

Village of Lake Zurich

January 2026-December 2026 Benefit Summary



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

Benefit Summary

Keeping You “In the Know”

CHANGE IN DEDUCTIBLE FOR THE HDHP/HSA PLAN FOR 1/1/2026:

- For the plan year beginning in 2026, per the IRS guidelines, the individual embedded deductible must be at least \$3,400 to maintain qualifying HSA/HDHP status. Please plan your HSA savings accordingly to account for the individual in-network deductible to change to \$3,400.

FLEXIBLE SPENDING ACCOUNT CHANGES FOR 1/1/2026:

- Medical FSA limits for 2026 are projected to increase from \$3,300 to \$3,400 in 2026
- Dependent Care FSA limits for 2026 are going up in 2026 to \$7,500 per year per household.

As a reminder when participating in the FSA programs, estimate your medical and/or dependent care costs carefully to avoid over- or under-contributing. This is a “use it or lose it” benefit.



The Who's Who of Your Village of Lake Zurich's Benefit Plans

HMO Member Contact

- **Blue Cross Blue Shield (BCBS)** is the claims administrator for the Village of Lake Zurich's HMO medical plan.
 - » Contact BCBS for questions concerning membership, plan benefits, or status of claim payments, and more. HMO Customer Service Representatives can be reached at **800.892.2803**; Monday through Friday from 8:00 a.m. to 5:00 p.m. CST.
 - » BCBS's website is both user-friendly and informative. The site allows you to seek answers about BCBS and available HMO doctors and hospitals, and to link to vendor sites. Their web address is www.bcbsil.com.

PPO Member Contact

- **Blue Cross Blue Shield (BCBS)** is the claims administrator for the Village of Lake Zurich's PPO medical plans.
 - » Contact BCBS for questions concerning membership, plan benefits, status of claim payments, and more. PPO Customer Service Health Advocates are available at **877.245.5681**, 24 hours a day, 358 days of the year (closed for major holidays).
 - » **Blue Access for Members:** Traditional employee portal that provides access to claims information, as well as other BCBS programs. Their website is www.bcbsil.com.

Blue Cross Blue Shield Programs for ALL Members

- **Blue Cross Blue Shield** offers convenient online tools and personalized telephone services that help support, inform and motivate individuals in their wellness efforts. All employees, spouses, and dependents covered under the Village of Lake Zurich's medical plan can participate at no charge to you.
 - » **Well onTarget®** is a program that can give you the support you need to make healthy choices while rewarding you for your hard work. **Blue Points** is a program that rewards you for engaging in healthy activities including filling out a Health Assessment, syncing a fitness device, and more. Join the low cost Fitness Program with access to more than 10,000 fitness locations nationwide. Employees can access Well onTarget through BlueAccess for Members or www.wellontarget.com.
 - » **Wondr** assists you in losing weight and improving your health at no cost to you! Wondr is a digital behavioral change program that teaches skills to help you create a healthy relationship with food, lose weight, sleep better, lower stress, and improve your overall quality of life without counting calories, restricting foods, or giving up the foods you love.

Blue Cross Blue Shield Programs for PPO Members

- » **Health Advocacy Solutions:** Your personal Health Advocate can help you to understand your benefits, schedule medical appointments, navigate a chronic illness or new diagnosis, prepare for upcoming surgery, get a preauthorization, or save money on your health care. You can also engage via multiple 24/7 communication channels including the BCBSIL mobile app and the My Evive digital member hub – both of which feature live chat and secure messaging with a Health Advocate. The My Evive Hub also offers proactive engagement, mobile-first design connecting you with your other benefit carriers, in addition to your BCBSIL medical plan!
- » **The Evive Digital Member Hub** will get you access to BCBSIL's website as well as links to other carrier and vendor websites. Their web address is www.myevive.com.
- » **Member Rewards** is a program that offers cash rewards when a lower cost, high-quality provider is selected. This program allows you to minimize your out-of-pocket costs, and gives you a cash reward. Speak with a Health Advocate for more information.
- » **MDLIVE:** Call a Health Advocate at **888.676.4204** or download the EVIVE app to access MDLIVE and connect with a board certified doctor 24/7 (Virtual Visit). You will pay your portion of the Virtual Visit based on your medical plan provisions.
- » **Hinge Health** is a digital exercise therapy program, to support back and joint health. Hinge Health gives you the tools you need to conquer back and joint pain, recover from injuries, to help prepare for surgery, and stay healthy and pain free. These programs are available to you and your eligible dependents at no cost.
- » **Additional Programs** to help work towards better health are available on the www.bcbsil.com website.

