
| Preventive Care | 100% | Deductible & Coinsurance |
| Specialist | \$65 Copay - Specialist | Deductible & Coinsurance |
| Inpatient Hospital Services | Inpt: \$250 Copay per visit; Outpt: \$200 Copay; Ded & Coins | Inpt: \$350 Copay per visit; Outpt: \$300 Copay; Ded & Coins |
| Urgent Care | \$75 Copay | Deductible & Coinsurance |
| Emergency Room | \$500 Copay; In-Network Deductible & Coinsurance | |
| Prescription Drug Coverage | Level 1 (Preferred): \$0/\$10/\$50/\$100/\$150/\$250 Level 2 (Non-Preferred): \$10/\$20/\$70/\$120/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |

| 2024/2025 Medical Semi-Monthly Contributions | |
|---|----------|
| Employee Only | \$106.29 |
| Employee + Spouse | \$372.02 |
| Employee + Child(ren) | \$332.16 |
| Employee + Family | \$597.89 |

Get all the advantages your health plan offers



Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Illinois (BCBSIL) secure member website, Blue Access for Members (BAMSM).

With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card or print a temporary one

It's easy to get started

- 1** Go to bcbsil.com/member
- 2** Click on the Log In tab and select Register Now
- 3** Use the information on your BCBSIL ID card to complete the registration process.



Text* BCBSIL APP to 33633 to get the BCBSIL App that lets you use BAM while you're on the go.

*Message and data rates may apply



BlueCross BlueShield of Illinois

Find what you need with Blue Access for Members

NATHAN SMITH Settings 10 Language Assistance En Español Log Out

BlueCross BlueShield of Illinois

CURRENTLY VIEWING MY PLAN
View My Plans

Home My Coverage Claims Center My Health Doctors & Hospitals Forms & Documents Payments & Billing

Welcome NATHAN SMITH!

Message Center
You have no messages
View all messages

Quick Links
Stop receiving paper statements
Connect
Member Discount Program
Manage preferences
Verification of Coverage

MY COVERAGE
Plan Type: PPO Group Number: 098765 ID Number: ABC123456789

MEDICAL BENEFITS
Preferred Network

| | |
|------------------------------|------------|
| Individual Deductible | N/A |
| Family Deductible | N/A |
| Family Out of Pocket Maximum | \$8,500.00 |
| Coinsurance | N/A |

My Care Profile
Blue Button
Learn how to get your health care profile electronically
Get Started »

Important Information | Non-Discrimination Notice | Help | Contact Us

- 1 **My Coverage:** Review benefit details for you and family members covered under your plan.
- 2 **Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 **My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 **Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 **Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 **Payments & Billing:** Review and make your payments. View payment status activity for current and past payments.
- 7 **Message Center:** Communicate with a Customer Service Advocate here. You can also learn about updates to your benefit plan and receive promotional information via secure messaging.
- 8 **Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 9 **View My Plan:** See the details of your current health plan, as well as other plans you've had in the past.
- 10 **Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password anytime.
- 11 **Help:** Look up definitions of health care coverage terms, get answers to frequently asked questions and find articles and videos.
- 12 **Contact Us:** Here you can find contact information to reach a Customer Service Advocate with any questions you may have about your plan.



Provider Finder[®]

How to Find Providers as a Guest

To get the most accurate results based on your plan, use the **Member Login**.

Where to Start

A. Go to **bcbsil.com**

B. Select **Find Care**

C. Select **Find a Doctor or Hospital**

D. **Search as Guest** to find providers when shopping for a health plan

Enter the Location Where You Want to Search for a Provider

E. Enter any of the following under **Optimize Your Browse Experience**:

- City
- State
- ZIP Code

The image shows a sequence of four screenshots from the BlueCross BlueShield of Illinois website, illustrating the steps to find providers as a guest. The first screenshot shows the homepage with the 'Find Care' button highlighted. The second screenshot shows the 'Find Care' page with the 'Find a Doctor or Hospital' link highlighted. The third screenshot shows the 'Find a Doctor or Hospital' page with the 'Search as a Guest' button highlighted. The fourth screenshot shows the 'Optimize Your Browse Experience' page with the search input field highlighted.

