

Village of Lemont Retiree Benefit Summary



2026

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Eligibility

Eligibility Requirements

If you are a retiree, you are eligible to enroll in the benefits described in this summary.

- Retirees
 - » IMRF employee subject to IMRF age and vested service requirements
 - » Worked as fireman/police officer for a member employer and qualifies for continued coverage under 215 ILCS 5/367f (fireman) or 215 ILCS 5/367g (police officer)

Insurance Benefits



Insurance Terminology

Deductible

The deductible is the amount you pay out of your pocket before the plan will begin to pay. Annual deductibles reset each year on January 1st .

Embedded Deductible

In a health plan with an embedded deductible, no single individual enrolled in family coverage will pay more than the individual deductible amount.

Copayments

Copayments (or copays) are fixed dollar amounts you are expected to pay to receive certain services such as office visits, procedures, or prescription drugs.

Coinsurance

Coinsurance is a percentage of costs for health care services that you will be expected to pay once the annual deductible has been met.

Out-of-Pocket Maximum

The out-of-pocket maximum is the annual cap on the dollar amount you are expected to pay out of pocket for services (including deductibles, copays, and/or coinsurance). Once the annual out-of-pocket maximum is met, the plan will cover 100% of any remaining medical expenses for the year.

Premium

Premium is the amount to be paid for insurance coverage, whether services are used or not.

Insurance Benefits

Medical Insurance

Carrier: BlueCross BlueShield

Website: www.bcbsil.com

Phone: 800-828-3116

PPO Plan

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. Once the deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. Outside of office visits or pharmacy, deductible and coinsurance apply. If receiving services out-of-network, costs may be higher.

HDHP with HSA Plan

The plan is comprised of two components:

1. High Deductible Health Plan
2. Health Savings Account (HSA)

The HDHP is a high deductible health plan that provides health care benefits after the deductible has been met. All medical services, with the exception of preventive care, are paid for by you at 100%, less carrier discounts, prior to meeting your entire annual deductible.

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account and it is yours to keep – even when changing plans or retire. The funds roll over from year to year to be used when needed.

2026 HSA Contributions

Tier	Maximum Employee Contribution
Employee	\$4,300
Employee + Dependent(s)	\$8,550

HMO Plan

The HMO gives you access to certain doctors and hospitals but restricts services to in-network providers. There are no out-of-network benefits. Your care is managed by a Primary Care Physician (PCP). If you require a specialist, outpatient procedure or hospitalization, your PCP must refer you.

Prescription Drugs Generic Default

For the medical plans with a drug copay card, brand drugs will default to generic when a equivalent is available. If your doctor determines you cannot tolerate the available generic equivalent, your doctor can write dispense as written/do not substitute on the prescription. Otherwise, you will pay the brand drug copay amount plus the difference in cost between the brand drug and its generic equivalent.

Insurance Benefits

Health Savings Account (HSA)

You're eligible for a health savings account if you are:

- Covered by a qualified high deductible health plan (HDHP)
- Not covered by any other medical coverage that is not considered a qualified HDHP
- Not enrolled in Medicare (Part A included)
- Not claimed as a dependent on someone's tax return
- Not enrolled in a Medical Flexible Spending Account (your own or your spouse's)

Advantages to having an HSA

- Interests, dividends, or withdrawals for qualified expenses are not taxable
- Unused funds rollover each year with no maximum on how much you can save
- The account is portable so you never have to worry about losing the money in the account should you change between plans, retire or even seek employment elsewhere
- The HSA can be viewed as a second means of savings for your retirement
- You control healthcare spending and choose when to use HSA dollars
- You become a more informed participant in your healthcare and healthcare spending

Steps to using your HSA

- 1.Go to the doctor and present your carrier ID
- 2.The provider submits claims to the carrier for processing
- 3.The carrier adjusts the pricing to reflect the network discounted amount for services
- 4.The carrier generates an Explanation of Benefits (EOB) and sends it to you
- 5.Review your EOB for accuracy
- 6.Pay your provider directly with pre-tax dollars from your HSA

Using your HSA on qualified expenses

You can use the money in your HSA to pay for qualified medical, dental and vision expenses permitted under federal tax law. To view a list of eligibility and qualified expenses, visit <https://www.irs.gov/pub/irs-pdf/p502.pdf>