Prescriptions

- **Express Scripts** is your prescription benefit manager for the Village of Lake Zurich's prescription drug programs. Retail and mail services on the medical programs are administered through Express Scripts.
 - » Express Scripts customer service representatives can be reached at **800.294.7041**, 24 hours a day, 7 days a week. Contact Express Scripts for questions regarding drug orders, account information, and to refill prescriptions.
 - » Or you can visit Express Scripts online at www.express-scripts.com to order prescription refills, check order status, locate participating retail pharmacies, find ways to save money on your medications through generics and mail order, and ask a pharmacist questions 24/7.

Dental

- **Delta Dental** is the administrator of dental benefits for you and your family. Delta Dental offers you both telephonic and web access to your personal information to assist you in managing your dental benefits.
 - » **Telephonic:** A Delta Dental customer service representative can be reached at **800.323.1743**, Monday through Thursday from 7:00 a.m. to 7:00 p.m. CST, and Friday from 7:00 a.m. to 6:00 p.m. CST.
 - » **Web:** Employees can access Delta Dental's website by logging on to www.deltadentalil.com. This website offers you the ability to view claim status and eligibility information, view a summary of your dental benefits, as well as locate a dentist in your area. When prompted, choose the "Delta Dental PPO" network for the highest level of benefits, and follow the on-screen instructions.

Vision

- **VSP (Vision Service Plan)** is the vision carrier for the Village of Lake Zurich. To see a list of participating providers near you, go to www.vsp.com. To speak to a VSP Customer Service Representative, call **800.877.7195**, Monday through Saturday from 8:00 a.m. to 7:00 p.m. CST. Closed on Sunday.

Employee Assistance Program

- **ComPsych:** As you face life's challenges, it's comforting to know you're not alone. The Village of Lake Zurich understands that it can be difficult to cope with family, work-related, personal or substance abuse problems. That's why we offer an Employee Assistance Program (EAP) at no cost to you. ComPsych will work with you as you search for solutions to personal and workplace issues. The program is private, voluntary, and includes 24/7 toll-free phone access to EAP professionals and counseling services for immediate and dependent family members.
 - » You may contact ComPsych by phone at **833.806.8722**, or on their website at www.guidanceresources.com. When registering online, click the "Register" tab and enter the Organization Web ID: VOLZEAP to set up your confidential online profile.



Getting to Know your Prescription Benefit Programs Through Express Scripts

Express Scripts is your Prescription Benefit Manager for the Village of Lake Zurich's prescription drug programs. Retail and mail order services on the medical programs are administered through Express Scripts. **Note:** Your BCBS medical ID card will not work at the pharmacy, as they are a different carrier.

When you go to fill your first prescription at your pharmacy, you will need to provide your Express Scripts ID card. **Note:** Express Scripts has moved to a virtual ID card, which you can access on their mobile app. Employees that have worked with the Village for longer than a year may still have a physical ID card. If you are newer to the Village, and prefer to have a physical ID card, you may call Express Scripts to have one mailed out.

Express Scripts Smart90 Program

If you take maintenance medications (long-term medications), be sure to obtain a 90-day/3-month supply from Walgreens, CVS or through Express Scripts home delivery to avoid paying the full cost of the prescription. Call **800.294.7041** or visit www.express-scripts.com/90day for more information.

Accredo Specialty Drug Program Through Express Scripts

Specialty drugs are typically used to treat chronic conditions including Autoimmune Diseases, Multiple Sclerosis, and Cancer. These drugs tend to be more expensive and usually require special handling and monitoring. If you take certain specialty medications, you are required to use the Accredo mail-order pharmacy for these medications.

- Accredo customer service representatives can be reached at **800.803.2523**. Hours of operation are Monday through Saturday, from 8:00 a.m. to 8:00 p.m. CST. Contact Accredo for questions regarding specialty drug orders, account information, and to refill prescriptions.
- You can also visit Accredo online to order specialty drug refills, check on order status, and pay your copay or coinsurance for specialty medication. Visit www.accredo.com for more information.