A Welcome Employers Producers Providers Company Information + Feedback Language Assistance En español

BlueCross BlueShield of Illinois Ask IVY™ our virtual assistant

Find Care Prescription Drugs Insurance Basics Shop Plans Member Services

Health Care Coverage

Member Login Pay My Bill

User Name

B Find Care Our Plans Prescription Drugs Insurance Basics Shop Plans Member Services

C Providers in Your Network

- Find a Doctor or Hospital
- Find a Dentist
- Find a Vision Provider
- Virtual Visit
- Providers Outside of U.S.
- Breastfeeding Counseling

Blue Distinction® Specialty Care

- Blue Distinction Centers
- Bariatric Surgery
- Cardiac Care
- Cellular Immunotherapy
- Fertility Care
- Gene Therapy
- Knee and Hip Replacement
- Maternity Care
- Spine Surgery
- Substance Use Treatment and Recovery
- Transplants

Where You Go Matters

- Know Your Network
- Choosing Health Care Options
- Tips To Find a Doctor or Hospital
- Utilization Management
- What Is an Emergency
- Understanding Costs and Quality
- Provider Network Selection Criteria
- Provider Information Validation
- Blue Star Group Report

D Find a Doctor or Hospital

Search for doctors, hospitals, pharmacies, urgent care and more.

Member Login

Log in to your account to get the most accurate, personalized search results based on your plan. You'll see details that may help you lower health care costs.

- Doctors in your plan network*
- Doctor reviews and ratings
- Cost estimates

Guest Search

Even if you're not a member, you can search for doctors, hospitals and other providers. If you need help, we've created these helpful guides:

Step-by-Step PDF

E Search as a Guest

Optimize Your Browse Experience

Where would you like to search for care?

City, state or zip

Continue



If you know your Plan/Network, then narrow search to show only in-network providers

