SOWIC Benefits Summary

All Eligible Employees

January 1, 2026 – December 31, 2026

SOWIC™
SOUTHERN WILL COUNTY
COOPERATIVE for SPECIAL EDUCATION

MarshMcLennan Agency

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NOTE: This Benefit Summary is a brief synopsis of coverage only. See plan documents for full details. In the event of any inconsistency between this Summary of Benefits and such documents, the applicable provisions of the plan documents will govern.

Eligibility

HR Contact: Luke Spotofora
Email: lspotofora@sowic.org
Phone: 815-741-7777 (ext. 606)

Eligibility Requirements

You are eligible to enroll in the benefits described in this summary. Qualified dependents eligible for select benefit coverage include:

- Your legal spouse
- Your child(ren) up to age 26
- Your incapacitated child(ren) whom are unmarried, incapable of self-support due to a mental or physical disability, and is a federal tax dependent.

Waiting Period

All benefit eligible employees electing coverage will be effective on the date of hire.

Qualifying Events

Outside of open enrollment you would need to have a qualifying event to add, drop, or make changes to your benefits. Employees are responsible for notifying Human Resources within 30 days of the qualifying life event to make a change to benefit elections. Qualifying event changes are effective on the date in which the event occurred.

Some examples of qualifying events are:

- Losing existing health coverage
- Losing eligibility for Medicare, Medicaid, or Children's Health Insurance Program (CHIP)
- Turning 26 and losing coverage through a parent's plan
- Getting married or divorced
- Having a baby or adopting a child
- Death in the family

Benefits Microsite

All information regarding the full suite of benefits available through your employment is available on the benefits microsite. You can find the microsite at https://sowic.ilschoolinsurancenetwork.org/

The microsite contains:

- Benefit definitions and explanations
- Educational videos
- Policy plan documents
- Claims forms
- Provider finder guides
- Information about additional services:
  - Maternity Services
  - Tobacco Cessation
  - Travel Resources
  - And many more!

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Medical Insurance | BlueCross BlueShield

Health Maintenance Organization (HMO)

HMOs give you access to a network of doctors and hospitals, but restrict services to in-network providers only. HMO participants must choose a contracting medical group and primary care physician (PCP) to provide or coordinate their healthcare services. If you require specialty care, an outpatient procedure, or a hospitalization, you must receive a referral from your PCP. There are no out-of-network benefits.

Choice of plan options:	HMO BA Plan 3 - B14332 *In-Network* *Benefits Only*	HMO BA Plan 4 - B01776 *In-Network* *Benefits Only*
Network	**Blue Advantage**	**Blue Advantage**
Deductible Individual Family	 $0 $0	 $500 $1,000
Coinsurance	0%	20%
Out-of-Pocket Max Individual Family	 $1,500 $3,000	 $2,500 $5,000
Physician Services Well Adult / Well Child Physician Office Specialist Visit	 No Charge $30 copay $50 copay	 No Charge $35 copay $55 copay
Emergency Room	$150 copay	$150 copay + 20% after deductible
Urgent Care	$30 copay	$35 copay
Prescription Drugs* - Retail Generic Drugs / Preferred Brand Drugs Non-Preferred Brand Drugs / Specialty Drugs	**Copays:** $10 / $25 / $40 / $40	**Copays:** $10 / $50 / $100 / $100
Prescription Drugs - Mail Order Generic Drugs / Preferred Brand Drugs Non-Preferred Brand Drugs	**Copays:** $20 / $50 / $80	**Copays:** $30 / $150 / $300
Prescription Out-of-Pocket Max Individual / Family	$5,100 / $10,200	Included in Medical Out-of-Pocket Max

*BlueCross BlueShield reserves the right to update their drug list quarterly. Prescription drugs may change tiers or may no longer be covered on their drug list. If a drug you are using is no longer covered on their drug list, please call BlueCross BlueShield customer service number located on the back of your medical ID card.

To find a HMO BCBS Medical Provider, Visit www.bcbsil.com/find-a-doctor-or-hospital or Call Customer Service toll-free: **800-892-2803**

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Medical Insurance | BlueCross BlueShield

Preferred Provider Organization (PPO)

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 applicable deductible is met, services will be covered by the plan coinsurance until the annual out-of-pocket maximum is met. The types of services that accumulate toward your deductible are office visits, inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.), emergency room visits, and urgent care visits. Prescription drug copays do not accumulate toward your deductible or overall out-of-pocket maximum.

Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

The HDHP is a PPO plan that provides health care benefits after the applicable deductible has been met. You pay the full cost of services prior to meeting your annual deductible with the exception of preventive care. Once the deductible is met, services will be covered by the plan coinsurance until the annual out-of-pocket maximum is met. If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay. Services are covered at 100% once the out-of-pocket maximum is met.

A Health Savings Account (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 you change plans or retire. The funds roll over from year to year to be used when needed.

Choice of plan options:	PPO - 165622 *In-Network Benefits Shown*	HDHP with HSA - 165602 *In-Network Benefits Shown*
Network	**PPO**	**PPO**
Deductible Individual Family	 $500 $1,000	 $1,700 $3,400
Coinsurance	10%	10%
Out-of-Pocket Max Individual Family	 $1,000 $3,000	 $3,400 $6,800
Physician Services Well Adult / Well Child Physician Office Specialist Visit	 No Charge $20 copay $40 copay	 No Charge Deductible then 10% Deductible then 10%
Emergency Room	Deductible then 10%	Deductible then 10%
Urgent Care	$40 copay (Unless billed as an ER visit)	Deductible then 10%
Prescription Drugs* - Retail Generic Drugs / Preferred Brand Drugs Non-Preferred Brand Drugs / Specialty Drugs	**Copays:** $10 / $15 / $25 / $40	Deductible then 20%
Prescription Drugs - Mail Order Generic Drugs / Preferred Brand Drugs Non-Preferred Brand Drugs	**Copays:** $20 / $30 / $50	Deductible then 20%
Prescription Out-of-Pocket Max Individual / Family	$2,500 / $7,000	Included in Medical Out-of-Pocket Max

*BlueCross BlueShield reserves the right to update their drug list quarterly. Prescription drugs may change tiers or may no longer be covered on their drug list. If a drug you are using is no longer covered on their drug list, please call BlueCross BlueShield customer service number located on the back of your medical ID card.

To find a PPO/HDHP BCBS Medical Provider, Visit www.bcbsil.com/find-a-doctor-or-hospital or Call Customer Service toll-free: **800-828-3116**

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Health Savings Account (HSA)

2026 HSA Contributions

IRS Max Contribution:	Employee Only	Family
Max HSA Contribution	$4,400	$8,750
Catch-up Contribution (Age 55 and Older)	$1,000	

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. Examples include, but are not limited to:

Medical Expenses

- Acupuncture
- Chiropractic care
- Fertility treatments
- Diagnostic services
- And more

Dental Expenses

- Cavities
- Crowns
- Dentures
- Orthodontia
- And more

Vision Expenses

- Vision exams
- Contacts
- Eye glasses
- Laser eye surgery
- And more

For a full list of qualified medical expenses go to www.irs.gov and search Section 213d.

Advantages to having a Health Savings Account (HSA)

- Triple tax savings benefit as contributions are not taxed going into the account, while they sit there earning interest or when they're taken out for a qualified medical expense
- You pay less in premium for this plan
- Unused funds rollover each year with no maximum on how much you can save and accumulate over time
- 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
- Your HSA can be viewed as a second means of savings for your retirement
- You control your healthcare spending and choose when to use your HSA dollars and when to save them
- You become a more informed participant in your healthcare and healthcare spending

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Value Added Benefits | BlueCross BlueShield

BlueAccess for Members (BAM): www.bcbsil.com
BAM is a secure member website that gives you immediate access to your health care and benefit information. Check claim status, find in-network providers, use the hospital comparison tool, print medical or dental ID cards, and more.

To access BlueAccess Mobile download the app.

Virtual Visits—MDLIVE (PPO Members Only)
MDLIVE's telehealth program provides enrolled members with access to non-emergency medical care without ever leaving the couch. Visit a doctor virtually, 24 hours a day, 7 days a week, for a variety of ailments and symptoms. Log on to MDLIVE.com/bcbsil or call **888.676.4204** today for additional info on this benefit.

Maternity Care Program: 888.421.7781
Personalized support provided by Obstetrical nurses.

24/7 Nurseline: 800.299.0274 (PPO Members Only)
General health info and guidance for specific conditions from fevers to bee stings from a registered nurse.

Blue365 Discounts
Log into your BCBS member portal and click on Wellness. Look for the Blue365 Member Discount Program and click Visit Blue365.

Well on Target Member Wellness Program
Access health and wellness resources that can help you manage your health. Resources include health assessments, self-directed courses and health coaching.
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Mail Order Prescriptions: 833.715.0942
Through Express Scripts express-scripts.com/rx, mail order prescriptions may save time and money.