SaveOnSP for Specialty Medication

Certain specialty medications are eligible for a \$0 copay through SaveOnSP. If your specialty medication is on the SaveOnSP list, you will be contacted to enroll in the program by mail and/or telephone.

- Your prescriptions will still be filled through Accredo, your current specialty pharmacy.
- If your medication is eligible for the SaveOn program, and you choose not to enroll in this program, you will pay a 30% coinsurance with no maximum for your specialty medication.
- Contact SaveOnSP at **800.683.1074** with any questions.

Step Therapy

Step therapy simply means making sure you get safe and proven-effective medicine for your condition – at the lowest possible cost to you and your plan sponsor. In other words, it's how you can avoid paying more for the medicine you need.

A panel of independent licensed physicians, pharmacists and other medical experts work with Express Scripts to recommend medicines for the step therapy program. Together, they review the most current research on thousands of prescription medicines tested and approved by the Food and Drug Administration (FDA). Then they determine the most appropriate medicines to include in the program. Medicines are then grouped in categories, or "steps."

First-line medicines – These are the first step and are typically generic and lower-cost brand-name medicines. They are proven to be safe and effective, as well as affordable. In most cases, they provide the same health benefit as more expensive medicines, but at a lower cost.

Second-line medicines – These are the second and third steps and are typically brand-name medicines. They are best suited for the few patients who don't respond to first-line medicines. They're also the most expensive options.

If you have questions about step therapy, or about anything else in your prescription plan, call the number on your member ID card, log in at www.express-scripts.com or download the Express Scripts mobile app.

Medical Plans – All Employees

Benefits	Blue Cross and Blue Shield of IL PPO Plan – PE1174	Blue Cross and Blue Shield of IL HSA Plan – PE1175
Major Medical Coverage		
Coinsurance		
Network	80%	100%
Non-Network	60%	80%
Deductible		
Network	\$250 individual / \$500 family	\$3,400 individual / \$5,000 family
Non-Network	\$500 individual / \$1,500 family	\$4,800 individual / \$9,000 family
Out-of-Pocket (deductible included)		
Network	\$1,250 individual / \$3,750 family	\$5,000 individual / \$10,000 family
Non-Network	\$2,500 individual / \$7,500 family	\$5,500 individual / \$11,200 family
Preventive Services		
Network	100%	100%
Non-Network	Deductible applies, then 60%	Deductible applies, then 80%
Office Visit Copay		
Network	\$20 PCP copay \$40 specialist copay	Deductible applies, then 100%
Non-Network	Deductible applies, then 60%	Deductible applies, then 80%
Urgent Care		
Network	\$50 copay	Deductible applies, then 100%
Non-Network	Deductible applies, then 60%	Deductible applies, then 80%
Hospital Care		
Network	Deductible applies, then 80%	Deductible applies, then 100%
Non-Network	Deductible applies, then 60%	Deductible applies, then 80%
Hospital Emergency Care		
Network	\$150 copay, waived if admitted	Deductible applies, then 100%
Non-Network	\$150 copay, waived if admitted	Deductible applies, then 80%
Emergency Medical Transportation		
Network	Deductible applies, then 80%	Deductible applies, then 100%
Non-Network	Deductible applies, then 60%	Deductible applies, then 80%
Surgery		
Network	Deductible applies, then 80%	Deductible applies, then 100%
Non-Network	Deductible applies, then 60%	Deductible applies, then 80%
Other Covered Services		
Network	Deductible applies, then 80%	Deductible applies, then 100%
Non-Network	Deductible applies, then 60%	Deductible applies, then 80%
Prescription Drug (administered by Express Scripts)		
Retail (31-day supply)	\$15 generic / \$30 brand name formulary / \$50 non-formulary	\$10 generic / \$35 brand name formulary / \$60 non-formulary
Mail Order (90-day supply)	\$37.50 generic / \$75 brand name formulary / \$125 non-formulary	\$25 generic / \$87.50 brand name formulary / \$150 non-formulary
Prescription Out-of-Pocket (Network)	\$5,900 individual / \$10,550 family	\$2,000 individual / \$5,000 family

This benefit schedule is for illustrative purposes only; please consult benefits booklet for more information. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

