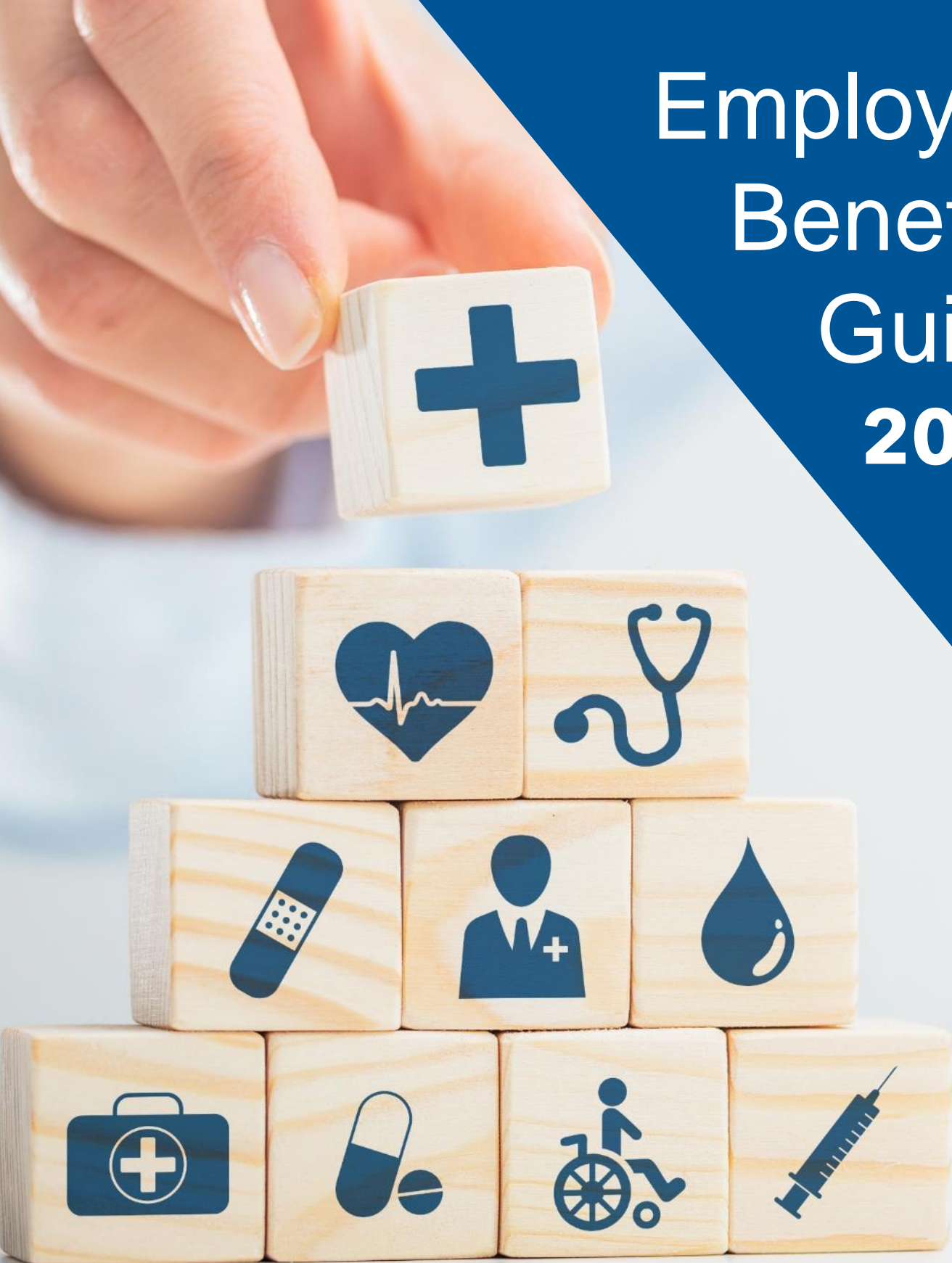# Employee Benefits Guide

2025

Naperville

Welcome

To our Valued Employees of the City of Naperville,

Your needs, and those of your family, are unique to you. That's why the City of Naperville provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

Some of the benefits we offer are paid for in full by the City of Naperville. For others, it is a shared contribution between you and the City. Other benefits are also available to you at reasonable group rates.

Your benefits are an important part of your total compensation at the City of Naperville. Please take the time to review and evaluate all the options available to you and your family.

Inside Your 2025 Guide

Resources/Contact Information

Benefit	Provider	Phone	Website / Email
Medical	BCBSIL Network: BlueAdvantage HMO Networks: BlueChoice Options (BCO); PPO	HMO: (800) 892-2803 PPO: (800) 828-3116	www.bcbsil.com
Prescription (HMO)	Prime Therapeutics	(877) 794-3574	https://www.myprime.com/en.html
Prescription (PPO/PPOHD)	CVS Caremark	(888) 202-1654	https://www.caremark.com/
Health Savings Account (HSA)	HSA Bank	(800) 357-6246	https://www.hsabank.com/
Dental	Delta Dental of Illinois	(800) 323-1743	https://www.deltadentalil.com/
Vision	EyeMed	(866) 800-5457	https://member.eyemedvisioncare.com/member/en
Flexible Spending Accounts (FSA)	WEX	(866) 451-3399	https://wexhealthinc.custhelp.com/
Life Insurance	Voya	(800) 955-7736	https://www.voya.com/
Optional Protection Benefits	UNUM	(866) 679-3054	https://www.unum.com/
Employee Assistance Program (EAP)	SupportLinc	(888) 881-LINC [5462]	www.supportlinc.com (Username: naperville)
Pet Insurance	Nationwide	(877) 738-7874	www.petsnationwide.com
Identity Theft Protection	Allstate Identity Pro (InfoArmor)	(800) 789-2720	https://www.infoarmor.com/
Legal Services	Legal Shield	(815) 570-4599	https://www.legalshield.com/
ZERO Health	Zero Health	(855) 816-0001	https://zero.health/members/
Property Insurance	Farmers GroupSelect	(855) 605-2659	https://www.farmers.com/landing/groupselect/getquote/ (Employer: CITY OF NAPERVILLE)
Retirement Resources	Nationwide	(888) 401-5272	www.Naperville457.com
Human Resources	Benefits Team	(630) 420-6029	benefits@naperville.il.us
Benefit Enrollment	Employee Self Service (ESS)		https://napervilleil.munisselfservice.com/

Benefits Overview

Company Paid Benefits

- Basic Life and AD&D – Voya
- Employee Assistance Program – Support Linc (CuraLinc)

