

Naperville Community Unit School District 203



2012-2013 Benefits Guide



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Introduction

Naperville Community Unit School District 203 is pleased to offer you a comprehensive suite of benefits to help support the physical and financial health of you and your family. These benefits help you pay for health care and provide financial protection for you and your family.

Most of your 2012-2013 benefits will remain the same as last year. However, we have some positive changes to announce, including an increased frequency of vision benefits and a combined Medical and Prescription card.

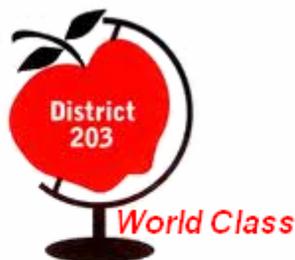
Please read this guide carefully to fully understand your benefits and how they work, to make the best decision for you and your family. Being thoughtful about your benefits is a good thing—it's the first step to ensuring your family has the protection needed to be healthy throughout the year.

Being healthy takes more than just enrolling for benefits. That's why Naperville Community Unit School District 203 is putting renewed importance on participating in the health plan wellness program, detailed on page 10. By doing so, you'll do something good for your health and help ensure lower contributions for the 2012-2013 plan year.

This guide provides highlights of your benefits programs; you may want to keep this with your other important papers so you can refer to it as needed. However, this guide is not a complete description of your benefits. For more detailed information, please refer to your benefit plan certificates.

Plan Update for 2012-2013:

- Humana Vision covers eye exams and lenses every 12 months (see page 8 for more information).
- Prime Therapeutics (Blue Cross Blue Shield) administers the Prescription Drug plan with a single ID card for Medical and Prescription Drug insurance (see page 6 for more information).
- Outpatient surgery now subject to deductible and co-insurance (see page 6 for more information).
- Elimination of the \$150 supplemental accident provision (see page 6 for more information).
- Addition of supplementary life insurance benefits (see page 13 for more information).



Enrollment

New Employee Enrollment: As a newly hired employee of Naperville Community Unit School District 203, you are eligible to participate in our benefits programs within 31 days of your effective date.

Existing Employee Enrollment: There is no annual open enrollment period. If you wish to apply for benefits past the 31 day period after your hire date, you may only do so within 31 days of an IRS recognized life change event, as defined below:

- Employee's legal marital status changes, such as marriage, divorce, separation or the death of a spouse.
- A change in the number of dependents, such as birth, death or adoption.
- Changes in employment status of the employee, spouse or dependents, which affects benefit eligibility status. This includes beginning or ending employment, new or different work hours, a change due to a strike, a change from full-time to part-time status or visa versa, or beginning or ending an unpaid leave of absence.
- A dependent becoming eligible or ineligible for coverage due to age, obtaining other group coverage, or any similar circumstance.

Benefit changes due to a life change event must satisfy a consistency rule. That is, an election of benefits or change in coverage must be on account of, and correspond with, the change in status that affects eligibility for coverage under the medical and dental plan.

Voluntarily terminating existing benefits does not qualify as a life change event. You have the right to terminate your benefits with Naperville Community Unit School District 203 in September. Benefit termination will be effective October 1st; you may not rejoin the plan until you satisfy a life change event, as detailed above.

It is your responsibility to notify the Employee Benefits Coordinator in the Business Office within 31 days of the life change event. Any misrepresentations, inaccurate information, or failure to provide information could result in the loss of coverage. If you cover an individual who is not eligible for benefits, you will be required to reimburse the plan for any expenses incurred as a result and further disciplinary actions may be taken.

Enrollment in Naperville Community Unit School District 203's family health care plan requires proof of dependent eligibility. Eligible dependents include biological children, adopted children, and children for whom you have legal guardianship and accompanying documentation, under age "26". You will be required to provide the following documents (as applicable) to the Employee Benefits Coordinator in the Business Office along with your enrollment form:

- A copy of your Marriage or Civil Union Certificate OR a copy of your most recent joint Federal Tax Return
- A copy of the Birth Certificate for each dependent to be covered under the plan, excluding your spouse, OR Adoption Certificate or Court Order
- Spousal/Civil Union Partner Coverage Election and Disclosure Form

Divorced or legally separated spouses are ineligible for coverage as of the day of the divorce or legal separation. Dependent children are ineligible for coverage as of age "26". It is essential to notify the Business Office of ineligibility within a timely manner to ensure your dependent's right to COBRA Continuation.