Benefits	Blue Cross and Blue Shield of IL HMO Illinois – H00265	Blue Cross and Blue Shield of IL Blue Advantage HMO – B15062
Major Medical Coverage		
Coinsurance		
Network	N/A	N/A
Non-Network		
Deductible		
Network	N/A	N/A
Non-Network		
Out-of-Pocket (deductible included)		
Network	\$1,500 individual / \$3,000 family	\$1,500 individual / \$3,000 family
Non-Network	N/A	N/A
Preventive Services		
Network	100%	100%
Non-Network	Not covered	Not covered
Office Visit Copay		
Network	\$20 PCP copay \$40 specialist copay	\$20 PCP copay \$40 specialist copay
Non-Network	Not covered	Not covered
Urgent Care		
Network	Not covered	Not covered
Non-Network	Not covered	Not covered
Hospital Care		
Network	100%	100%
Non-Network	Not covered	Not covered
Hospital Emergency Care		
Network	100% after \$150 copay, waived if admitted	100% after \$150 copay, waived if admitted
Non-Network		
Emergency Medical Transportation		
Network	100%	100%
Non-Network	100%	100%
Surgery		
Network	100%	100%
Non-Network	Not covered	Not covered
Other Covered Services		
Network	100%	100%
Non-Network	Not covered	Not covered
Prescription Drug (administered by Express Scripts)		
Retail (31-day supply)	\$15 generic / \$30 brand name formulary / \$50 non-formulary	\$15 generic / \$30 brand name formulary / \$50 non-formulary
Mail Order (90-day supply)	\$37.50 generic / \$75 brand name formulary / \$125 non-formulary	\$37.50 generic / \$75 brand name formulary / \$125 non-formulary
Prescription Out-of-Pocket (Network)	\$5,650 individual / \$11,300 family	\$5,650 individual / \$11,300 family

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

Dental Plan

Benefits	Delta Dental of Illinois	
	Delta Dental PPO Network* & Delta Dental Premier Network**	Non-Network***
Annual Maximum	\$1,500	
Lifetime Ortho Maximum (child only coverage)	\$2,000	
Annual Deductible	\$50 individual / \$150 family	
Type 1 - Preventive/Diagnostic Exams, Cleanings, X-rays, Fluoride Treatment, Sealants	Deductible waived, then 100%	Deductible waived, then 100%
Type 2 - Basic Services Fillings, Restorative Composites, Denture Repair, Simple Extractions	Deductible applies, then 80%	Deductible applies, then 80%
Type 3 - Major Services Onlays, Crowns, Periodontics, Endodontics, Implants, Prosthodontics, Complex Extractions, Anesthesia	Deductible applies, then 50%	Deductible applies, then 50%
Orthodontia For dependent children only	Deductible waived, then 50%	Deductible waived, then 50%

Delta Dental Premier® is a safety net for our Delta Dental PPO network. You will pay more out-of-pocket with a Delta Dental Premier dentist compared to a Delta Dental PPO dentist. However, you may save more money with a Delta Dental Premier dentist compared to a non-network dentist. Delta Dental Premier Dentists agree to our maximum plan allowances as payment in full, which may be lower than what a dentist would typically charge.

**When you use a PPO Network Dentist, you will not be balance billed for charges exceeding Delta Dental's allowed PPO fees.*

***When you use a Premier Network Dentist, you will not be balance billed for charges exceeding Delta Dental's maximum plan allowances (MPAs).*

****When you use an Out-of-Network Network Dentist, you are responsible for charges exceeding Delta Dental's MPAs.*

To Locate Participating Dental Providers

- Visit www.deltadentalil.com/smartmouth, select "Find a Provider," and complete your location or name.
- Select the Delta Dental PPO network for the highest level of benefits, and follow the on-screen instructions.

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



Vision Plan (IPBC Plan D)

Benefits	VSP Provider (IPBC Plan D): Choice Network		
	Description	Copay	Frequency
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening 	\$10 Up to \$39	Every 12 months
Essential Medical Eye Care	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat \$20 per exam immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed
Prescription Glasses		\$10	See frame and lenses
Frame	<ul style="list-style-type: none"> \$210 featured frame brands allowance \$210 Visionworks frame allowance on any frame \$160 allowance for frames \$160 Walmart/Sam's Club frame allowance \$90 Costco frame allowance 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 12 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95-\$105 \$150-\$175	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$160 allowance for contacts Contact lens exam (fitting and evaluation) 	Copay does not apply Up to \$60	Every 12 months
VSP LightCare™	<ul style="list-style-type: none"> \$160 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts 	\$10	Every 12 months
Glasses and Sunglasses	Glasses and Sunglasses <ul style="list-style-type: none"> Discover all current eyewear offers and savings at www.vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.. 		
	Laser Vision Correction <ul style="list-style-type: none"> Average of 15% off the regular price; discounts only available from contracted facilities. 		
	Exclusive Member Extras for VSP Members <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at www.vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit www.vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		

Your Coverage Goes Further In-Network

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to www.vsp.com to find an in-network provider.