Benefit Options Requiring Employee Contributions

- Medical (Plan Options) – BlueCross BlueShield of Illinois
    - BlueAdvantage HMO
    - BCO PPO
    - BCO PPO High Deductible
    - ✓ Plans include prescription drug coverage
- Health Savings Account (HSA) – HSA Bank
- Dental – Delta Dental of Illinois
- Vision – EyeMed
- Voluntary Life and AD&D – Voya
- Flexible Spending Accounts (FSA) – WEX Benefits
    - General Purpose Healthcare FSA (not available for those enrolled in the PPO High Deductible plan who open an HSA)
    - Limited Purpose Healthcare FSA (for those enrolled in the PPO High Deductible plan)
    - Dependent Care FSA
- Commuter Spending Accounts
- 457 Retirement Savings Plan – Nationwide
- Pet Insurance – Nationwide
- Group Legal Insurance – Legal Shield
- Optional Protection Benefits [Whole Life, Individual Short-Term Disability, Accident Insurance, Critical Illness Insurance] – Unum

Benefit Definitions

What is a premium?

A premium (also referred to as a contribution) is the cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck.

What is a deductible?

An amount you could owe during a coverage period (from **January – December** each year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is $1000, your plan won't pay anything until you've met your $1000 deductible for covered health care services subject to the deductible.)

What is a copayment?

A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

What does coinsurance mean?

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.)

What counts toward my out-of-pocket maximum?

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including deductibles, copays, and coinsurance) throughout the plan year.

Once you meet the out-of-pocket amount, your insurance provider will cover 100% of remaining medical expenses for the year.

What is an HMO, PPO and PPO High Deductible?

HMO – When enrolled in an HMO plan, all care is directed by your selected Primary Care Physician (PCP). Referral is needed by PCP for any other care.

PPO – When enrolled in a PPO plan, you may seek treatment from any provider. Higher benefits are paid when using Blue Choice Options (BCO) and PPO network providers.

PPO High Deductible – On this plan, you may also seek treatment from any provider. Higher benefits are available when seeking treatment with BCO and PPO network providers. With this plan you also have the ability to open and make contributions to a Health Savings Account (HSA).

Eligibility

Who is Eligible?

You are eligible for City of Naperville benefits if you are an active employee working 30 or more hours per week. Part-time employees working 20 hours or more per week may also be eligible for benefits such as the EAP and MSA.

Your dependents are eligible if they are:

- Your legal spouse or civil union partner

- Your child(ren)* up to age 26

- Your disabled child(ren) up to any age (if disabled prior to age 19)*

* Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship.

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your medical, dental, vision, and Health Care FSA coverage will end on either the 15th or the last day of the month in which you become ineligible (depending on your last paycheck).

You may be eligible to elect COBRA for yourself and your eligible dependents for medical, dental, and vision coverage.

Life and AD&D coverage will end on the day you become ineligible. Your life coverages are convertible.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

Annual Open Enrollment

This is a once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family. Changes will go into effect January 1st.
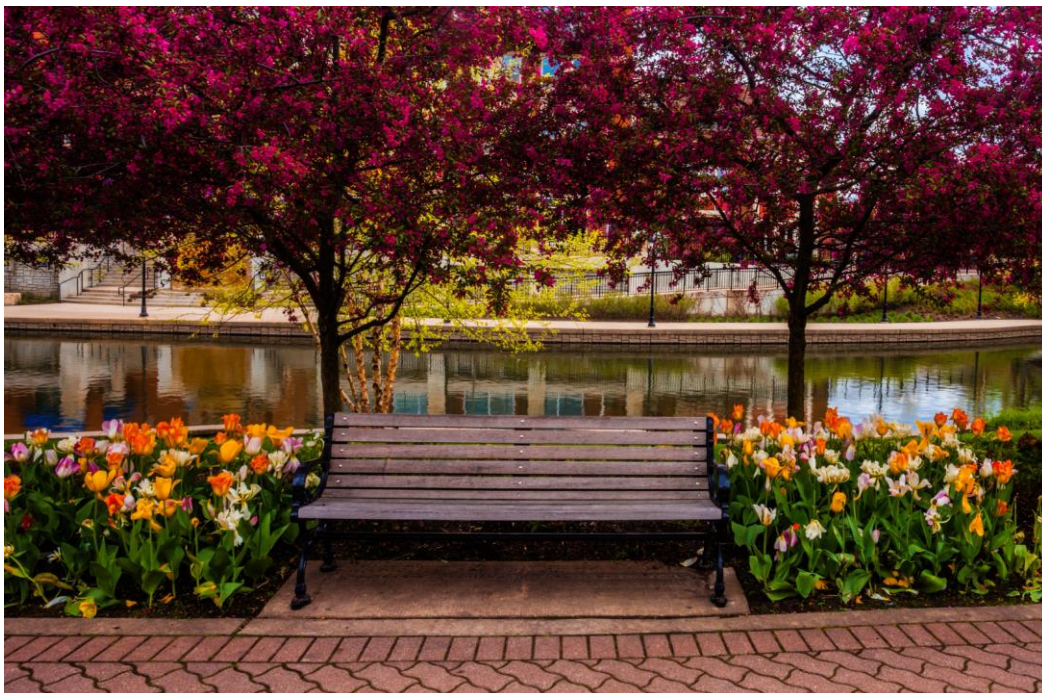
Enrollment

When Can I Enroll in Benefits?

You can enroll for benefits:

- Within **30** days of first becoming eligible for benefits

- During the annual Open Enrollment period

- During the plan year, if you experience a Qualifying Life Event (See below)

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the first of the month following date of hire.

If you do not enroll during your eligibility period, you may enroll at the next open enrollment period.

How Do I Enroll in Benefits?

You must actively enroll in all benefits that require employee contributions. You will be automatically enrolled in all Company paid benefits.

To enroll (or make changes) to your benefits, you must log onto **ESS** at **https://napervilleil.munisselfservice.com/** .

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through the end of the plan year. If you have a "qualifying life event," you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within 30 days of the event. Proof of life events are subject to approval. Please reach out to your employer for specific documentation to be submitted for a qualified life event during the benefit year. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption.

Please Note:
Federal regulations require City of Naperville to obtain the following information during enrollment:
- Social Security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents

Qualifying Life Event

Change in Marital Status	Change in Dependents	Change in Employment
• Marriage • Divorce • Death of your spouse	• Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event) • Death of your covered dependent • Gain or loss of Medicare or Medicaid during the year	• Change in you or your spouse's work status that affects benefits eligibility • Your spouse's Open Enrollment differs from yours • Relocation if the move impacts eligibility for the plan

Ask Alex

Get help choosing your benefits!