Your Medical Plan

Medical insurance is one of your most important benefits. When you enroll in the medical plan offered by Naperville Community Unit School District 203 you have peace of mind knowing that you can pay for medical services if you need them for you or your family. As an added benefit, **Prime Therapeutics (Blue Cross Blue Shield)** administrates the Prescription Drug plan, providing you a single ID card for Medical and Prescription Drug coverage.

Blue Cross Blue Shield's PPO Plan includes 100% coverage for most preventive care up to \$500 per individual, per year; other services are payable after deductible at the co-insurance level. Under the PPO plan you have coverage whether you seek care from in-network PPO participating providers or out-of-network providers. However, your out-of-pocket expenses are dramatically reduced if you seek care in-network. To find a provider in Blue Cross Blue Shield's PPO Network, **visit BCBSIL.com or call 1.800.458.6024.**

The chart on the next page highlights some of the in-network plan features. Please see the benefit plan certificate for full coverage information.



Be A Smart Health Care Consumer...

Being a smart health care consumer doesn't mean you should avoid trips to the doctor—it means making the best decisions about when and why to go to the doctor. Regular checkups can improve your health and extend your life. Through recommended exams and tests, you increase your chances of discovering problems before an illness significantly affects your health. Plus, preventive care is beneficial not only to your physical well-being, it also makes sense for your financial health, because it is generally covered by your medical plan.

Plan Feature	In-Network Provider	Non-Participating Provider
Preventive Care- Immunizations, Pap Smear, Mammogram, Prostate Exam, Routine Physical Exam	First \$500 per individual, per calendar year, covered 100% with no deductible or copay. Remainder subject to 80% after deductible.	First \$500 per individual, per calendar year, covered 100% with no deductible or copay. Remainder subject to 80% after deductible.
Calendar Year Deductible		
Individual	\$350	\$700
Family	\$700	\$1,400
Out-of-Pocket Maximum		
Individual	\$1,000	\$1,000
Family	\$1,000 per person	\$1,000 per person
Plan Maximum	Unlimited	Unlimited
Co-Insurance Coverage	80% after deductible	80% after deductible
Office Visit	\$20 copay	80% after deductible
Inpatient Hospital Services	80% after deductible	80% after deductible
Outpatient Surgical Care	80% after deductible	80% after deductible
Outpatient Lab & X-ray	100%	80% after deductible
Emergency Room Care	80% after deductible	80% after deductible
Prescription Drug Coverage	Retail (34-Day Supply)	Mail Order (90-Day Supply)
Level One	\$5 copay	\$7.50 copay
Level Two	\$20 copay	\$30 copay
Level Three	\$40 copay	\$60 copay
OTC Program (Select Antihistamines and Proton Pump Inhibitors):	\$0 copay	Not applicable

Please note: If a spouse/civil union partner has coverage available through his/her employer but elects coverage through Naperville Community Unit School District 203, the spouse/partner must satisfy a lifetime deductible of \$1,850 before the above plan provisions take effect.

Hospitalization Preadmission Certification and Utilization Management of this plan is administered by HCSC. Members are required to notify HCSC one business day prior to elective admission or within two business days of an emergency or maternity admission to Inpatient Hospital, Skilled Nursing Facility, Coordinated Home Care, Outpatient Mental Health/Substance Abuse services or Private Duty Nursing. Failure to receive Hospital Preadmission Certification for non-emergency treatment will result in a \$200 reduction of benefits. **Members may contact HCSC at 1.800.635.1928.**

Your Dental Plan

Naperville Community Unit School District 203 provides dental benefits through Delta Dental. Regular dental checkups are important to your overall health and can reveal early indications of serious conditions like osteoporosis and cardiovascular disease. An oral exam can help keep your teeth and gums healthy throughout your life.



Delta Dental's PPO Plan allows you to see any dentist. However, you will maximize your benefits by visiting a dentist in Delta Dental's PPO or Premier Network. To find a dentist in Delta Dental's PPO or Premier Network, **log on to DeltaDentalIL.com or call 1.800.323.1743.**

The information below highlights some of the plan features for in-network services. Please refer to your benefit plan certificate for full coverage information.

