



CAROLE ROBERTSON CENTER
for Learning



2025-26 BENEFITS GUIDE

July 1, 2025 - June 30, 2026

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or their children, where applicable by state law
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 28 days of your date of hire.
 - » If you enroll on time, coverage is effective on the first of the month following 30 days of hire for Medical, Dental, Vision, and Life Insurance. First of the month following 90 days of employment for STD and LTD Insurance.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for employer-paid benefits) until you enroll during our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective July 1, 2025 - June 30, 2026.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP or child
- ▶ You lose coverage under your spouse's/RDP's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact People & Culture within 30 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Enrollment

Go to [Paycor.com](https://www.paycor.com). There, you will find detailed information about the plans available to you and instructions for enrolling.

Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

BlueCross BlueShield HMO

With this plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

BlueCross BlueShield Choice Options (PPO and HSA plans)

This plan gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ In these plans, Health Care Providers are in 1 of the 3 network tiers below.

Tier 1

- ▶ Pay the least out-of-pocket expenses by using a participating provider in a smaller network.
- ▶ Should use the independently contracted doctors and hospitals for the highest benefit level.

Tier 2

- ▶ Pay additional out-of-pocket costs by choosing a participating provider in the large network of providers.
- ▶ Can receive care from a provider within the larger network, but will pay higher out-of-pocket costs.

Tier 3

- ▶ Pay the highest out-of-pocket cost by selecting an out-of-network provider.
- ▶ May have to pay fees upfront.

BlueCross BlueShield HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible. **NOTE:** *If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL IN A FAMILY deductible (up to the family limit) before the plan starts to pay expenses for that individual.*

- ▶ Once you meet the deductible, you pay a percentage of your health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. **NOTE:** *If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL IN A FAMILY out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100% for that individual.*

HealthEquity Health Savings Account (HSA)

The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- ▶ You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ In addition, we will contribute to your HSA; company contribution amounts can be found on the medical overview grid.
- ▶ Your contributions may not exceed the IRS limits listed below.

HSA Contribution Limit	2025	2026
Employee Only	\$4,300	\$4,300
Family (employee + 1 or more)	\$8,550	\$8,750
Catch-up (age 55+)	\$1,000	\$1,000

- ▶ You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit www.irs.gov/forms-pubs/about-publication-969.
- ▶ For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502.
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Medical (Continued)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	BlueCross BlueShield MIBCO2035 PPO			BlueCross BlueShield MIBAH2000 HMO	BlueCross BlueShield MICOE3073 HSA		
	Blue Choice Options	PPO Network	Out-of-Network ¹	In-Network Only	Blue Choice Options	PPO Network	Out-of-Network ¹
Deductible (per calendar year)							
Individual / Family	\$1,000 / \$3,000	\$2,500 / \$7,500	\$5,000 / \$15,000	\$0 / \$0	\$5,000 / \$10,000	\$6,000 / \$12,000	\$12,000 / \$24,000
Out-of-Pocket Maximum (per calendar year)							
Individual / Family	\$3,000 / \$9,000	\$6,000 / \$12,000	\$18,000 / \$36,000	\$1,500 / \$3,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$21,000 / \$42,000
Company Contribution to Your Health Savings Account (HSA) (per calendar year prorated for new hires/newly eligible employees)							
Individual / Family	N/A			N/A	\$1,000 / \$2,000		
Covered Services							
Office Visits (physician/specialist)	\$30 / \$60 copay	\$55 / \$110 copay	50%***	\$40 / \$60 copay	20%*	40%*	50%*
Virtual Visits	\$25 copay		N/A	N/A	20%*		20%*
Routine Preventive Care	No charge		50%*	No charge	No charge		50%*
Outpatient Diagnostic (lab/X-ray)	\$30 / \$60 copay	\$55 / \$110 copay	50%*	No charge	20%*	40%*	50%*
Complex Imaging	10%*	30%*	50%*	No charge	20%*	40%*	50%*
Ambulance	10%*		N/A	No charge	20%*		20%*
Emergency Room	\$400 copay + 10%*, waived if admitted			\$350 copay, waived if admitted	20%*		20%*
Urgent Care Facility	\$75 copay			Primary Care: \$40 copay / Specialist: \$60 copay	20%*	40%*	50%*
Inpatient Hospital Stay	\$250 copay + 10%*	\$500 + plus 30%*	\$600 copay + 50%*	\$250 per day for the first 5 days	20%*	40%*	50%*
Outpatient Surgery	\$200 copay + 10%*	\$400 + plus 30%*	\$500 copay + 50%*	No charge	20%*	40%*	50%*
Prescription Drugs (Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Preferred Speciality / Non-Preferred Speciality)							
Retail Pharmacy (30-day supply)	Preferred: \$5 / \$15 / \$45 / \$85 / \$250 / \$350, Non-Preferred: \$15 / \$25 / \$65 / \$105 / \$250 / \$350		\$15 / \$25 / \$65 / \$105 / \$250 / \$350	\$0 / \$10 / \$35 / \$75 / \$150 / \$250	10% / 10% / 20% / 30% / 40% / 50%*		20% / 20% / 30% / 40% / 40% / 50%*
Mail Order (90-day supply)	\$15 / \$45 / \$135 / \$255 / N/A / N/A		N/A	\$0 / \$30 / \$105 / \$225 / N/A / N/A	20% / 20% / 40% / 60% / 80% / N/A		N/A