The City of Naperville has partnered with Jellyvision to provide you with a decision-making tool called ALEX.

ALEX asks you a series of questions to assist you in selecting the best plan for you and your family. ALEX is confidential and only you will see your responses to the series of questions.

You will want to set aside 20 – 30 minutes to complete the full benefit review session. Once you complete the session, you still have to complete your enrollment in ESS.

Use the link here to get started: https://start.myalex.com/city-of-naperville
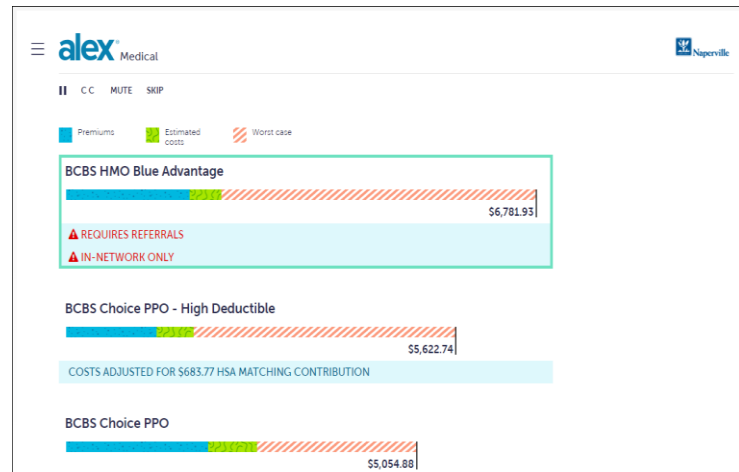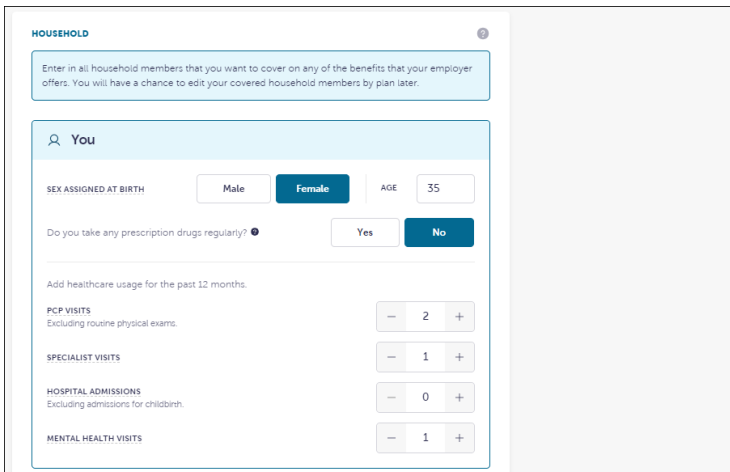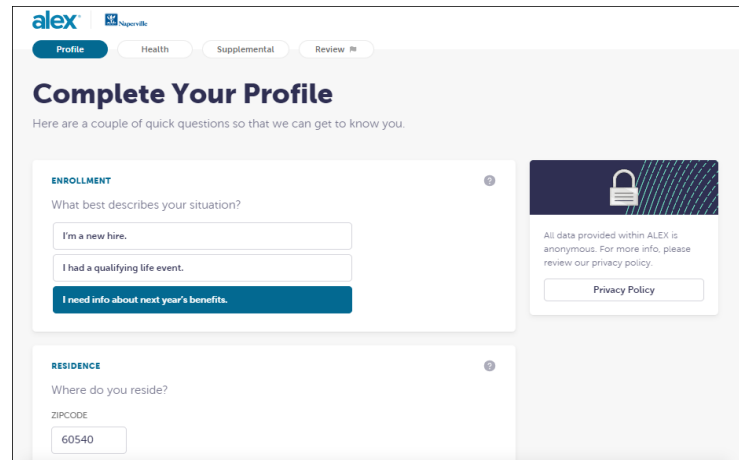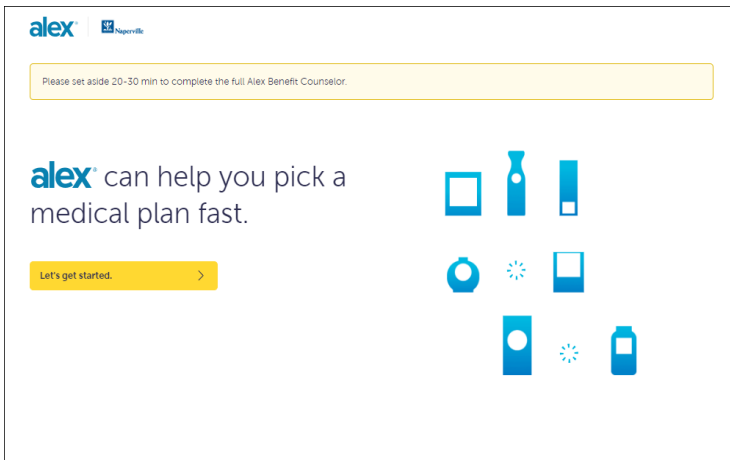
Medical Plans

City of Naperville offers three medical plans through BlueCross BlueShield of Illinois with the following features:

- The HMO plan offers the ability to choose a primary care physician (PCP) from the BlueAdvantage HMO network.

- The PPO and PPO High Deductible plans offer the option to receive care from Blue Choice Options (BCO) network, PPO network or out-of-network providers. Higher benefits are paid when using BCO network providers.

- Preventive care is covered at 100% when using an in-network provider. Full list of preventive care benefits: healthcare.gov/coverage/preventive-care-benefits/.

- Includes prescription drug coverage.

- Deductibles and out-of-pocket maximums accumulate on a plan year which runs January 1 – December 31.

- If you enroll in the High Deductible PPO plan, you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs. For additional details, refer to the HSA section.

- For a comparison of the plans, please refer to the Medical Plans Comparison Chart. Specific benefit levels and limitations can be found in the plan summaries and Summary of Benefits and Coverage (SBC).

Finding In-Network Providers

To search for in-network medical providers, log onto https://www.bcbsil.com/ . When prompted to select a plan, select either Blue Advantage HMO or Blue Choice Options [BCO].

Access to Your Healthcare

After you are enrolled in a City of Naperville medical plan, log into or create your Blue Access for Members (BAM) account at www.bcbsil.com/member to access self-service tools and resources to help manage your medical benefits.

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because City of Naperville's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at www.healthcare.gov.

Medical Plan Options

For details and limitations, please refer to your Summary of Benefits and Coverage for specific requirements regarding pre-authorizations, coverage limits, and out-of-network costs.