Plan Feature	PPO Provider	Premier Provider
Calendar Year Deductible	\$50/person	\$50/person
Annual Maximum	\$2,500/person	\$2,500/person
Preventive Services	80% of reduced fee, no deductible	80% of maximum plan allowance, no deductible
Basic Services	80% of reduced fee, after deductible	80% of maximum plan allowance, after deductible
Major Services	50% of reduced fee, after deductible	50% of maximum plan allowance, after deductible
Orthodontic Services (up to age 19)	50% of reduced fee, after deductible	50% of dentist's usual fee, after deductible
Orthodontia Lifetime Maximum	\$2,000	\$2,000

Preventive Services include: oral examinations (two per calendar year), x-rays (two per calendar year), cleanings, topical fluoride treatment (one per benefit year for children under age 15), and space maintainers

Basic Services include: fillings, oral surgery, sealants, TMJ, general anesthesia (in conjunction with oral surgery), periodontics, and endodontics (root canals)

Major Services include: crowns, fixed/removable bridges, partial/full dentures, and implants

Please note: Non-participating dentists can bill you for charges above Delta Dental's maximum plan allowances.

Your Vision Plan

Naperville Community Unit School District 203 provides a vision care plan through **Humana Vision**. Vision health impacts your overall health. Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis. It is recommended that you have an eye exam once every 12 months.



Know what your plan covers by reviewing the information below and reviewing your Vision plan certificate. To find this information or download an out-of-network claim form, **visit HumanaVisionCare.com or call 1.866.537.0229.**



Plan Feature	Participating Provider	Non-Participating Provider
Eye Examinations (1x every 12 months)	100% after \$10 copay	\$40 allowance
Lenses (1x every 12 months)		
Single	100% after \$20 copay	\$25 allowance
Bifocal	100% after \$20 copay	\$40 allowance
Trifocal	100% after \$20 copay	\$60 allowance
Contact Lenses (1x every 12 months)		
Elective (conventional & disposable)	\$130 allowance, 15% discount on professional services	\$130 allowance
Medically Necessary	100%	\$210 allowance
Frames (1x every 24 months)	\$50 wholesale allowance	\$80 retail allowance

Please note: Members receive additional fixed copayments on lens options including anti-reflective and scratch-resistant coatings. Members also receive a 20% retail discount on a second pair of eyeglasses within 12 months of a covered eye exam through the vision care provider who sold the initial pair. If member prefers contact lenses, the plan provides an allowance in lieu of all other benefits (including frames).

Humana Vision has contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by in-network providers. The locations listed below offer the following prices (per eye):

In-Network Provider	Conventional/Traditional	Custom
TLC designated locations only- 888.358.3937	\$895	\$1,295-\$1,895
LasikPlus- 866.757.8082	\$695-\$1,395	\$1,895
QualSight LASIK- 855.456.2020	\$895-\$1,295	\$1,320-\$1,995
Independent Lasik provider	10% discount, no more than	10% discount, no more than

Payroll Contributions

As an employee of Naperville Community Unit School District 203, you have a variety of benefits. You share the cost of your Medical, Dental, and/or Vision benefits with Naperville Community School District 203, as illustrated in the chart below. Life Insurance and Long Term Disability are provided to you at no cost.

Naperville Community Unit School District 203 withholds premium contributions on a pre-tax basis by use of an Internal Revenue Code Section 125 Premium Conversion Plan. Pre-tax premiums are not subject to Federal, FICA, and in some instances, state taxes. You may request premium contributions to be deducted post-tax by contacting the Employee Benefits Coordinator in the Business Office. Benefit contributions for a Civil Union Partner, however, are subject to federal income taxes, and as such, may only be withdrawn through a post-tax payroll deduction.

At three or more years on the benefits plan, monthly contributions decrease by 50% for Full Time Employees. In order to receive credit for a full year on the plan, you must have started insurance before December 31 of the benefit year.

1 or 2 Years on Plan	Employee - Based on Full Time			Family - Based on Full Time		
	Monthly Premium	26 Pays Contribution	20 Pays Contribution	Monthly Premium	26 Pays Contribution	20 Pays Contribution
<u>Medical & Dental</u>	\$589.16	\$81.58*	\$106.05*	\$1,738.85	\$240.76*	\$312.99*
<u>Vision</u>	\$5.31	\$.74	\$.96	\$13.35	\$1.85	\$2.40

3 or Years on Plan	Employee - Based on Full Time			Family - Based on Full Time		
	Monthly Premium	26 Pays Contribution	20 Pays Contribution	Monthly Premium	26 Pays Contribution	20 Pays Contribution
<u>Medical & Dental</u>	\$589.16	\$40.79*	\$53.02*	\$1,738.85	\$120.38*	\$156.50
<u>Vision</u>	\$5.31	\$0.37	\$0.48	\$13.35	\$0.92	\$1.20

* **Please note:** Contribution amounts listed above assume Full Time status and participation in Naperville Community Unit School District 203's Wellness Program. If you, or your spouse under the family plan, decline to participate in the wellness program, your total yearly contribution will increase \$300.00 for the individual plan or \$600.00 for the family plan. Employee premium contributions will be adjusted to reflect participation in the wellness program on the first payroll in February.