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through BlueCross BlueShield are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills². When your medical bill arrives, you'll be relieved you have accident insurance on your side.

1. Why health insurance is important: Protection from high medical costs. HealthCare.gov
2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.
3. MetLife Accident and Critical Illness Impact Study.

Critical Illness

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000³. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

Wellness Incentive

Did you know?

When you complete preventive care activities like annual checkups, blood tests, or screenings, you can earn a wellness incentive from BCBS!

Employees enrolled in Accident Insurance or Critical Illness will receive a \$50 incentive for each covered member on the plan once preventive care is completed.

Wellness checks will be mailed to your home address.



Dental

We are proud to offer you a choice of dental plans.

BCBSIL DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the BCBSIL network.

BCBSIL DHMO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

The following is a high-level overview of the coverage available.

Key Dental Benefits	DPPO		DHMO
	In-Network	Out-of-Network ¹	In-Network Only
Deductible (per calendar year)			
Individual / Family	\$50 / \$150		\$0 / \$0
Benefit Maximum (per calendar year; preventive, basic and major services combined)			
Per Individual	\$1,500		None
Covered Services			
Preventive Services	No charge		Schedule of Copays
Basic Services	20%*		
Major Services	50%*		
Orthodontia (Child & Adult)	50%, lifetime max: \$1,500		

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan.

BCBSIL

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the BCBSIL network.

The following is a high-level overview of the coverage available.

Key Vision Benefits	BCBSIL	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	Up to \$30
Materials Copay	\$25 copay	\$25 copay
Lenses (once every 12 months) Single Vision Bifocal Trifocal	\$25 copay	Up to \$25
		Up to \$40
		Up to \$55
Frames (once every 24 months)	\$100 then, 20% off balance over \$100	Up to \$50
Contact Lenses (once every 12 months; in lieu of glasses)	\$100 then, 15% off balance over \$100	Up to \$80



Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by TASC (Total Administrative Services). FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2025-26, you may contribute up to \$3,300 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Menstrual Care Products
- ▶ Copayments
- ▶ Dental Treatment
- ▶ Deductibles
- ▶ Orthodontia
- ▶ Prescriptions and Over-the-Counter Drugs
- ▶ Eye Exams, Materials, LASIK

NOTE: If you enroll in the HSA medical plan, you may not participate in a health care FSA.

Dependent Care FSA

For 2025-26, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for themselves and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Dependent Care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through September 15, 2026, and must file claims by September 15, 2026.

The IRS and your employer establish the maximum amount you may contribute each year. See the plan documents for details.

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Employer-paid)

This benefit is provided at **NO COST** to you through BlueCross BlueShield.