F. Select **plan/network** from the drop down list (skip to Step K)

If you do not know your Plan/Network

Narrow Search

G. Select **Find your plan/network by answering a few short questions**

Answer the following questions

H. Select **How do you get your insurance?**

I. Select **What state do you live in?**

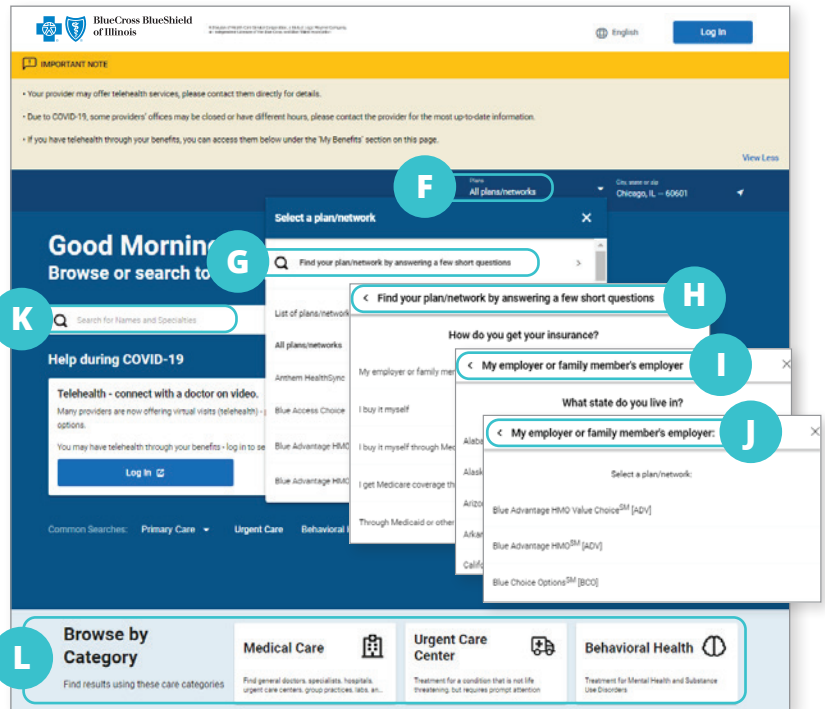
Select a Plan

J. Select **Select a plan/network**

Complete at Least One of the Following

K. Search for **specific names or specialties**

L. Select a category from the **Browse by Category** tiles



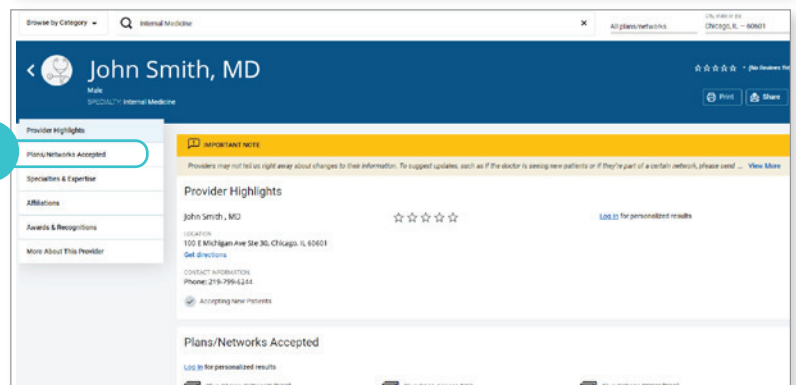
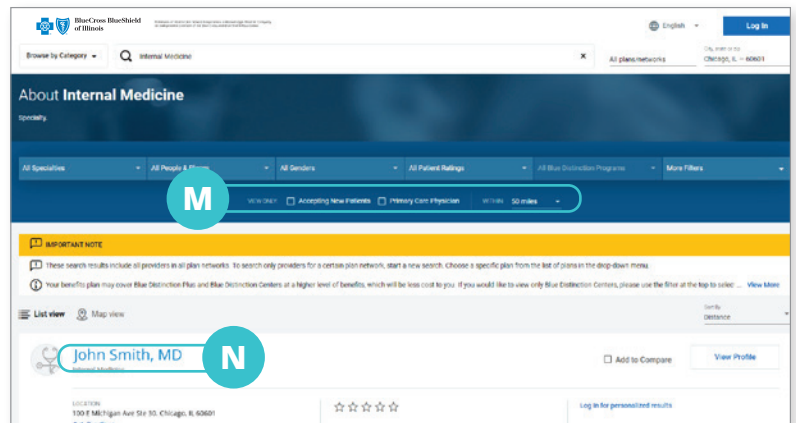
More Focused Results

Searching all plans/networks will sort by distance. Select a particular plan/network to sort by best match.