Employee contribution amounts are increased for Part Time employees. At three or more years on the benefit plan, Part Time employees will receive a reduction of their contribution amounts. Part Time employees should contact the Employee Benefits Coordinator in the Business Office for their specific contribution amounts.

Your Wellness Plan

Wellness begins with awareness and Naperville Community Unit School District 203 continues to take proactive steps to promote overall well-being. Naperville Community Unit School District 203 encourages you, and your spouse, if applicable, to participate in the Wellness Inc. screening, to receive a bigger picture of your overall health and to help identify any early warning signs of disease.

Wellness Inc. will be on-site to administer the screening, which includes a simple questionnaire, blood pressure and body mass index reading, and a blood draw. Each participant will receive their own confidential summary report that provides an overview of their results, written in non-medical language for easy interpretation.

The wellness screening is offered at no cost to covered Employees and Spouses under Naperville Community Unit School District 203's Medical Plan. To receive the discount on the Medical Plan's monthly contribution, both the Employee and covered Spouse must complete the screening.

The wellness screening complies with all current HIPAA requirements and is strictly confidential. Naperville Community Unit School District 203 will receive a general report that combines the entire company's health screening results to assist in continued wellness initiatives, but Wellness Inc. will not share any specific individual results.

In preparation for the health screening, it is recommended to fast 10-12 hours before testing. You cannot eat, but may drink black coffee or tea (no cream or sugar) during the fast, and should drink 2 glasses of water 2 hours prior to the screening. If you are diabetic or hypoglycemic, please consult your physician for fasting instructions.

Most medications can be taken prior to your screening and will not effect your results. Please consult your physician if you have a question about any medication you are currently using. Those taking insulin should call their doctor regarding their insulin dose the morning of the screening.

The wellness screening takes less than 30 minutes. Screening dates and locations will be coordinated by Naperville Community Unit School District 203's Business Office and will be posted in all buildings. Employees and spouses must present their insurance card and employee number at the time of the screening.



Your Life and AD&D Plan

Planning your financial security is a challenging task under the best of circumstances, but what happens if you die or are sidelined due to a lengthy illness or injury? How will your family pay the monthly bills? That's where your income protection benefits come into play. One of those benefits is life insurance.



Naperville Community Unit School District 203 provides basic life insurance and accidental death and dismemberment (AD&D) insurance through **Reliance Standard Life Insurance** at no cost to you. The

information below highlights some of the plan features, please refer to your benefit plan certificate for full coverage information.

- **Life Insurance:** See chart below for benefits. The amount of benefit will be reduced to 65% at age 70 and will be further reduced to 50% at age 75.
- **Accidental Death or Dismemberment (AD&D):** Your beneficiary will receive 100% of benefit upon your death or if you lose two of the following: hand, foot and/or eye. 50% of benefit will be paid for loss of one hand, one foot or sight of one eye.
- **Living Benefit (Accelerated Death Benefit):** If you have been diagnosed with a terminal illness and life expectancy is 24 months or less, you can receive 75% of the life benefit. You can utilize this money for expenses incurred that are not covered by other insurance for your care. Please note: your death benefit would be reduced by the amount taken through the accelerated benefit upon your death (\$37,500 provided through Living Benefit and \$12,500 provided upon death for a total benefit of \$50,000).

Eligibility	Life Benefit	AD&D Benefit
Each active, Full Time Teacher, Custodian, Bus Driver, Clerical Staff and Teacher's Aid - unions - NUEA, NESPA, NTA and NUMA, except any person employed on a temporary or seasonal basis	\$50,000	Same as life amount

Please note: In the event of Total Disability, it is your responsibility to file a Waiver of Premium with Reliance Standard to extend your life insurance coverage. You must submit proof of Total Disability within one year from the date the disability began, and resubmit annual proof thereafter, to continue to extend your benefits an additional 12 months until retirement or up to 12 months past age 65

Your Long Term Disability Plan

Long Term Disability (LTD) is another income protection benefit offered to you at no cost by Naperville Community Unit School District 203. Long Term Disability replaces a portion of your earnings if you are disabled for an extended period of time due to illness or injury. All full-time active employees are eligible for Long-Term Disability coverage through **Reliance Standard Life Insurance**.