Benefit Amount	
Employee	\$50,000

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through BlueCross BlueShield for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue ¹
Employee	\$10,000 increments, minimum of \$10,000 up to \$500,000	\$150,000
Spouse/RDP	\$5,000 increments, minimum of \$5,000 up to \$150,000 (no to exceed 50% of employee coverage)	\$25,000
Child(ren)	\$10,000	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability

Provided at **NO COST** to you through BlueCross BlueShield

Benefit Percentage	66.67% of salary
Weekly Benefit Maximum	\$1,500
When Benefits Begin	1st day of injury and 8th day illness
Maximum Benefit Duration	13 weeks

Long-Term Disability

Provided at **NO COST** to you through BlueCross BlueShield

Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age



Employee Assistance Program

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at **NO COST** to you through TELUS HEALTH and ComPsych.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to five (5) through TELUS HEALTH and five (5) through BCBS - ComPsych, in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Valuable Extras

We also offer the following additional benefits:

- ▶ **Legal Services with LegalShield:** In need of legal assistance? You have the option of enrolling in the Voluntary Legal Plan, which offers access to both in- and out-of-network attorneys who can assist you with a range of legal, family and real estate matters, including:

- Wills and trusts
- Real estate
- Family matters
- Matrimonial
- Debt collection

To enroll, go to www.legalshield.com or call 1-800-654-7757. This benefit is paid for entirely by you.

- ▶ **Pet Insurance through ASPCA:** Your pet is like family, and deserves to be covered as one. You have the option of purchasing voluntary pet insurance to help cover the costs associated with veterinary care. You'll also have access to discounted rates. For more information, visit www.aspcapetinsurance.com/CRCL.

- ▶ **BenefitHUB Employee Discount Program:** BenefitHub offers access to exclusive discounts with over 10,000 brands including deals from your favorite local businesses. There are over 20 categories to search from which allows you to earn up to 20% cash-back rewards on nearly all vendors. Visit crcl.benefithub.com for more information.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members. Please see cost information inside **Paycor**.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	BlueCross BlueShield	HSA & PPO: 800-541-2767, HMO: 800-892-2803	www.bcbsil.com
	MDLIVE (Virtual Visits)	888-676-4204 ext.1	www.mdlive.com/bcbsil
Accident & Critical Illness	BlueCross BlueShield	800-367-6401	www.bcbsil.com/ancillary/employees
Dental	BlueCross BlueShield	800 -367-6401	www.bcbsil.com
Vision	BlueCross BlueShield	844-684-2254	www.bcbsil.com
Flexible Spending Accounts (FSAs)	TASC (Total Administrative Services)	800-422-4661	https://www.tasconline.com
Health Savings Account (HSA)	HealthEquity	866-346-5800	www.healthequity.com
Life/AD&D (Employer-paid & Supplemental)	BlueCross BlueShield	800-367-6401	www.bcbsil.com/ancillary
Disability	BlueCross BlueShield	800-367-6401	www.bcbsil.com/ancillary
Employee Assistance Program (EAP) <i>All employees have access to both!</i>	BCBS - ComPsych (5 sessions)	888-628-4844	www.guidanceresources.com ; WEB ID: DLEAP
	TELUS HEALTH (5 sessions)	English: 800-433-7916; Spanish: 888-732-9020	one.telushealth.com

Questions?

If you have additional questions, you may also contact:

People & Culture at
312-243-7300 ext. 535 |
People@caroleroberstoncenter.org



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.
Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



How does it add up for Ashley?

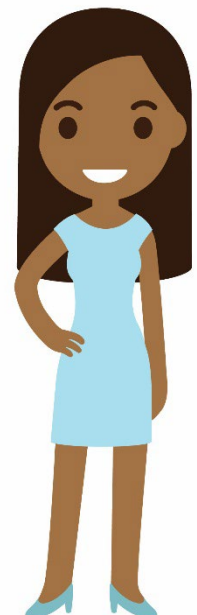
Young Healthy Female Who Visits Her Doctor For a Physical & Minor Symptoms

HMO MIBAH2000		PPO MIBCO2035		HSA MICOE3073	
Annual Employee Premium					
\$2,239.26		\$2,577.42		\$847.04	
Employer Fund					
				HSA \$1,000	
Claims Expenses - \$750					
BCBSIL Paid:	\$715	BCBSIL Paid:	\$705	BCBSIL Paid:	\$650
Ashley Paid:	\$35	Ashley Paid:	\$45	HSA Fund Paid:	\$100
				Ashley Paid:	\$0
Ashley’s Total Annual Cost					
\$2,274.26		\$2,622.42		\$847.04	

Assumptions:

EE Only Coverage / Wellness Participant / In Network Only (Tier 1)

Preventive visit (\$650), 1 Preferred Brand Rx (Preferred) (\$100) (Tier 1)



How does it add up for Carlos?