Insurance Benefits

Medical Plan Details

	HMO (Group #B30712)	PPO 750 (Group #PH0016)		PPO HDHP 3400 (Group #230713)	
Calendar Year (1/1—12/31) Deductible & Out of Pocket	In-Network Benefits Only	In-Network	Out-of- Network	In-Network	Out-of- Network
Network	Blue Advantage	PPO		PPO	
Deductible					
Individual	\$0	\$750	\$1,500	\$3,400	\$6,800
Family	\$0	\$1,500	\$3,000	\$6,800	\$13,600
Coinsurance					
Member Responsibility	0%	20%	40%	0%	20%
Out-of-Pocket Max					
Individual	\$1,500	\$2,750	\$5,500	\$3,400	\$13,600
Family	\$3,000	\$5,500	\$11,000	\$6,800	\$27,200
Physician Services					
Preventive Care	\$0 Copay	\$0 Copay	40% After Ded	Plan Pays 100%	20% After Ded
Physician Visit	\$20 Copay	\$30 Copay	40% After Ded	0% After Ded	20% After Ded
Specialist Visit	\$20 Copay	\$50 Copay	40% After Ded	0% After Ded	20% After Ded
Diagnostic Testing	\$0 Copay	20% After Ded	40% After Ded	0% After Ded	20% After Ded
Lab Testing	\$0 Copay	20% After Ded	40% After Ded	0% After Ded	20% After Ded
Inpatient Hospital	\$0 Copay	20% After Ded	40% After Ded	0% After Ded	20% After Ded
Emergency Room	\$100 Copay	\$150 Copay		0% After Ded	
Telehealth via MDLive	N/A	\$30 Copay	N/A	\$48 Copay	N/A
Pharmacy (In-Network)					
Generic/Formulary/Non-Formulary/Specialty					
Prescription Out-of-Pocket Max				Applies to Medical Out of Pocket Maximum	
Individual	\$1,000	\$2,000			
Family	\$2,000	\$4,000			
Retail* (30 days)	Copays: \$10 / \$20 / \$50 / \$75	Copays: \$10 / \$25 / \$75 / \$100**		Deductible Applies	
Mail Order** (90 days)	Copays: \$10 / \$20 / \$50	Copays: \$10 / \$25 / \$75		Deductible Applies	

*For Out-Of-Network drug providers, you are responsible for the retail copay or deductible plus 25% of the eligible amount.

**Out-Of-Network Specialty drug coverage is not provided

How to Find a Provider

Visit www.bcbsil.com and click "Find a Doctor or Hospital."

Call Customer Service toll-free:

HMO: 800-892-2803

PPO: 800-828-3116

Insurance Benefits

Making the Most of Your Medical Benefits

Employees enrolled in the BlueCross BlueShield medical plan have access to the following services:

BlueAccess for Members: www.bcbsil.com

A secure member website that gives you immediate access to health care benefit information and easy-to-use tools.

BlueAccess Mobile™

You are able to access your BlueAccess for Members account straight from your mobile device. Choose to receive text messaging for Rx refill reminders, diet and fitness tips, claim updates and more. Download the application straight to your smartphone for immediate access.

24/7 Nurseline: 800.299.0274 (PPO & HDHP members only)

General health information and guidance for specific conditions from fevers to bee stings as well as coaching on appropriate treatment paths.

Maternity Care Program: 888.421.7781

Personalized support provided by Obstetrical nurses.

Mail Order Prescriptions: express-scripts.com/rx or 833-715-0942

Members can save time and money by calling 24/7 to refill or transfer a current prescription or get started with home delivery.

Accredo: www.accredo.com or 833-721-1619

Accredo is the prescription specialty drug vendor

Blue365 Discounts

As a member you have access to additional special program discounts. Details can be accessed at www.bcbsil.com under the “My Coverage” tab and then Discounts.

Well onTargetSM Member Wellness Program

Access health and wellness resources that can help you manage your health with resources such as health assessments, health coaching, tracking tools and many more!

Virtual Visits—MDLIVE (PPO & HDHP members only)

MDLIVE’s telehealth program provides enrolled members with access to non-emergency medical care without even leaving the couch. Visit a doctor virtually 24 hours a day, 7 days a week for a variety of different ailments and symptoms ranging from allergies, asthma, aches, infections, cold/flu, and more. Log on to MDLIVE.com/bcbsil or call 888.676.4204 today to find out additional info on this convenient benefit.