M. Select **Accepting New Patients** or adjust distance from selected location

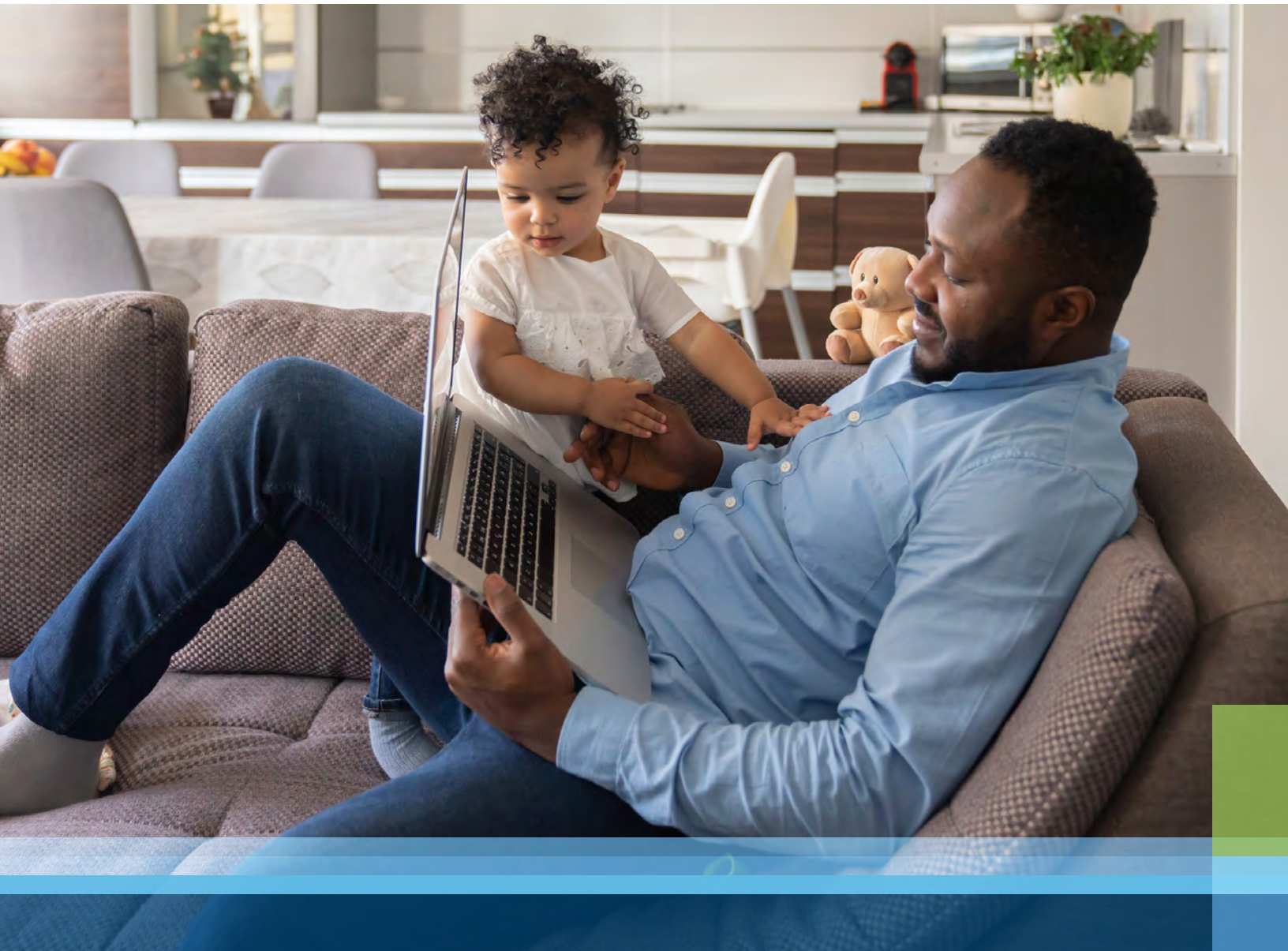
N. Select the provider you wish to view

O. View **Plans/Networks Accepted**





BlueCross BlueShield of Illinois



Virtual Visits: Get 24/7 Care, Anywhere

Call your doctor's office first. They also may offer telehealth consultations by phone or online video.

With Virtual Visits, the doctor is always in. Get 24/7 non-emergency care from a board-certified doctor by phone, online video or mobile app from the privacy and comfort of your own home.

Don't risk crowded waiting rooms, expensive urgent care or ER bills, or waiting weeks or more to see a doctor, when you can speak with a Virtual Visits doctor within minutes.

Powered by
MDLIVE

Virtual Visits, provided by Blue Cross and Blue Shield of Illinois (BCBSIL) and powered by MDLIVE®, are a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Anxiety
- Depression
- Stress management
- And more

Virtual Visit doctors can even send an e-prescription to your local pharmacy.



Activate your MDLIVE account today:

- Call MDLIVE at 888-676-4204
- Go to MDLIVE.com/bcbsil
- Text BCBSIL to 635-483
- Download the MDLIVE app

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent Licensee of the Blue Cross and Blue Shield Association



BlueCross BlueShield of Illinois



Virtual Visits: **Get Cost-Effective, 24/7 Care**

With Virtual Visits from MDLIVE[®], the doctor is always in. This Blue Cross and Blue Shield of Illinois (BCBSIL) benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.

Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSIL benefit, please call the number on the back of your ID card.

Activate your Virtual Visits account today:

- Call 888-676-4204
- Go to MDLIVE.com/bcbsil
- Text BCBSIL to 635-483
- Download the app



Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

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Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Deciding Where to Go

| | Walk-in Health Clinic | Physician Doctor's office | Urgent Care Center | Emergency Room |
|--|-----------------------|---------------------------|--------------------|--|
| Animal bites | | | ✓ | <ul style="list-style-type: none"> • Sudden or unexplained loss of consciousness • Signs of a heart attack, such as sudden/severe chest pain or pressure • Signs of a stroke, such as numbness of the face, arm or leg on one side of the body; difficulty talking; sudden loss of vision • Severe shortness of breath • High fever with stiff neck, mental confusion and/or difficulty breathing • Coughing up or vomiting blood • Cut or wound that won't stop bleeding • Possible broken bones • Poisoning • Stab wounds • Sudden, severe abdominal pain • Trauma to the head • Suicidal feelings • Partial or total amputation of a limb |
| Stitches | | | ✓ | |
| X-ray | | | ✓ | |
| Back pain | | ✓ | ✓ | |
| Mild asthma | ✓ | ✓ | | |
| Minor headache | ✓ | | | |
| Sprain, strain | | ✓ | ✓ | |
| Nausea, vomiting, diarrhea | ✓ | ✓ | ✓ | |
| Bumps, cuts, scrapes | ✓ | | | |
| Burning with urination | | ✓ | ✓ | |
| Cough, sore throat | ✓ | | | |
| Ear or sinus pain | ✓ | ✓ | | |
| Eye swelling, irritation, redness, or pain | ✓ | ✓ | | |
| Minor allergic reaction | ✓ | ✓ | | |
| Minor fever, colds | ✓ | | | |
| Rash, minor bumps | ✓ | | | |
| Vaccination | ✓ | ✓ | | |

Need an MRI or CT Scan?

Hospital: \$2,948

or

Example of free-standing imaging center: Naperville Imaging Center: \$470

Free-standing facilities provide you access to imaging services at a significant discount over hospital-based imaging when your physician prescribes an MRI or CT scan.



Naperville Imaging Center offers the finest technology, radiologists and patient convenience anywhere in the Chicago area.