Young Active Male with Sports Injury

HMO MIBAH2000		PPO MIBCO2035		HSA MICOE3073	
Annual Employee Premium					
\$2,239.26		\$2,577.42		\$847.04	
Employer Fund					
				HSA \$1,000	
Claims Expenses - \$2,050					
BCBSIL Paid:	\$2,010	BCBSIL Paid:	\$770	BCBSIL Paid:	\$0
Carlos Paid:	\$40	Carlos Paid:	\$1,280	HSA Fund Paid:	\$1,000
				Carlos Paid:	\$1,050
Carlos' Total Annual Cost					
\$2,279.26		\$3,857.42		\$1,897.04	

Assumptions:

EE Only Coverage / Wellness Participant / In Network Only (Tier 1)

Urgent Care visit (\$750), 6 PT visits (\$200) and 1 preferred Generic drug (Preferred) (\$100) (Tier 1)



How does it add up for the Smiths?

Young Couple Having Their 1st Child

HMO MIBAH2000		PPO MIBCO2035		HSA MICOE3073	
Annual Employee Premium					
\$4,397.96		\$5,062.28		\$1,706.42	
Employer Fund					
				HSA \$2,000	
Claims Expenses - \$15,400					
BCBSIL Paid:	\$15,210	BCBSIL Paid:	\$10,970	BCSBSIL Paid:	\$4,080
Smith's Paid:	\$190	Smith's Paid:	\$4,430	HSA Fund Paid:	\$2,000
				Smith's Paid:	\$9,320
The Smith's Total Annual Cost					
\$4,587.96		\$9,492.28		\$11,026.42	

Assumptions:

EE Plus Spouse Coverage / Wellness Participant / In Network Only (Tier 1)

Prenatal visits (\$200), Specialty Rx (Preferred) (\$200) (Tier 1), Delivery (\$15,000)



How does it add up for the Nguyens?

Healthy Couple with 2 Healthy Teenage Children with Typical Colds and Flu

HMO MIBAH2000		PPO MIBCO2035		HSA MICOE3073	
Annual Employee Premium					
\$6,220.58		\$7,160.18		\$2,382.47	
Employer Fund					
				HSA \$2,000	
Claims Expenses - \$3,100					
BCBSIL Paid:	\$2,675	BCBSIL Paid:	\$2,680	BCBSIL Paid:	\$1,000
Nguyen’s Paid:	\$425	Nguyen’s Paid:	\$420	HSA Fund Paid:	\$2,000
				Nguyen’s Paid:	\$100
The Nguyen’s Total Annual Cost					
\$6,645.58		\$7,580.18		\$2,482.47	

Assumptions:

Family Coverage / Wellness Participant / In Network Only (Tier 1)

4 Preventive Visits (\$250), 3 Brand Rx (\$100) (Tier 1) (Preferred), 7 Office Visits (\$150), 1 Urgent Care Visit (\$750)



How does it add up for Joe?

Year of routine in-network care of a well-controlled condition

HMO MIBAH2000		PPO MIBCO2035		HSA MICOE3073	
Annual Employee Premium					
\$2,239.26		\$2,577.42		\$847.04	
Employer Fund					
				HSA \$1,000	
Claims Expenses - \$3,900					
BCBSIL Paid:	\$3,140	BCBSIL Paid:	\$1,000	BCBSIL Paid:	\$0
Joe Paid:	\$760	Joe Paid:	\$1,900	HSA Fund Paid:	\$1,000
				Joe Paid:	\$2,900
The Nguyen’s Total Annual Cost					
\$2,999.26		\$4,477.42		\$3,747.04	

Assumptions:

EE Only Coverage / Wellness Participant / In Network Only (Tier 1)

4 Office Visits (\$200), 4 Specialty Rx (\$500) (Tier 1) (Preferred), 1 Diagnostic tests (\$350), 1 glucose meter (\$750)