Insurance Benefits

Tips to Save Money

Preventive/Wellness Exams

- Each covered member is eligible for an annual preventive exam and other appropriate services
- Females are eligible to receive an annual well-woman exam covered at 100% in addition to their annual preventive exam

Prescription Drugs

- Ask your doctor if there's a generic version of the medication being prescribed
- Take advantage of the Generic Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates
- Use mail order to save on copays

High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are less costly at free-standing, in-network imaging centers than at hospitals
- Finding an in-network provider will save a substantial amount of money

Accessing Medical Care

The emergency room is a costly experience for issues that aren't true emergencies. There are alternatives that can offer you quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- **Doctor's office:** for non-life threatening symptoms, schedule your appointment.
- **Convenient Care Clinics:** Utilize for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc.
- **Urgent Care (UC):** less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.
- **Virtual Visits (MDLIVE):** BlueCross BlueShield's telehealth program provides access to non-emergency medical care from the comfort of your home.

MedsYourWay

MedsYourWay is a program that does an automatic real-time, behind-the-scenes price comparison on select drugs, so members pay the lower available price between a participating drug discount card or plan cost-share amount.

Insurance Benefits

Dental Insurance

Carrier: BlueCross BlueShield

Website: www.bcbsil.com

Phone: 800-367-6401

Dental Preferred Provider Organization (DPPO)

This dental plan allows the flexibility to select a dentist of your choice. Manage out-of-pocket costs more efficiently by using in-network dentists. Services are categorized according to complexity and costs.

Dental Benefits:	High Plan (Group #230717)	
	BlueCare DPPO	Out-of-Network
Calendar Year (1/1 - 12/31) Deductible & Out-of-Pocket		
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Preventive Coinsurance*	100%	100%
Basic Coinsurance*	100%	80%
Major Coinsurance*	80%	50%
Annual Maximum	\$2,000	\$2,000
Orthodontia Coinsurance**	50%	50%
Orthodontia Lifetime Maximum**	\$2,000	\$2,000

*Coinsurance in-network is based on contracted rates. Out-of-Network coinsurance is based on 90th percentile of usual and customary. Member will be balanced bill for out-of-network services. Plan pays coinsurance shown in table above.

**Adults and dependent children are eligible for orthodontia coverage.

Preventive:

- Annual cleanings (2 per calendar year)
- X-rays
- Fluoride Treatments
- Sealants/Space Maintainers

Basic:

- Simple extractions
- Root Canals
- Oral Surgery
- Amalgam Fillings

Major:

- Dentures
- Bridges
- Partial
- Crowns and Inlays

As a BlueCross BlueShield member, you have access to the **Dental Wellness Center**, which provides information on topics such as pediatric care, cosmetic dentistry, and tips to prevent cavities, gum disease, tooth loss, and other problems. To access the wellness center, log in to the Blue Access for Members at www.bcbsil.com and click on the *Wellness* tab.

How to Find a Provider

Visit www.bcbsil.com and click "Find Care—Find a Dentist"

Call Customer Service toll-free at **800-367-6401**

Insurance Benefits

Vision Insurance

Carrier: VSP

Website: www.vsp.com

Phone: 800-877-7195

Vision insurance provides coverage for eye exams, glasses, and contact lenses. Manage your out-of-pocket costs by using in-network vision providers.

You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. If you use an Out-of-network provider, you will have to file a claim form to be reimbursed up to the allowed amount.

	Frequency	In-Network	Out-of-Network
Network Name	VSP Choice Network		
Eye Exam	Every 12 Months*	\$10 Copay	Up to \$45 Reimbursement
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 Months*	\$25 Copay	Reimbursement Varies
Frames	Every 24 Months*	\$130 allowance then 20% Off Balance	Up to \$70 Reimbursement
Elective Contacts	Every 12 Months**	\$130 Allowance	Up to \$105 Reimbursement

*Vision benefit frequencies are based on the date of service within the calendar year.

** You cannot get contacts and glasses in the same calendar year

Visit www.vsp.com to see available perks and offers.