We have state-of-the-art 1.5 Tesla MRI, ultrasound, digital xray and arthrograms.

Our images are digitally captured and available for referring physicians. Our Radiologists are onsite every day, and are highly trained, board certified and sub-specialized.

While we offer the finest image quality and radiology care in the area, our costs to patients are vastly lower than hospital pricing, and competitive with all independent imaging centers.

CALL US TODAY

Call us today to schedule your exam and find out what to expect. Healthcare is your choice,
choose wisely.

(630) 717-3700

1888 Bay Scott Circle, Naperville, IL 60540

Dental Insurance



Mutual of Omaha

Schedule of Benefits:

| Services | Amount You Pay / Coinsurance | Services |
|------------------------------|---|---|
| Deductible | \$50 per individual per calendar year \$150 per family per calendar year | Waived for Diagnostic, Preventive and Miscellaneous Services |
| Annual Maximum | \$1,000 | |
| Preventive Services | 100% In-Network 100% Out-of-Network | Exams, Cleanings, X-rays, Fluoride, Sealants, Space maintainers |
| Basic Services | 80% In-Network 80% Out-of-Network | Emergency treatment to relieve pain, Fillings, Extractions (surgical & non-surgical) |
| Major Services | 50% In-Network 50% Out-of-Network | Endodontics (surgical & non-surgical), *Periodontics (surgical & non-surgical), Crowns, Inlays & onlays, Bridges, Dentures, Implants, Repairs and adjustments |
| Orthodontia Services | Not included | Not included |
| Reimbursement Basis | 90th Percentile of U & C for out-of-network | |
| Dependent Eligibility | To age 26 | |

| 2024-2025 Semi-Monthly Contributions | |
|---|---------|
| Employee Only | \$15.99 |
| Employee + Spouse | \$29.48 |
| Employee + Child(ren) | \$38.10 |
| Employee + Family | \$51.17 |

Mutual of Omaha

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

KLA Schools's vision insurance provided through Mutual of Omaha entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you seek the services of a provider listed in our Preferred Provider directory, your benefits include the following:

- Routine vision exams for a \$10 copay
- Preferred pricing on a large selection of designer frames, lenses and lens options
- \$130 Retail frame allowance; 20% discount thereafter

| 2024-2025 Semi-Monthly Contributions | |
|---|---------|
| Employee Only | \$3.34 |
| Employee + Spouse | \$7.67 |
| Employee + Child(ren) | \$8.50 |
| Employee + Family | \$12.97 |

Disability Insurance



Benefits You Receive:

Mutual of Omaha— KLA Schools provides benefit eligible employees with short-term disability income benefits, and in order to learn your per pay check cost of this valuable benefit, please check with HR as the cost is dependent upon your age. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

| | Short-Term Disability |
|-------------------------------|---------------------------------------|
| Elimination Period | 7 Days - Accident 7 Days - Illness |
| Benefits Duration | 12 Weeks |
| Percentage of Income Replaced | 60% |
| Maximum Benefit | \$1,500 per week |



Enroll in the BESTflex Plan to get a tax-advantaged benefit that just works.

Use **tax-free dollars** to pay for eligible health care and daycare expenses.

How the BESTflex Plan Works

The BESTflex Plan is an easy way for you to save money on eligible expenses. With the BESTflex Plan, a portion of your paycheck is deposited in one or more Flexible Spending Accounts (FSAs) on a pre-tax basis. You can then use these funds to pay for out-of-pocket eligible expenses, which may include health or dependent care expenses.

How does the BESTflex Plan save me money?

The contributions that you make to your FSA are exempt from Federal, State, and FICA payroll taxes. This means that you save approximately 30% on your eligible expenses, making a \$100 eligible expense cost you about \$70.*

*These tax examples are broad approximations of tax liability. Your specific savings depend on your tax bracket. You should consult a tax advisor for help with your own situation. Current IRS tax laws control all BESTflex Plan matters and are subject to change.



Flexible Spending Accounts

You may participate in any BESTflex Plan accounts available under your employer's plan design, as long as you are eligible to participate. The most common options are the Health Care FSA and Dependent Care FSA.

Health Care FSA

There are two types of Health Care FSAs: a standard health FSA and a limited health FSA. With both Health Care FSAs, you choose how much pre-tax money you would like to contribute, up to the annual limit.

Standard health FSA

A standard health FSA allows you to pay for eligible medical, vision, and dental expenses that are not covered by another health plan.

Limited health FSA

A limited health FSA allows you to pay for eligible vision and dental expenses that are not covered by another health plan. A limited health FSA is a great option if you (or your spouse, if you're married) contribute to a Health Savings Account (HSA) because you can participate in both of these plans at the same time.