BlueCross BlueShield of Illinois	HMO Plan	PPO Plan	PPO High Deductible Plan
Plan Year Company H.S.A. Contribution	N/A	N/A	$1,250 EE; $2,500 ES; $2,500 EC; $2,800 F
In-Network Name	**BlueAdvantage HMO You Pay**	**BlueChoice Options You Pay**	**BlueChoice Options You Pay**
Plan Year Deductible (Individual/Family)	N/A	$500/$1,500	$2,500/$5,000
Coinsurance	0%	15%	15%
Plan Year Out-of-Pocket Max [1] (Individual/Family)	$2,500/$5,000	$3,000/$9,000	$5,000/$10,000
Preventive Care	0%	0%	0%
Primary/Specialty Care Office Visit	$25/$50	$20/$40, then 15%	15% * ^
Emergency Room Care	$300	15% * ^	15% * ^
Inpatient Hospital	$250/day (1st 3 days/calendar year)	15% * ^	15% * ^
Outpatient Surgery	$0 copay	15% * ^ Pre-authorization required	15% * ^
PPO Network	**You Pay**	**You Pay**	**You Pay**
Plan Year Deductible (Individual/Family)	N/A	$1,000/$3,000	$2,500/$5,000
Coinsurance	N/A	35%	35%
Plan Year Out-of-Pocket Max[1] (Individual/Family)	N/A	$4,000/$12,000	$5,000/$10,000
Primary/Specialty Care Office Visit	N/A	$30/$50, then 35%	35% * ^
Out of Network	**You Pay**	**You Pay**	**You Pay**
Plan Year Deductible (Individual/Family)	N/A	$2,000/$6,000	$3,000/$6,000
Coinsurance	N/A	50%	50%
Plan Year Out-of-Pocket Max[1] (Individual/Family)	N/A	$6,000/$18,000	$10,000/$15,000

[1] Plan Year Out-of-Pocket Maximum includes deductibles, copays and coinsurance
* After Deductible
^Empower Wellbeing Management Program: Prior authorization required. Examples of services included in this requirement: in-patient hospital admissions, CT/PET scans, MRI, x-rays, bloodwork, etc…

Prescription Drugs

Get the most from your prescription coverage.

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through the indicated vendor.

HMO: **Prime Therapeutics**
To review your Rx formulary:
- Go to bcbsil.com
- Click "Prescription Drugs" then "Prescription Drug Lists"
- The HMO plan utilizes the "Performance Drug List"

Note: To review your specific benefits, please log-in to Blue Access for Members.

PPO and PPO High Deductible: **CVS/Caremark** [with a separate ID card]
How do I find which tier my prescription is in?
- Register at Caremark.com/startnow or via the app
- Under "Plan & Benefits" select "Check Drug Cost & Coverage"
- Enter your prescription name and dosage
- You will then be able to review your options, and the associated prices.

Some medications may be subject to prior authorization, quantity limits or step therapy requirements to be approved for coverage.

	Prime Therapeutics HMO Plan	CVS Caremark PPO Plan	CVS Caremark PPO High Deductible Plan
Retail (up to 30-day supply)	You Pay	You Pay*	You Pay**
Tier 1 copay	$10	20% ($10 max)	20% after deductible
Tier 2 copay	$40	20% ($40 max)	20% after deductible
Tier 3 copay	$60	20% ($60 max)	20% after deductible
Specialty	$100 (retail only)	20% ($100 max; retail only)	20% after deductible
Mail Order (up to 90-day supply)	You Pay	You Pay	You Pay
Tier 1/Tier 2/Tier 3 copays	$20/$80/$120	20% to $20/$80/$120 max	20% after deductible

*PPO: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

**HDHP: Generic prescriptions on the Preventive Therapy Drug List are 20% before deductible.

Cost Saving Medical & Rx Programs

Use Your ZERO Health Card

zero

With ZERO you have access to thousands of medical services and procedures through their provider network. You can search for providers at www.zero.health and chat live with a Personal Health Assistant in just one click.

Some examples include:
- Surgeries (Ear Nose & Throat, Orthopedic, Spinal, Women's Health)
- Preventive Screenings such as Colonscopies and Mammograms
- Imaging (CT Scans, MRI, Ultrasound, X-Ray)
- Physical Therapy
- Sleep Studies
- Labs at Quest Diagnostics

Once your doctor recommends you need a procedure scheduled, follow these simple steps to get the care you need for $0!
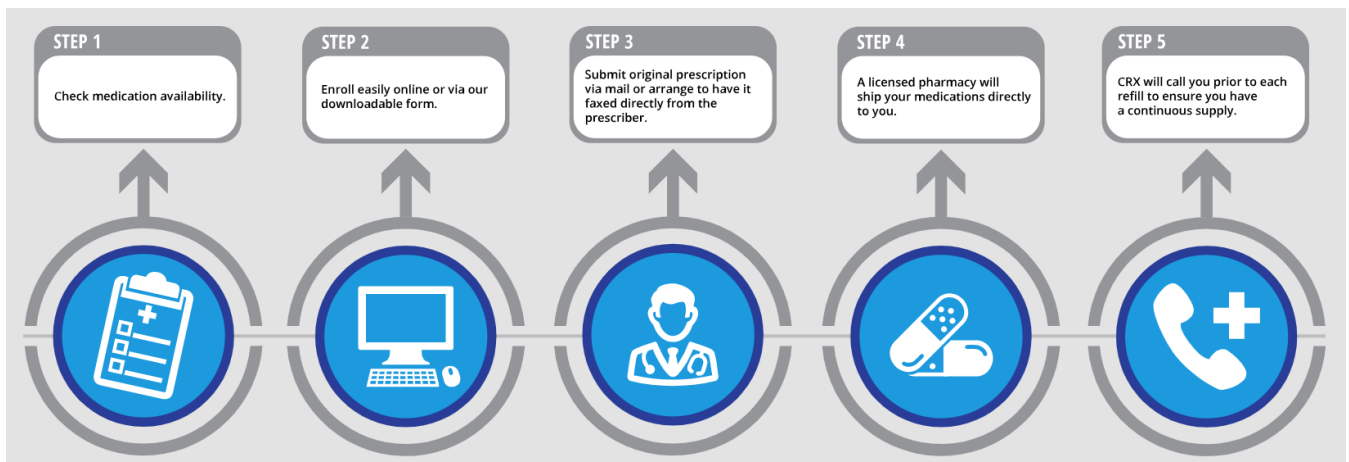1. Connect with your Personal Health Assistant to see if the service or procedure you need is covered. You can call 855-816-0001, chat www.zero.health or email them help@zero.heatlh .
2. Your Personal Health Assistant will help you find the provider that works best for you and sends all the details to the ZERO provider to get you scheduled for your procedure.
3. You get access to the care you need without having to worry about things like deductibles, copays or coinsurance - you always pay $0. For real. You always pay ZERO.