The information below highlights some of the plan benefits. Please refer to your benefit plan certificate for detailed information.

- Benefits begin after 60 consecutive days of disability or the day allotted/accrued sick time is exhausted, whichever is greater.
- Pays 60% of basic monthly income up to a maximum of \$7,500 per month.
- Benefits continue until you reach your normal retirement age under Social Security, as long as you continue to be disabled.
- Substance Abuse and Mental or Nervous Disorder benefits limited to 24 months.
- Survivor benefit equal to 3 times the Insured's last monthly benefit.

Please note: Definition of disabled changes after 60 months of disability. For the first 60 months, you are considered disabled if unable to perform the material duties of your regular occupation. After that time, you are considered disabled if you are unable to perform the material duties of any occupation for which you are suited by education, training, or experience.





Your Supplementary Life Insurance Plan

Should you feel the need to increase coverage on yourself or your dependents, Naperville Community Unit School District 203 now provides all eligible employees with the opportunity to purchase additional life insurance at group rates through Reliance Standard Life Insurance. You pay the full cost of this coverage through after-tax payroll deductions. The information below highlights some of the plan features, please refer to your benefit plan certificate for full coverage information.

Insured	Benefit	Guaranteed Issue Amount
Employee	Option of \$10,000 to \$500,000 in increments of \$10,000	Under Age 60: \$200,000 Age 60 - 69: \$10,000
Spouse	Option of \$10,000 to \$500,000 in increments of \$10,000	Under Age 60: \$50,000
Dependent Children	14 days up to 6 months: \$1,000 6 months up to Age 20: Choice of \$5,000, \$10,000, \$15,000, \$20,000	All child amounts are guaranteed issue

Employees eligible for supplementary life insurance are active, Full Time Employees working 25 or more hours per week, except those working on a temporary or seasonal basis. Legal spouses of eligible employees, and domestic or civil union partners where required by law, are eligible under age 75 but must be under age 70 on the date of application.

Employee & Spouse Rate Per Person Per \$10,000 Per Month

Age	Tobacco User	Non-Tobacco User
Under 30	\$0.91	\$0.54
30 - 34	\$1.15	\$0.57
35 - 39	\$1.82	\$0.87
40 - 44	\$3.16	\$1.47
45 - 49	\$5.52	\$2.56
50 - 54	\$9.42	\$4.47
55 - 59	\$14.94	\$7.95
60 - 64	\$15.99	\$9.69
65 - 69	\$21.27	\$14.37
70+	\$36.34	\$26.53

Eligible children are unmarried, financially dependent natural, adopted, foster or stepchildren in the custody of an eligible employee. An employee or spouse must be insured through this supplementary policy for a dependent child to be insured. One rate applies for all eligible dependent children in the family, regardless of number. Coverage for dependent children terminates at age 20 but is extended up to age 26 if the child is a Full Time Student. Children beyond age 20 will continue to be covered if they are incapable of self-sustaining employment by reason of intellectual disability or physical handicap and are chiefly dependent on the eligible employee for support and maintenance.

Dependent Children Rate Per Month

	Option 1	Option 2	Option 3	Option 4
Coverage Amount from age 14 days to 6 months	\$1,000	\$1,000	\$1,000	\$1,000
Coverage Amount from age 6 months to 20 years	\$5,000	\$10,000	\$15,000	\$20,000
Rate	\$0.82	\$1.62	\$2.42	\$3.22

All employee and spouse premium rates are age-banded and based on the age at last birthday. Rates are guaranteed until September 30, 2014, but the insured's age-band may change on October 1st of each year, as applicable based on the insured's last birthday. To comply with the Age Discrimination in Employment Act (ADEA), the following reduction formula applies to insured employees (spouses are ineligible as of age 75):

Age	Amount of Coverage Reduces to:
75 - 79	60.0% of the amount in force at age 74
80 - 84	35.0% of the amount in force at age 74
85 - 89	27.5% of the amount in force at age 74
90 - 94	20.0% of the amount in force at age 74
95 - 99	7.5% of the amount in force at age 74
100 and over	5.0% of the amount in force at age 74