Dependent Care FSA

A Dependent Care FSA allows you to set aside pre-tax funds to pay for daycare expenses for children or other eligible dependents. You (and your spouse, if you're married) must be working, looking for work, or be a full-time student to use this account. When you enroll in this plan, you choose how much pre-tax money you would like to contribute to the FSA, up to the annual limit.

When you enroll in a Dependent Care FSA, you pay for your eligible daycare expenses out-of-pocket and then are reimbursed after completing a claim form. Claims for reimbursement can be submitted through your online account or on our mobile app.

Using the FSA

When paying for eligible products and services, your Benefits Card is the most convenient way for you to access your Health Care FSA funds. Your Benefits Card is a prepaid debit card that uses funds directly from your benefits plan.* You can also pay for your eligible expenses out-of-pocket and then be reimbursed. For reimbursement, you must submit a claim form through your online account or on our mobile app.

Filing Claims

We make filing claims easy and we offer three options:

Mobile, Online or via a paper **Claim Form**.

Our mobile app, EBC Mobile, lets you file a claim using your phone to take and submit pictures of receipts/expense documentation at home or on the go. Filing a claim for any eligible health care or dependent care expense doesn't get any easier. Complete a few lines on a simple form, upload your receipt using your phone's camera and tap **Submit**. EBC Mobile makes filing claims smart, simple, and secure!

*Some employers may choose not to offer the Benefits Card. Refer to *My Company Plan* for details about your specific plan.

Online Account

Once you enroll in the BESTflex Plan, register your online account at www.ebcflex.com. In your online account, you will be able to:

- View and file claims
- Review account balances
- Monitor the status of your claims
- Access forms and information regarding the operation of your plan
- Update personal information
- View a detailed account history

How to Enroll in the BESTflex Plan:

How much should I contribute?

We help you set aside the right amount of money for eligible health care and dependent care expenses. Referencing your *Eligible Expenses List* and using the worksheets we've created, you'll arrive at a solid estimate of how much money you should contribute to the plan and help alleviate concerns about forfeiting any contributions.

The BESTflex Plan
Employee Benefits Corporation

Enrollment Form
Plan Participants: www.ebcflex.com
Phone support: (800) 346-2125 | (608) 831-8445
Fax to: (608) 831-4790
Submit completed forms to your employer.

Employers: Secure upload: www.ebcflex.com
Fax to: (608) 831-4790
Mail to: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347

Submit completed forms via:

1 General Information
Organization Name: _____ Division: _____

2 Participant Information Please print.
Last Name: _____ First Name: _____ MI: _____
Participant Social Security Number: _____ Gender: ☐ M ☐ F Date of Birth (mm-dd-yyyy): _____ Date of Hire (mm-dd-yyyy): _____
Mailing Address: _____ Apt. No.: _____ City: _____ State: _____ Zip Code: _____
Home Phone: () 232-66-1880 Email Address (we do not share your email address): _____

3 Plan Dates (select to have Elections below deducted from my pay tax free and placed into the following accounts)
Effective Start Date (mm-dd-yyyy): _____ Number of Pay Periods: _____

4 Plan Benefits (select to have Elections below deducted from my pay tax free and placed into the following accounts)
Health Care FSA: \$ _____ \$ _____ \$ _____
Dependent Care FSA: \$ _____ \$ _____ \$ _____
Employee Paid Administrative Fees: \$ _____ \$ _____ \$ _____

5 Direct Deposit (optional, if you have not done so, complete banking information below to participate - authorization is in effect from plan year to the next)
Financial Institution: _____ City: _____ State: _____ Zip Code: _____
Account Number: _____ Routing Number (nearly 9 digits): _____