Naperville CRX

CRX INTERNATIONAL

Naperville CRX is a mail order option for certain maintenance medications. This program is available to members enrolled in the HMO and PPO plans (this does not include the PPO High Deductible plan).
- Zero Copays
- No Shipping and Handling Charges to You!
- For more information, go to www.crxintl.com.

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Check medication availability.	Enroll easily online or via our downloadable form.	Submit original prescription via mail or arrange to have it faxed directly from the prescriber.	A licensed pharmacy will ship your medications directly to you.	CRX will call you prior to each refill to ensure you have a continuous supply.

Where to Seek Care

MD Live (BCBSIL)

PPO and PPO High Deductible plans include MD Live visits, which provide 24-7-365 access to board-certified primary care doctors and pediatricians by secure video chat or phone. **For an illness or injury that is not an emergency**, MD Live's telemedicine program offers a **convenient, cost-effective alternative** to hospital emergency rooms and urgent care clinics.

MD Live is not intended to replace your relationship with your doctor, but rather provides access to healthcare when reaching the doctor is difficult or inconvenient.

Doctors in **MD Live** can diagnose, recommend treatment and write short-term prescriptions for minor, non-life-threatening conditions including, but not limited to:

- Acne
- Allergies
- Bronchitis
- Cold/Flu Symptoms
- Ear Infections
- Fever
- Headaches/Migraines
- Insect Bites
- Nausea/Stomach Aches
- Pink Eye
- Rash
- Sinus Infections
- Sore Throat
- Upper Respiratory Infections

Behavioral Health Support

You can also access licensed therapists through **MD Live** for confidential counseling seven days a week to help with depression, anxiety, stress, family difficulties and more. Behavioral health telemedicine appointments must be scheduled.

Benefits of Telemedicine Visits

- Less time away from home and work
- No travel expenses or time
- Less interference with child or elder care responsibilities
- No exposure to other potentially contagious patients

How to Use MD Live

1. Begin by accessing services in one of the following ways:
   - Online: MDLIVE.com/bcbsil
   - Phone: (888) 676-4204
   - Text: BCBSIL 635-483
   - App: Download the app
2. Register and complete your account profile, including a brief medical history, for you and your enrolled family members. Note: You'll need your BCBSIL member ID card if registering on MDLIVE's website or by phone.
3. Video chat or talk with a doctor from home, work or when traveling.

There is no charge to set up your account, but you may have a charge for your visit, depending on your benefit plan.

Where to Seek Care (continued)

Emergency Care vs. Urgent Care

When you need help in a hurry, you have choices. Of course, when it's a **life-threatening problem, you should call 911 or go straight to the nearest hospital emergency room (ER).**

In the ER, true emergencies are treated first, so unless your life is in danger, you'll wait – sometimes for hours. The ER is also the most expensive option for care.

For non-life-threatening problems, options include:

- calling your doctor,
- accessing **MD Live** telemedicine services, or
- going to an urgent care center.

or

Go to Emergency Room	Go to Urgent Care
Heart attack or stroke	Moderate fever
Chest pain or intense pain	Colds, cough or flu
Shortness of breath	Bruises and abrasions
Severe abdominal pain	Cuts and minor lacerations
Head injury or other major trauma	Minor burns and skin irritations
Loss of consciousness	Eye, ear, or skin infections
Major burns or severe bleeding	Sprains or strains
One-sided weakness or numbness	Possible fractures
Open fractures	Urinary tract infections
Poisoning or suspected overdose	Respiratory infections

Health Savings Account (HSA)

If you elect the **PPO High Deductible** medical plan (a qualified high deductible plan) and you are *not* enrolled in disqualifying coverage elsewhere, you are eligible to contribute to a Health Savings Account through **HSA Bank**.

A Health Savings Account (HSA) is a tax-advantaged savings vehicle available to individuals covered by a High Deductible Health Plan (HDHP). Funds in the account are used to pay for qualified medical, dental and vision expenses.

An HSA is a great way to save for the future. You can set aside money from each paycheck now and save funds to cover healthcare expenses that come up later. Plus, your contributions are free from federal income tax, so you're stretching your healthcare dollars while lowering your taxable take-home pay amount.

City of Naperville will also make contributions to your HSA if you enroll in the **PPO High Deductible** plan. This is "free money" for you to use to pay for eligible healthcare expenses.

HSA funds can only be used for yourself, your spouse/civil union and your taxable dependents. Expenses for civil unions and/or other dependents who do **not** qualify as tax dependents are not reimbursable under the HSA.

Advantages

- Balance rolls over each year

- Tax savings — you do not pay federal tax* on:
    - Contributions to the account
    - Spending on qualified expenses
    - Interest that accrues

- Account belongs to you, even if you change medical plans next year or leave the City of Naperville; any money in the account is yours – no vesting

- Incentives: The City helps you build your account by offering a generous contribution in January and July and offers a matching contribution program.

Tax treatment of HSAs for state tax purposes may vary by state

Distributions

- Money must be in the account to spend

- Funds can be used for you and your tax dependents' eligible expenses

- Use the funds (now or in the future) for eligible medical, dental or vision expenses, including coinsurance costs, prescriptions, glasses, orthodontia and more

- Use funds for over the counter medications

- 20% tax penalty applied if you are under age 65 and use the funds for non-eligible expenses

- At age 65, monies can be used for non-eligible health expenses with no penalty; normal income tax will apply
    - You can also pay for Medicare Part B premiums with your HSA funds

Health Savings Account (HSA)

(continued)

Funding and Enrolling in an HSA

You have the option to contribute to your HSA through pre-tax payroll contributions if you enroll in an HSA through HSABank.* You can change the amount you contribute to your HSA at any time during the plan year by logging into ESS.

To enroll in an HSA, you must enroll in the **PPO High Deductible** medical plan. You will then have to open your HSABank health savings account. You will receive instructions following enrollment on how to activate your account and establish a login and password. It is important to note that expenses are not eligible for reimbursement until your HSA has been established.

Once your HSA is opened, remember to designate a beneficiary for this account.

* You also can choose to open an HSA through another financial institution. However, you would have to make after-tax contributions; they would not be automatically deducted from your paycheck, and you would need to claim those contributions as a tax deduction when you file your taxes.

Who Can Open an HSA?

You can contribute to an HSA if you:

- Are covered under an HSA-qualified high deductible health plan (HDHP).

- Are not enrolled in Medicare*, TRICARE or TRICARE for Life.