- Guaranteed Issue:** Benefit issue amounts are guaranteed to a certain level without regard to health status if enrollment occurs before October 1, 2012 or within 31 days of your effective date. The guaranteed issue amount is up to \$200,000 for employees under age 60 and up to \$10,000 for employees between ages 60 - 69. Spouses under age 60 are guaranteed an issue of up to \$50,000 and dependent children are guaranteed an issue of up to \$20,000. Enrollment for supplementary insurance occurs every September for the following plan year, but if you do not enroll by October 1, 2012, during this initial enrollment period, or within 31 days of your effective date, OR if you apply for benefits above the guaranteed issue amounts, you may be subjected to evidence of insurability and a health screening prior to coverage approval.
- Living Benefit (Accelerated Death Benefit):** If you are under age 75 and have been diagnosed with a terminal illness and life expectancy is 24 months or less, you can receive 50% of the life benefit, up to \$250,000. You can utilize this money for expenses incurred that are not covered by other insurance for your care. Please note: your death benefit would be reduced by the amount taken through the accelerated benefit upon your death.
- Portability:** Coverage can continue if the insured no longer meets the employment eligibility requirements for reasons other than over-all termination of the group policy. Premiums charged will be based on the prevailing rate charged to all insured who continue coverage under this provision and will be billed directly to the insured.

Your Flexible Spending Accounts

The Flexible Spending Accounts (FSAs) are optional plans offered by Naperville Community Unit School District 203 that allow you to save money by using pre-tax dollars to pay for your out-of-pocket health care and dependent care expenses. The amount you select will be deducted biweekly on a pre-tax basis from your pay (13 pays for HFSA, 26 pays for DCA). The plan year for all FSAs begins October 1, 2012 and ends September 30, 2013.

Health Care Flexible Spending Account (HFSA)

The HFSA allows you to pledge pre-tax money for qualified health care expenses that you, your spouse and/or your dependent children incur throughout the 2012-2013 plan year. You do not need to be enrolled in medical, dental or vision coverage through Naperville Community Unit School District 203 to enroll in the HFSA.

- You may contribute up to \$5,000 to your HFSA for the 2012-2013 plan year. This amount will be reduced to \$2,500 for the 2013-2014 plan year.
- Your share of expenses which are not reimbursed by a health care plan, such as co-pays, deductibles, and out-of-pocket expenses, are eligible to be claimed from the HFSA plan.
- Effective January 1, 2011, Over-the Counter Medications are no longer eligible under HFSA plans, unless prescribed by a doctor. This does not impact bandages or other health devices.

The IRS and Naperville Community Unit School District 203 allow you to claim any unused HFSA amounts at the end of the plan year for expenses incurred during the first 2 1/2 months of the new plan year. Filing time runs concurrent with this "Grace Period" extension, meaning you have until December 15, 2013 to incur expenses and until December 31, 2013 to file expense reimbursement requests from your 2012-2013 balance. The "Use It or Lose It" rule still applies to any funds left in your HFSA account after the "Grace Period" has expired. That means that if there is any money left in your 2012-2013 account after December 31, 2013, the money will no longer be available to you.

Dependent Care Flexible Spending Account (DCA)

The DCA allows you to pledge pre-tax money for qualified dependent care expenses you incur throughout the 2012-2013 plan year. Eligible dependents are those whom you are entitled to claim as dependents on your federal tax return, are under age 13, and/or a disabled spouse or other disabled tax-qualified dependent who spends at least eight hours a day in your home. If you are married, your spouse must also work, be a full-time student or be disabled.

- You may contribute up to \$5,000 to your DCA if you are single, or if you are married and file a joint return.
- You may contribute up to \$2,500 to your DCA if you are married and file separate income tax returns.
- Expenses such as day care, before- and after-school programs, summer day camp and adult day care are eligible to be claimed from the DCA plan.

All DCA expenses must be incurred during the plan year. The "Use It or Lose It" rule applies to any DCA funds left in your 2012-2013 account after September 30, 2013. That means if there is any money left in your 2012-2013 account after September 30, 2013 the money will no longer be available to you.

Your Retirement Plan

Do you imagine a comfortable, secure retirement for yourself? At some point, each of us would like to retire to do the things we didn't have time to do while working. Naperville Community Unit School District #203 offers employees the opportunity to save for retirement by participating in a 403(b) retirement plan.

A 403(b) plan allows you to contribute a portion of your compensation on a pre-tax basis in order to save for your retirement. The pre-tax contributions are made to

the plan by payroll deduction and grow tax-free until they are withdrawn. This means you are lowering your taxable income now, and will potentially lower the amount of income tax you will pay on your retirement funds at the time of withdrawal, as you may be in a lower tax bracket then.