➤ Medical FSA and Dependent Care FSA

Contribution limits & IRS regulations

The IRS sets the maximum dollar amount you can elect and contribute to a medical flexible spending account (medical FSA) and dependent care FSA. The FSA annual contribution limit is:

Medical FSA - \$3,400

**Dependent Care FSA - \$7,500 per family or \$3,750 if
filing separately**



Medical FSA

Once you elect, all of your medical FSA dollars are available for you to use the very first day of the plan year. For example, if you elect to contribute \$1,200 to your medical FSA, your contributions will be deducted evenly across all of your paychecks for the year, but you have access to all \$1,200 on Day 1! You can use your funds for expenses incurred by you, your spouse or eligible dependents.



Dependent care FSA

The dependent care FSA allows you to use the funds in your account as you contribute to the dependent care FSA from your paycheck. After each payroll contribution has been made, those funds are applied to your account and available for reimbursement. This is different from a medical FSA because you cannot use all of the funds Day 1.



Use-or-lose

Don't forget to spend your FSA dollars. If you have not used all of your FSA dollars before the end of the plan year, you will forfeit any money left in your account. (Check with your employer to confirm how many days you have to submit claims for reimbursement after the plan year ends.)

Changing your FSA election

During open enrollment, you can elect an FSA and determine how much you want to contribute. In order to make changes after open enrollment, you need to experience a qualifying life event.

Qualifying life events for any FSA:

- Change in marital status
- Change in the number of dependents
- Increase due to birth, adoption or marriage
- Decrease due to death, divorce or loss of eligibility
- Gain or loss of eligibility due to a change in participant, spouse or dependent employment status

Additional dependent care FSA qualifying life events include:

Change in daycare providers

- Child turning age 13
- Increase or decrease in the cost of qualifying day care expenses
- Judgement, decree or order requiring a change in coverage

If you experience a qualifying life event, contact your employer to make changes to your election.



**DC FSA
(Video)**



**What is FSA
(Video)**

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Carrier/Vendor Contact Information

<https://cda.basiconline.com>

BENEFIT PROVIDERS	SERVICE	CONTACT	WEBSITE
Medical: PPO			
Blue Cross Blue Shield of IL	Medical coverage	877.245.5681	www.bcbsil.com
Blue Cross Blue Shield of IL MDLIVE	Virtual medical visit	888.676.4204	www.MDLIVE.com/bcbsil
Blue Cross Blue Shield of IL Nurseline	Health care advice	800.299.0274	www.bcbsil.com
Blue Cross Blue Shield of IL My Evive	BCBSIL's PPO Hub, access links to other carrier and vendor websites	877.245.5681	www.myevive.com
Medical: HMO			
Blue Cross Blue Shield of IL	Medical coverage	800.892.2803	www.bcbsil.com
Prescription			
Express Scripts	Prescription drug coverage	800.294.7041	www.express-scripts.com
Accredo	Specialty drug pharmacy	800.803.2523	www.accredo.com
Healthcare Spending Accounts			
WEX, Inc.	Flexible spending account and dependent care account	866.451.3399	www.wexinc.com/customer-support
HSA Bank	Health savings account	800.357.6246	www.hsabank.com
Life Insurance			
Securian Financial Life Insurance	Basic life and AD&D coverage, voluntary life	800.392.7295	www.securian.com
Advocacy and Assistance			
Health Advocacy Solutions (PPO only)	Patient advocate, research, physicians, facilities, cash back for claims savings	877.245.5681	www.bcbsil.com
ComPsych	Employee assistance program (EAP), worklife program	833.806.8722	www.guidanceresources.com
Dental Insurance			
Delta Dental	Dental coverage	800.323.1743	www.deltadentalil.com
Vision Insurance			
VSP	Vision coverage	800.877.7195	www.vsp.com