- Cannot be claimed as a dependent on someone else's tax return.

- Have not received Veterans Affairs (VA) benefits within the past 3 months.

- You (or your spouse) do not contribute to a Healthcare FSA.

* Enrollment in Medicare Part A may be retroactive by up to 6 months when you begin taking social security retirement after your Social Security Normal Retirement Age (SSNRA). This may affect your HSA eligibility.

Other restrictions and exceptions may also apply. For more information, visit www.irs.gov/publications/ p969/.

2025 HSA Contributions and Limits

Each year, you can contribute up to the IRS annual limit for HSAs (which includes City of Naperville's contribution). **2025 HSA annual contribution limits are $4,300 for single coverage and $8,550 for family coverage**.** City of Naperville will contribute to your HSA in January and July (this amount is prorated for new hires) and offers a matching contribution program. Matching Contribution is an annual election that will begin with your first contribution in 2025.

	City's Contribution	Employee's Contribution	Matching City Contribution	Total Annual Contribution
Employee Only	$1,250	$700	$700	$2,650
Employee + Spouse	$2,500	$1,300	$1,300	$5,100
Employee + Children	$2,500	$1,300	$1,300	$5,100
Family	$2,800	$1,500	$1,500	$5,800

** If you are age 55 or older, you may contribute an additional $1,000 in catchup contributions.

IMPORTANT! If you use your HSA funds for non-qualified expenses, the purchase amount will be subject to tax, plus a 20% penalty if you are younger than age 65. To view a list of qualified expenses, visit https://www.hsabank.com/hsabank/learning-center/irs-qualified-medical-expenses

Flexible Spending Accounts (FSA)

An FSA (or flexible spending account) allows you to set aside money annually to cover the cost of qualified medical expenses. It's a lot like a savings account but used for qualified health-related costs. FSAs work on an annual plan year basis and are funded through regular payroll deductions on a pre-tax basis. Contribution toward the cost of coverage for your Domestic Partner's expenses under the FSA are generally not considered qualifying medical expenses.

Money cannot be transferred between the accounts (i.e., you cannot use money from your Health Care FSA to pay for dependent care expenses and vice versa). Additionally, all FSAs follow the "Use It or Lose It" rule. If you do not use the funds prior to the end of the plan year, you will forfeit the money.

The FSA plans are administered by **WEX Benefits**. To register and log into your FSA account, go to https://wexhealthinc.custhelp.com/ .

IRS Contribution Limits for 2025	Healthcare FSA $3,300/year	Dependent Care FSA[†] $5,000/annually ($2,500 if married and filing separately)

Healthcare FSA	Dependent Care FSA[†]

Healthcare FSA

- *Not available to HSA plan participants*
- Use for eligible medical, dental and vision expenses
- Healthcare FSA funds are available in full on day one
- As you incur eligible expenses, you either:
  - File a simple claim form (along with copies of your receipts) and are reimbursed, or
  - Use your FSA debit card to pay for qualified purchases

Dependent Care FSA[†]

- Use to pay for costs of dependent care for:
  - Children under age 13
  - Older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and that live with you more than ½ of the year
- Dependent Care FSA funds are contributed to your account as they are taken from your paycheck
- Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare
- Kindergarten or higher education expenses do not qualify

Limited Purpose FSA[†]

- *Available to HSA plan participants only*
- Use for only dental & vision expenses
- Same annual contribution limit as the Healthcare FSA

[†]Available to HSA plan participants

Commuter Spending Accounts

Contributions to the **WEX Benefits** Commuter Spending Account plans are deducted from your paycheck on a pre-tax basis, reducing your taxable income. You can then pay for qualified transportation and/or parking expenses with your benefits debit card or submit your receipts to WEX Benefits for reimbursement.

Transit FSA	Parking FSA
Mass transit expenses that allow you to travel to and from work, including: • Transit passes • Tokens • Fare Cards • Vouchers The mass transit vehicle may be publicly or privately operated and includes bus, rail, or ferry.	Parking expenses incurred at or near your work location or a location from which you continue your commute to work by: • Carpool • Van-pool • Mass Transit Out of pocket parking fees for parking meters, garages, and lots qualify. Parking at or near your home is not an eligible expense.
Up to $325 per month	**Up to $325 per month**

After your employment with the City of Naperville ends, you have up to 30 days to submit your expenses to WEX for reimbursement. Eligible expenses must have been incurred during your time of employment, to qualify.

Register your online account through **WEX Benefits**.
Please refer to your plan documents regarding filing claims, debit cards, and grace periods.

How To Save $$$!
When Using Your Medical and Prescription Plans

Use In-Network Doctors

By using in-network doctors, clinics, hospitals and pharmacies, you pay the lowest cost for care. When you visit out-of-network doctors, our health plan covers less of the cost.

Choose the Right Type of Care

When you need care, know your options. Urgent care centers, online doctor visits or a call to the medical plan nurse line can help save time and money.

Utilize BlueAccess for Members to determine the facility (freestanding imaging centers for MRIs, CT scans and other imaging) that would be the most cost effective.

Use Your Preventive Care Benefits

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings and immunizations can save you a lot of money in the long run by catching problems early or preventing them altogether.

Use Mail Order Rx Program

Rather than visiting a pharmacy month after month, save time by having the medication delivered to your home.

Through Prime Therapeutics (HMO) or CVS/Caremark (PPO/HDHP), you can also save money by getting up to a 90-day supply for less than what you would pay through a retail pharmacy. And because shipping is free, you'll also save on gas money!

Ask Your Doctor for Generic Drugs

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts.

Ask Your Pharmacy for the Cash Price

Call and ask your pharmacy for the cash price* of a prescription drug. Sometimes these prices are lower than the prescription drug plan copay.

If you pay the lower cash price, the amount you pay will not apply toward your deductible or out-of-pocket maximum.

Mental Well-being Benefits

Struggling but not sure where to turn?

Reach out to SupportLinc, the Employee Assistance Program, for guidance on how to work through your challenges.

Dealing with a mental health problem?

Schedule a session at Thriveworks — you'll meet with a provider quickly.

Remember: You also have access to mental health benefits through your medical plan, Blue Cross Blue Shield.

If HMO: Must work through your primary care doctor.
If PPO or HDHP PPO: You are able to self-refer.

Employee Assistance Program (EAP)

We understand how challenging it can be to balance your work and personal life, and we are committed to helping you do just that.