Authorization
☐ I enroll in the BESTflex Plan ☐ I do not wish to enroll in the BESTflex Plan
I agree this election cannot be revoked or changed during the plan year, unless a qualifying event occurs to justify the revocation or change as authorized by the IRC and Regulations. I understand my Social Security benefits may be affected by my participation in this Plan and that any money I allocate to these accounts and do not spend by the end of the plan year (or plan period, if elected by the plan sponsor) cannot be refunded to me. If allocations are exempt from this rule, your annual elections will be refunded down to a certain evenly divisible by the number of pay periods. If a direct deposit has been provided to me, I certify I will only use the Card for payment of eligible expenses under the Plan and any expense paid with the Card will not be reimbursed nor will I seek reimbursement under another Plan. I agree to provide substantiation that any expense is eligible for reimbursement under the Plan, and to reimburse the Plan in cases where I have been reimbursed in excess for an expense eligible under the Plan. I understand that if I fail to reimburse the Plan for an eligible expense, my employer may withhold the amount owed the plan from my wages where permitted by applicable state law. By signing this Enrollment Form, I acknowledge that Employee Benefits Corporation will use my (and my dependent's as applicable) "protected health information" for purposes of providing benefit administration services to the Plan. All information disclosed pursuant to this Enrollment Form will not be subject to redaction by the participant, except for purposes of the Plan. I understand that my enrollment can be revoked if I do not sign this form.
If Direct Deposit is needed for reimbursement, I authorize Employee Benefits Corporation to send reimbursements (and appropriate adjusting entries) electronically or by any other commercially accepted method to my designated account at the financial institution named above. I agree not to hold Employee Benefits Corporation responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution due to an error on the part of my financial institution in depositing funds to my account. It is my responsibility to notify Employee Benefits Corporation immediately of any changes in my financial institution's name, change of account number or closure of account. This authorization will remain in effect until Employee Benefits Corporation has received written notification from me of its termination in such time and in such manner as to provide Employee Benefits Corporation a reasonable opportunity to act on it.
X Signature: _____ Date (mm-dd-yyyy): _____
© Employee Benefits Corporation © 2021 Standard 0602

(Sample Enrollment Form shown; your form may differ slightly)

Completing the Enrollment Form

Follow enrollment instructions from your employer. If you receive an enrollment form, complete these steps:

- 1. Enter General and Personal Information.** Enter all of your information, including an email address if you have one. Providing your email ensures that you get updates on your plan quickly.
- 2. Enter Plan Dates.** Enter the date you start the plan (the Effective Start Date) and the number of paychecks per year from which your elections are deducted (Number of Pay Periods). Enrollment is for one plan year, usually consisting of 12 calendar months or less.
- 3. Enter BESTflex Plan Benefits.** Enter your annual election for your plan selections under the *Plan Benefits* section. Choose the amount you'd like deducted from each paycheck (Employee Deduction per Pay Period) and multiply that amount by the Number of Pay Periods to determine your Plan Year Total. Do this for each FSA in which you are enrolling and total the form.

If you receive contributions from your employer, add the Employer Contribution Plan Year Total.

- 4. Complete Direct Deposit Information.** You have the option of having your reimbursement deposited directly into your personal checking or savings account. To authorize the direct deposit feature of the BESTflex Plan, provide the financial account information requested on the enrollment form. If you already have direct deposit information on file with us, it is not necessary to provide it again. The direct deposit feature will carry over to your new plan year.
- 5. Authorize Enrollment and Direct Deposit.** First, indicate whether you want to participate in the BESTflex Plan. Then sign and date the form and return it to your employer.

If you choose to not enroll in the BESTflex Plan FSAs, you must sign and date the form anyway. Your eligible employer-provided insurance premiums will still be deducted from your pay on a pre-tax basis.

What Happens After I Enroll?

Your employer will begin making payroll deductions according to your elections and you can then use your FSA benefits in accordance with your *Summary Plan Description* and *My Company Plan*. Check your pay stub to ensure these amounts are correct.

Once your plan year starts, activate your online account at www.ebcflex.com.

Review My Company Plan

My Company Plan, the appendix to your *Summary Plan Description* (SPD), describes the specific details and features of your company's BESTflex Plan. Use the information in *My Company Plan* to aid in completing your enrollment.

My Company Plan Contains:

- BESTflex Plan Dates, including the date your employer started its BESTflex Plan (Original Plan Date) and the start and end dates of your employer's current BESTflex Plan (My Company's Plan Year)
- Eligibility definitions
- Group Insurance Premiums, the types of premiums deducted from your paycheck on a pre-tax basis
- The Health Care and Dependent Care FSA contribution limits, the maximum amount you can contribute to each account
- Plan Amendments, if any
- Information regarding who to contact within your Company
- Legal Information defining the relationship between your employer and Employee Benefits Corporation

My Company Plan is available online at www.ebcflex.com.

Standard Health FSA Eligible Expenses



There are two types of Health Care FSAs: a standard health FSA and a limited health FSA. Your **standard health FSA** allows you to pay for eligible medical, vision, and dental expenses that are not covered by another health plan.