All employees are eligible to make contributions to a 403(b) plan. In order to participate, you must determine how much of your compensation you wish to defer to the 403(b) plan and where you want to invest your contributions. A list of approved investment providers and their contact information is located in the Business Office and on the Business Office's Sharepoint site. You will need to set up an account with the financial advisor representing your selected investment provider(s) first, and then file a salary reduction agreement with the Position Control Coordinator in the Business Office. If you wish to increase or decrease your 403(b) plan contributions, you may do so by contacting your investment provider(s) and filing an amended salary reduction agreement with the Position Control Coordinator in the Business Office.

In 2012, you may contribute up to \$17,000 to your 403(b) plan. If you will be age 50 or older in the 2012 calendar year, you are eligible to contribute an additional contribution of \$5,550, for a maximum contribution of \$22,500 in the 2012 calendar year.

If you have completed at least 15 years of employment with Naperville Community Unit School District 203, you may be eligible to contribute up to an additional \$3,000 a year to your 403(b) plan. This additional contribution may be made yearly until your cumulative additional contributions total \$15,000. Employees who are eligible for both the age 50 catch-up contribution and the 15 years of service contribution are required to complete the 15 years of service contribution first.

This information is for educational purposes only and is not intended as tax or legal advice. Neither your employer nor the investment providers offering retirement savings products can provide you with tax or legal advice. Employees are encouraged to contact their financial representative or tax professional with any questions.



Your Employee Assistance Program

Everyone needs a little help now and then dealing with stress, work or family issues, or personal concerns. Naperville Community Unit School District 203's Employee Assistance Program (EAP) provides confidential services through a network of licensed counselors and professionals to help you get your life back in balance. The EAP is offered at no cost and is available to all employees and their families. To access the EAP, **please call 888.933.1327 or visit www.CDH.org/EAP**.

The EAP provides in-person or over-the-phone support with short term counseling, referrals to service providers within your insurance network and local area and 24-hour emergency access to licensed professionals on a wide range of issues including but not limited to:

- Marital/Family/Relationship Issues
- Stress
- Depression/Anxiety
- Addiction or Substance Abuse Problems
- Work-Related Conflicts
- Grief and Loss
- Financial Problems
- Legal Difficulties
- Child Care or Elder Care Needs

Participation in the EAP is strictly confidential. All records and discussions between you and an EAP counselor remain confidential unless you authorize disclosure in writing. EAP records are not included in your personnel file.



Important Notice Regarding Medicare

If you are considering joining a Medicare drug plan, please read this notice carefully:

Medicare prescription drug coverage became available to everyone with Medicare in 2006. You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th or within a two month Special Enrollment Period if you lose your current creditable prescription due to no fault of your own. You can get coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

The prescription drug plan offered by Naperville Community Unit School District 203 is, on average for all plan participants, expected to cover as much as a standard Medicare Prescription Drug Plan and is therefore considered Creditable Coverage. As such, if you decide to enroll in a Medicare Prescription Drug Plan, you and your eligible dependents will not be eligible to receive your current health and prescription drug benefits through Naperville Community Unit School District 203. If you do decide to join a Medicare Prescription Drug Plan, be aware that you and your dependents will not be able to re-enroll in the Naperville Community Unit School District 203 health plan at a later date.

When enrolling in Medicare, if you have surpassed 63 continuous days without Creditable Prescription Drug Coverage your premium may increase by at least 1% per month, for every month that you did not have coverage, with a maximum penalty of 19%. For example, if you go twelve months without Creditable Coverage, your premium may be consistently at least 12% higher than the Medicare base beneficiary premium. You may have to pay this higher premium, as a penalty, as long as you have a Medicare Prescription Drug Plan.

Because your existing coverage offered by Naperville Community Unit School District 203 is Creditable Coverage you can keep this benefit and not pay a higher premium if you join a Medicare Prescription Drug Plan at a later date. However, if you drop the Naperville Community Unit School District 203 benefit plan and do not join a Medicare Prescription Drug Plan within 63 continuous days after your coverage ends, you may pay a higher premium when you do join.

For more detailed information about Medicare plans that offer prescription drug coverage, refer to the "Medicare & You" handbook mailed directly to you every year after you qualify for Medicare. You may also visit www.medicare.gov, call 1.800.MEDICARE (1.800.633.4227, TTY users call 1.877.486.2048), or contact the Employee Benefits Coordinator in the Business Office for further information.

If you have limited income and resources, extra help paying for a Medicare Prescription Drug Plan is available. For information about this extra assistance, visit www.socialsecurity.gov or call 1.800.772.1213 (TTY users call 1.800.325.0778).

Health Care Terms & Federal Notices

To help you understand how your health plans work, please review the following terms and definitions.