At some point in each of our lives, we face a problem or situation that is difficult to resolve. When these instances arise, **SupportLinc** will be there to help. The SupportLinc Employee Assistance Program (EAP) is a **FREE** and **confidential** resource that helps you deal with life's challenges, and the demands that come with balancing home and work. SupportLinc provides confidential, professional referrals and **up to six free face-to-face counseling sessions** for a wide variety of concerns, including anxiety, depression, marriage and relationship problems, grief and loss, substance abuse, anger management, work-related pressures, stress and more.

To get started, call: **(888) 881-LINC [5462]**

Online resources are also available by logging onto www.supportlinc.com (You will need to create a personal username)

Thriveworks

Get access to in-person and online care quickly. Thriveworks providers specialize in many different areas, enabling them to help your diverse needs.

Thriveworks specializations include trauma and PTSD, anxiety and depression, relationship issues, stress and life transitions, anger management, sleep or insomnia, coping skills, mindfulness and meditation, grief and loss.

To get started, call **(855) 762-0182** or visit https://thriveworks.com/partners/city-naperville/

Dental

City of Naperville offers a dental plan through **Delta Dental of Illinois**. Your choice of dentists can determine the cost savings you receive. PPO and Premier Network providers are paid directly by Delta Dental of Illinois and agree to accept negotiated fees as "payment in full" for services rendered.

When you use out-of-network providers, Delta Dental of Illinois will apply the applicable percentage of the allowed amount and you are responsible for paying the balance of the bill.

PPO and Premier network coverage is provided when you use Delta Dental of Illinois providers. To search for network providers, go to **https://www.deltadentalil.com/** and click on **Find a Provider > Dental**.

	Delta Dental of Illinois		
	PPO Network	Premier Network	Non-Network
Benefit Maximum Per Person			
Calendar Year Maximum*	$2,000	$1,500	$1,000
Orthodontia Lifetime Max	$2,000	$1,500	$1,000
Deductible (applies only to Basic & Major Services)			
Individual/Family	$50 Individual/$150 Family		
Benefit	**Plan Pays**	**Plan Pays**	**Plan Pays**
Preventive Services (no deductible)	100%	100%	100%
Basic Services (after deductible)	90%	80%	80%
Major Services (after deductible)	60%	50%	50%
Orthodontia	50%	50%	50%

Plan deductibles and maximums accumulate on a calendar year (January 1 – December 31). These amounts reset on January 1 of each year.

Additional Features

- <u>To Go Carryover Feature</u>: Your plan allows you and your covered dependents to carry-over qualified, unused portions of your annual maximum from one year to the next.

- <u>Enhanced Benefits Program</u>: This plan provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to your annual maximum.
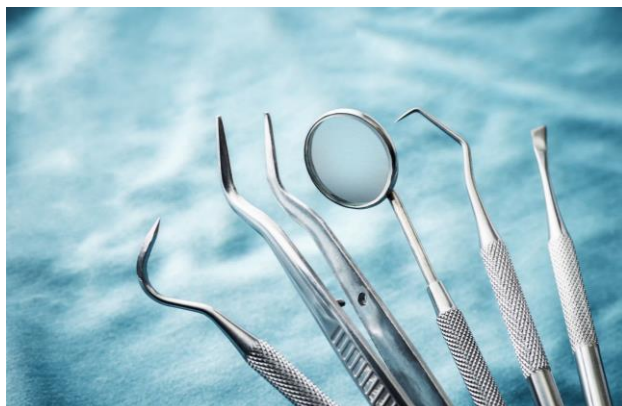
Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The **EyeMed** vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use **EyeMed Insight** providers. To search for providers, log onto **www.eyemed.com** and select the **INSIGHT Network**, or call **(866) 800-5457.**

- Employees pay the full cost of vision coverage.

EyeMed	Frequency	In-Network	Out-of-Network
		You Pay	Plan Allowance/ Reimbursement
Eye Exam	Once every calendar year	$20 Copay	Up to $30
Lenses	Once every calendar year		
Single Vision		$20 Copay	Up to $25
Bifocal		$20 Copay	Up to $40
Trifocal		$20 Copay	Up to $60
Progressive (Standard)		$85 Copay	Up to $25
Frame	Once every calendar year	$0 Copay; $130 allowance; 20% off balance over $130	Up to $65
Contacts—instead of glasses	Once every calendar year		
Conventional		$0 Copay; $100 allowance; 15% off balance over $100	Up to $80
Medically Necessary		$0 Copay; Paid in Full	Up to $200
Laser Vision Correction		15% off retail price or 5% off promotional price	N/A

Life and AD&D Insurance

Basic Life/AD&D

Having appropriate life insurance coverage is a critical part of planning for your family's current and future financial needs. Proceeds from life insurance can help with salary replacement, mortgage protection, cost of childcare, debt repayment and children's education expenses.

City of Naperville provides Basic Life and AD&D insurance coverage of **1.5 times your salary** at no cost to you. The Basic Life and AD&D insurance program is administered by **Voya** and is paid for by City of Naperville. You are automatically enrolled in these benefits.

According to federal law, only the first $50,000 of employer-paid life insurance is not taxable. Premium paid by City of Naperville for coverage levels over $50,000 will be taxable to you and will be included on your year-end W-2 statement.

Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

Voluntary Life Insurance

Voluntary Life

As a new hire, you can purchase Voluntary Life insurance for you, your legal spouse and dependent children (age 14 days to 19 years, and full-time students less than 23 years) **without providing medical information up to certain guarantee issue (GI) amounts** (see chart). If you leave the Company, this coverage can be taken with you.

Employee and spouse amounts applied for over the GI as a new hire will require you to provide Evidence of Insurability (EOI)^ for review and approval by Voya.

Benefit amounts reduce at age 65. Please refer to the benefit summary for details.

If you elect not to enroll within 30 days of your date of hire, you will still be able to purchase coverage in the future. However, ALL amounts elected will be subject to the EOI requirements provision. At that time, if your EOI is not satisfactory to Voya Financial, you will not have Voluntary Life coverage.

Voluntary Life/AD&D Amounts Available	
Employee	Increments of $10,000 up to $500,000 Guarantee Issue*: $150,000; $80,000 age 60 and over
Spouse	Increments of $10,000 up to $250,000 Guarantee Issue*: $40,000
Child (14 days to 19 years)	Increments of $2,000 up to $10,000 Guarantee Issue*: $10,000

To enroll in Voluntary Spouse and/or Child Life, you must be enrolled in Basic Employee Life.

Guarantee issue is the amount of coverage you or your dependents can elect up to without medical questions. Guarantee issue is only available to newly benefit eligible employees.

^ What is Evidence of Insurability (EOI)?

EOI is an application process through which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of insurance coverage. EOI may be required for life and/or disability insurance elections.

Who do I contact with questions?

For more information, please call the Voya Employee Benefits Customer Service Team at (800) 955-7736.