How to Find a Provider

Visit <https://www.vsp.com/eye-doctor>

Call Customer Service toll-free at 800-877-7195

Mental Health

First Stop Health

Get convenient care for your mental health and wellbeing from where you're comfortable. First Stop Health is provided to medical-enrolled employees and their covered dependents for **FREE**.

Support for your mental health

Ready to feel your best? Get matched with a compassionate provider for care.

- Coaches help you avoid burnout, improve stress management and more.
- Therapists help manage anxiety, depression, grief, relationship issues and more.
- Doctors can provide care for your mental health, including prescriptions* for anxiety and depression when appropriate.

*First Stop Health services are not intended to constitute a health plan.
*Providers at First Stop Health do not prescribe controlled substances.
Costs according to your medical plan may apply for prescriptions.*

How to get care:

- 1 Log into the mobile app, visit our site firststophealth.com or call (888) 691-7867.
- 2 Answer a few quick questions. Our intake process takes <5 minutes.
- 3 Schedule your visit.
- 4 See your provider for convenient, compassionate care.

Need help?

For pharmacy questions, issues logging in, and any help you may need, our team is available 24/7.

App: Click the "Help" tab

Call: 888-691-7867 and press 2
Email: member_services@fshealth.com

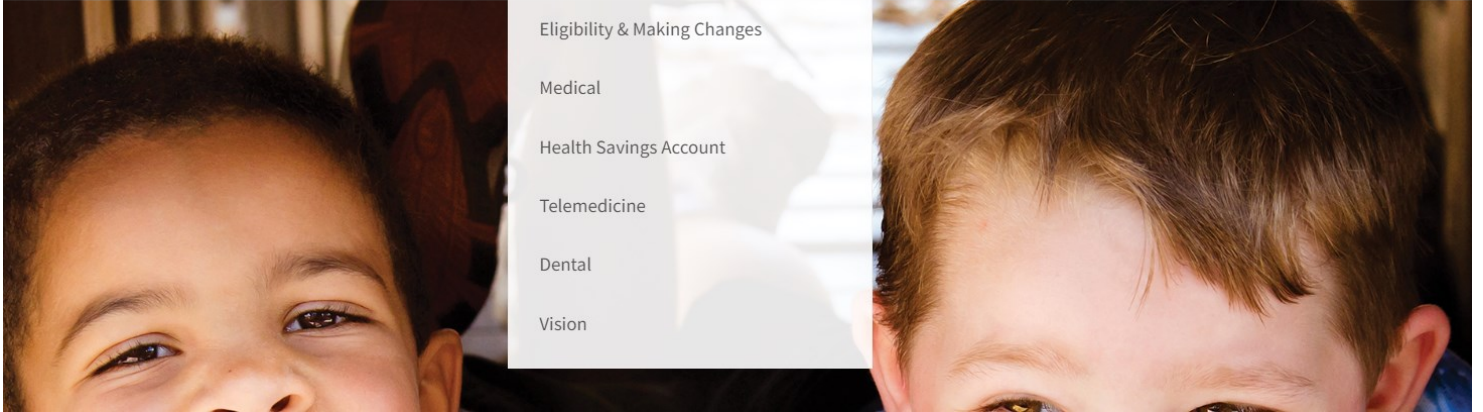
Benefits Website

Visit <http://lemont.governmentinsurancenetwork.org> for additional resources.



Health & Wellness  Other Valuable Benefits  Enrolling Compliance Benefit Contacts

- Eligibility & Making Changes
- Medical
- Health Savings Account
- Telemedicine
- Dental
- Vision



Carrier and HR Contact Information

Medical HMO

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-892-2803
Policy Number	B30712

Medical PPO Plans

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-828-3116
Policy Number	PH0016 / 230713

Dental DPPO

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-367-6401
Policy Number	230717

Vision

Carrier	VSP
Website	www.vsp.com
Phone Number	800-877-7195
Policy Number	30082920

Human Resources Contact Information

Contact	Stacy Patrianakos
Email Address	spatrianakos@lemont.il.us
Phone Number	630-257-1552
Website	http://lemont.governmentinsurancenetwork.org



NOTE: This Benefits Summary is merely intended to provide a brief overview of your employer's employee benefit programs. Employees should review the employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. Your employer reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.