Examples of Eligible Expenses for Standard Health FSAs:

■ Dental Expenses

- Dental X-Rays
- Exams/Teeth Cleanings, Gum Treatments
- Fillings, Crowns/Bridges
- Oral Surgery, Extractions, Dentures
- Orthodontia/Braces

■ Vision Expenses

- Contact Lenses, Contact Lens Solution and Cleaners
- Eye Examinations
- Eyeglasses, Reading Glasses, Prescription Sunglasses
- Laser Eye Surgeries, Radial Keratotomy/LASIK

■ Out-of-Pocket Uncovered Medical Care Expenses

- Copays, Coinsurance, Deductible Expenses
- Prescribed Medication (*including insulin and birth control*)
- Prescribed Vitamins

■ Lab Exams/Tests

- Blood Tests, Spinal Fluid Tests, Urine/Stool Analyses
- Cardiographs
- Diagnostic Fees, Laboratory Fees
- X-Rays
- At-Home COVID-19 Testing

■ Medical Treatments/Procedures

- Acupuncture, Chiropractor
- Hearing Exams, Hearing Aids and Batteries
- Individual Behavioral or Mental Health
- Infertility, In-vitro Fertilization
- Inpatient treatment for addiction to alcohol/drugs
- Physical Therapy, Speech Therapy
- Sterilization, Vasectomy and Vasectomy Reversals
- Vaccinations and Immunizations
- Well Baby Care

Continued



■ Medical Supplies and Services

- Abdominal/Back Supports, Arch Supports/Orthopedic Insoles (*not for general comfort*) or Diabetic Shoes
- Blood Pressure Monitors
- Breast Pumps and Lactation Supplies
- Compression Hosiery above 30 mmHg
- Contraceptives, Norplant Insertion or Removal
- Counseling (*except for Marriage and Family*)
- Crutches, Wheelchair, Oxygen Equipment, Splints/Casts
- Medic Alert Bracelet or Necklace
- Hospital and Ambulance Services
- Insulin Supplies, Syringes
- Guide Dog (*for visually/hearing impaired person*)
- Mastectomy Bras, Prosthesis
- Medical Miles, Tolls, Parking, or Transportation Expenses (*essential to medical care*)
- Pregnancy Tests, Pre-Natal Vitamins

■ Over the Counter (OTC) Products

- Allergy, Anti-Itch, Antihistamine Medicines, Eye Drops
- Digestive Tract Relief Medications, Antacids, Anti-Diarrhea Medications, Laxatives
- Anti-Nausea Medications, Motion Sickness Pills
- Cold and Flu Medications, Cough Drops & Syrups, Decongestants, Nasal Sinus Sprays, Sore Throat Spray, Sinus Medications, Throat Lozenges, Vapor Rubs
- First Aid Creams, Diaper Rash Ointments, Calamine Lotion, Bug Bite Medication, Wart Remover Treatments, Special Ointments/Burn Ointments, Rubbing Alcohol
- Menstrual Pain and Cramp Relief Medication
- Menstrual Products, including Tampons and Pads
- Pain Relievers, Analgesics, Aspirin, Fever Reducers, Muscle/Joint Pain Relievers
- Smoking Cessation Products, Nicotine Gum/Patches
- Sunscreen with at least SPF 15
- Athletes Foot Creams and Powders, Cold Sore Remedies, Hemorrhoid Medications, Lice and Scabies Treatments, Yeast Infection Treatments

■ Personal Protective Equipment (PPE) to Prevent Spread of COVID-19

- Face masks (disposable or cloth), with multiple layers of material and with nose wire
- Hand sanitizer rubs and hand sanitizing wipes with at least 60% alcohol content

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please contact us if you have any questions.

Examples of *Ineligible* Expenses for Standard Health FSAs:

We're commonly asked which expenses are not eligible for payment. Here are some examples, but the list is not all inclusive.

- Canceled Appointment Fees
- Drugs or treatments that are illegal under Federal law
- Cosmetic Surgery, Treatments, or Procedures
- Toiletries or Sundry Items
- Vitamins or Supplements for General Health
- Food and meals that replace regular nutritional requirements
- Household cleaning products, including surface cleaning wipes
- Face shields, neck gaiters, or face masks with vents/valves

Personal care items or services for general health are not usually eligible, but if your health care provider recommends an otherwise personal product or service to treat a specific diagnosis, you can submit the expense for reimbursement with a *Letter of Medical Necessity*.

This is a letter from your health care provider that includes a recommendation of the item or service to treat your diagnosis, and the duration of the recommendation. Depending on the expense, you may have to provide additional documentation to show the expense would not have been incurred "but for" the medical condition.

Sometimes a personal or general use item may be specialized for the specific purpose of treating or alleviating a medical condition. In this case, only the excess cost of the specialized item over the non-specialized item can be reimbursed. A *Letter of Medical Necessity* may be requested for these items as well.



The information in this Benefits Summary is presented for illustrative purposes. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Administration.

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