Financial Wellness

Financial Guidance

Work with a financial expert at **MySecureAdvantage** to achieve your financial goals. Finances can feel overwhelming. Connect with a Money Coach and take advantage of their action plans, online video courses, and more. Build a stronger and more secure future no matter where you are in your financial journey.

The confidential service is free to employees and their family members for all stages of life.

Topics include:

- Debt & Credit
- Spending & Saving
- Student Loans
- Taxes
- Getting Married
- Large Purchases
- Home Buying
- Estate Planning
- Retirement Savings
- More!

Visit Naperville.mysecureadvantage.com or call **(888) 724-2326** to set up an appointment.

Nationwide 457 Plan

Enroll with Nationwide to contribute to a deferred compensation plan through payroll deductions for both pre-tax or after-tax Roth 457 options. There are a wide variety of investment options available.

Enrolling is a two-step process.

1. Enroll with Nationwide at www.Naperville457.com .
2. Elect your contribution amount in ESS.

Additional Benefits

Legal Services

As a City of Naperville employee, you have access to enroll in pre-paid legal services through **Legal Shield**.

Common legal services include estate documents (wills and trusts), real estate matters, identity theft defense, traffic offenses, document review, adoptions, name changes and debt collection defense.

To obtain additional information, call **(815) 570-4599**.

Pet Insurance

Nationwide Pet Insurance Pet insurance makes it a little easier to be financially prepared for the costs of your pet's healthcare needs.

Nationwide pet insurance provides benefits for veterinary treatments related to accidents and illnesses, including cancer. Medical policies cover diagnostic tests, X-rays, prescriptions, surgeries, hospitalization and more. Wellness coverage also can be added.

Rates for this insurance are based on your pet's breed, age and location. You can enroll at **www.petsnationwide.com**.

Nationwide Pet Insurance is direct-billed — this benefit is not paid through payroll deduction.

Identity Theft Protection

Identity theft is when thieves steal your personal information in order to take over or open new accounts, file fake tax returns, rent or buy properties or commit other crimes in your name. **Allstate Identity Pro (InfoArmor)** can help you avoid identity theft and, in the worst-case scenario, get your life back after a breach of your secure personal information.

To enroll in coverage, call **(800) 789-2720**.

Home and Auto Insurance

Offered through **Farmers Group Select**, City of Naperville employees have access to home and auto insurance.

To obtain additional information and a quote, call **(855) 605-2659**.
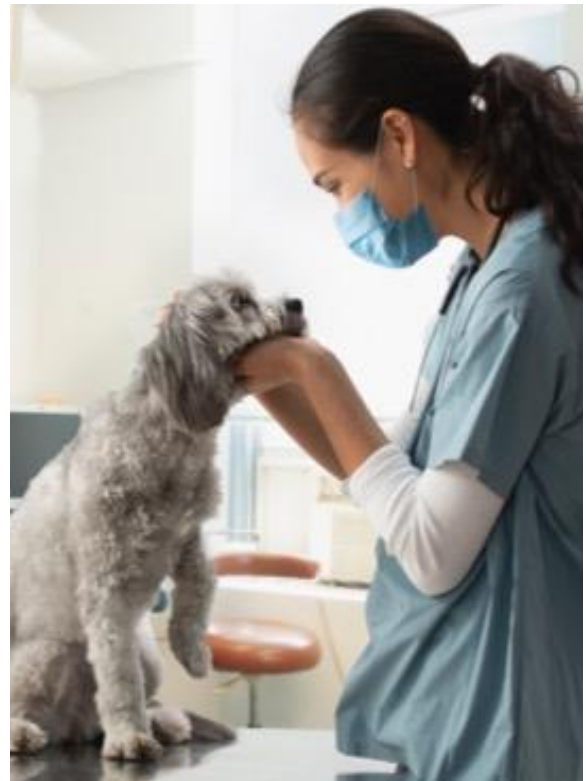
Optional Protection Benefits

City of Naperville offers additional voluntary benefit plans through **UNUM**. These plans are **not medical insurance** and do not replace your medical coverage, but rather pay cash directly to you in addition to any benefits you receive from your health plan. These benefits are not available for new hires. Enrollment in this coverage is **only available during the annual open enrollment period**.

Insurance policies available for purchase (through after-tax payroll deductions) include **Whole Life Insurance, Individual STD, Critical Illness, and Accident.** These benefits may help fill the gap until you meet your medical plan deductible.

All UNUM benefit plans are portable, which means you can take these benefits with you if you leave the City of Naperville.

Rates are based on age, tobacco status and policy elected.

Individual Short-Term Disability

Short term disability (STD) insurance can replace a portion of your income while you are disabled.

STD benefits become payable when you are unable to work due to an injury or illness unrelated to work. If you remain disabled and meet the plan's disability requirements, you will continue to receive a percentage of your weekly earnings until the benefit duration has ended.

Critical Illness Insurance

This insurance **pays a lump-sum cash benefit** directly to the insured following the diagnosis of a covered critical illness or event, including (but not limited to), heart attack, kidney failure, stroke and major organ transplants.

The plan also provides a $75 annual wellness benefit (per calendar year) for eligible health screenings and prevention measures. Since these screenings are often paid at 100% under the medical plan, you could walk away with cash in your pocket for practicing good preventive care.

Please refer to the UNUM benefit plan summaries for details and rates.

Whole Life Insurance

Whole life insurance can provide benefits to your loved ones if you die prematurely – and it provides coverage into your retirement years.

Please refer to the UNUM benefit plan summaries for details and rates.

Accident Insurance

Accident insurance **pays lump-sum benefit (based on type of injury sustained and treatment needed)** when you or your covered family members suffer injuries sustained in an accident. Covered injuries include fractures, burns, concussions, tears, lacerations, broken teeth and eye injuries.

Please refer to the UNUM benefit plan summaries for details and rates.

Required Notices

The U.S. government requires companies offering certain employee benefit plans to inform covered employees and their dependents about laws/provisions that affect the governance and/or coverage within those plans.

The City has full details available for you concerning the following laws/provisions:

Women's Health and Cancer Rights Act (WHCRA) Notice

Newborns' and Mother's Health Protection Act (NMHPA) Notice

Notice of HIPAA Privacy Practices

Notice of HIPAA Special Enrollment Rights

Notice of Patient Protections

Important Notice about Your Prescription Drug Coverage and Medicare

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

Model General Notice of COBRA Continuation Coverage Rights

Your Rights and Protections Against Surprise Medical Bills

Summary Plan Descriptions for the Plan

Each of these notices can be found by visiting:

bit.ly/EmployeeBenefitsNaperville