Ambulance: Most ambulance companies do NOT participate with provider networks. Must be a medical emergency to be covered. You may be required to pay the entire cost over the allowable amount.

Calendar Year Deductible: The amount a member pays out-of-pocket for services before plan co-insurance is applied.

Co-Insurance: The percentage of medical costs that a member shares with the insurance company after deductibles are met.

Copay: The amount a member pays for specific treatment or prescription drug. This is usually payable at the time of service and does not apply toward the deductible or out-of-pocket maximum.

Emergency Room vs. Urgent/Immediate Care: Emergency rooms are meant for life threatening illnesses or emergency accidents. They are for things like Chest Pain, Breathing Problems, and Excessive Bleeding. If you need to be seen by a doctor for something other than an emergency and can't wait for an appointment with your regular physician, try using an Urgent/Immediate Care Center. These centers are designed to treat you in an office visit setting. The cost to you will be less than using an emergency room.

Employee Contribution: The pre-tax amount of money the employee contributes towards their medical premium on a monthly basis from their paycheck.

Generic Drugs: Generic drugs have the same active ingredients as their brand name counterparts with no compromise in quality, yet they are 40% to 60% less expensive. Generic drugs cost less because they don't require the same costly research, development and sales expenses associated with brand name drugs.

In-Network: You are considered to be in-network if you visit providers that participate with your health plan. In-network coverage means the plan will pay a higher percentage of benefits and you have lower out-of-pocket costs. Participating providers have signed contracts to accept discounted or negotiated fees as payment in full.

Out-of-Network: You are considered to be out-of-network if you visit providers that have chosen not to participate with your health plan (non-participating providers). Non-participating providers do not have contractual arrangements with the insurance carrier and can bill for charges in excess of your plan's maximum allowable fee. These charges are in addition to the higher deductibles and co-insurance amounts that apply to your out-of-network benefits.

Out-of-Pocket Maximum: The total a member will pay in deductible and co-insurance in the calendar year.

Plan Year: The benefit plan year is October 1st through September 30th.

Preventive Services: Physicals and eligible non-diagnostic tests, well baby/child exams, eligible immunizations, and wellness visits as defined by the plan.

Prior Authorization: Certain medications, as identified in the benefit plan certificate, require your doctor to submit a prior authorization form for approval from Blue Cross Blue Shield to be covered. If approved, you will pay the appropriate copay when filling your prescription. If the request is not approved, the medication will not be covered under your benefit plan and you may be responsible for paying the full cost of the prescription.

Step Therapy: An approach to control the costs and risks posed by prescription drugs. The program begins prescription drug coverage for a medical condition with the most cost-effective and safest drug therapy and progresses to other more costly or risky therapies only if necessary. Medical conditions and prescription drugs applicable for the Step Therapy program are identified in the benefit plan certificate.

Federal Notices:

Newborn & Mother's Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health & Cancer Rights Act

These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery/reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis;
- Physical complication during all stages of mastectomy, including lymph edemas.

The plan may not:

- Interfere with a woman's right under the plan to avoid these requirements;
- Offer inducements to the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and co-insurance requirements consistent with other coverage provided under the plan.

Contact Information

If you have questions about plan benefits, claims, or other information covered in this packet, or if you need a form or assistance filling out a form, please contact your Employee Benefits Coordinator at:

Kathleen Barak
 Naperville Community Unit School District 203
 203 W. Hillside Road
 Naperville, IL 60540
 Phone 630.420.6325
 Email: kbarak@naperville203.org



Carrier Contact Information	Phone	Email
Medical Carrier		
BC/BS PPO Members	1.800.458.6024	http://bcbsil.com/
HCSC - Hospital Preadmission Certification & Utilization Management	1.800.635.1928	
Prime Therapeutics - Prescription Drugs	1.800.423.1973	
BC/BS Prior Authorization	1.800.285.9426	
Dental Carrier		
Delta Dental PPO Members	1.800.323.1743	http://www.deltadentalil.com/
Vision Carrier		
Humana Vision Members	1.866.537.0229	http://humanavisioncare.com/
Life Insurance Carrier		
Reliance Standard Life Insurance	1.800.351.7500	https://customercare.rsli.com/
Long Term Disability Carrier		
Reliance Standard Life Insurance	1.800.351.7500	https://customercare.rsli.com/
Flexible Spending Account		
PayFlex Systems, USA, Inc.	1.800.284.4885	http://www.payflex.com/
Employee Assistance Program		
Central DuPage Hospital	1.888.933.1327	http://cdh.org/eap