Specialty Pharmacy Program: 833.721.1619
Through Accredo accredo.com, you can order and manage your specialty drug prescriptions.

Tips to Save Money

Preventive/Wellness Exams Covered at 100%
- Preventive care is one physical exam per year per enrolled member.
- Females get an annual well-woman exam covered at 100% in addition to their annual physical exam.
- No out-of-pocket costs apply - these exams are fully covered *as long as your physician codes them as preventive.*

Prescription Drugs
- Ask your doctor if there's a generic version of any medication you're currently taking or being prescribed.
- Take advantage of the Prescription Savings Programs at major retailers.
- Ask about free samples from your doctor and/or manufacturer rebates.

High Cost Scans, X-Rays & Tests
- MRI, PET scans, CT scans, etc. are less costly at in-network free-standing imaging centers than at hospitals.
- When possible, compare cost options prior to scheduling your necessary services.

Emergency Room Alternatives
The ER is a costly experience for issues that aren't true emergencies. Below are alternatives that can offer quick care at a more affordable cost.

- Doctor's office: for non-life threatening symptoms, call and let them know your symptoms require immediate attention.
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit cvs.com or walgreens.com to find a clinic near you.
- Urgent Care: less costly than the ER and can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.

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Dental Insurance | BlueCross BlueShield

Dental Preferred Provider Organization (DPPO)

The DPPO allows the flexibility to use any dentist, in or out-of-network. Staying in-network will allow your annual maximum to last longer. If you visit a dentist out-of-network, you may be responsible for paying the bill at the time of service and receiving reimbursement later.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost. We recommend you request a predetermination of benefits for major services.

Preventive:
- Annual cleanings
- Bitewing X-rays
- Space maintainers
- And more

Basic:
- Fillings
- Root canals
- Oral Surgery
- And more

Major:
- Dentures
- Bridges
- Inlays, Onlays, Crowns
- And more

Choice of plan options:	**DPPO 1000 - 270728** *In-Network / Out-of-Network*	
Network Name	**BlueCare Dental**	
Individual Deductible	$25 per calendar year	
Family Deductible	$25 per person per calendar year (maximum $75)	
Preventive Coinsurance	100%	100%
Basic Coinsurance	80%	80%
Major Coinsurance	50%	50%
Annual Plan Maximum	$1,000	$1,000
Orthodontia	Not Covered	
Orthodontia Age Limit	Not Covered	
Orthodontia Maximum	Not Covered	

Enhanced Dental Benefit

Provides additional dental benefits to members with specific medical conditions such as cardiovascular disease, diabetes or pregnancy. These services apply towards your annual maximum.

Benefit for one of the following:
- Scaling and Root Planning
- Periodontal Maintenance
- One Additional Cleaning

To Find a Dental Provider, Visit www.bcbsil.com/find-care/providers-in-your-network/find-a-dentist or Call Customer Service toll-free at **800-367-6401**

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Vision Insurance | VSP

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the true benefit of vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. If you visit a vision provider out-of-network, you will be responsible for paying the bill at the time of service and receiving reimbursement later.

Vision Plan Details:	Frequency*	In-Network	Out-of-Network
Network	**VSP Choice Network**		
Eye Exam	Every 12 months	$0 WellVision Exam Copay Up to $60 Contacts Exam Copay	$45 max reimbursement
Lenses » Single vision » Bifocal » Trifocal » Lenticular » Polycarbonate for children	Every 12 months	$25 copay	Reimbursement varies
Frames	Every 24 months	$175 allowance ($195 for featured brands) + 20% off balance over allowance	$70 max reimbursement
Elective Contacts**	Every 12 months	$175 allowance	$105 max reimbursement

**Vision benefit frequencies are based on the date of service within the policy year.*
***Contacts and glasses are not covered by the plan in the same calendar year. Discounts may apply if additional materials are purchased.*

Primary Eye Care
VSP's most robust medical eye care plan, providing treatment and services for all vision-related medical conditions such as dry eye, cataracts, pink eye, eye injury, and foreign body removal and diseases.

Included in the Primary EyeCare benefit:
Covered-in-full retinal screening for members with diabetes, even if you don't show signs of diabetic eye disease.
Additional medical eye exams to monitor and track diabetic eye disease, glaucoma and/or AMD.
Additional medical eye exams and other services for non-chronic conditions.

For additional discounts on materials and services, visit ***https://www.vsp.com/offers/special-offers***

To Find a VSP Vision Provider, Visit www.vsp.com/eye-doctor or Call Customer Service toll-free at **800-877-7195**

Vision ID cards are not required for service as providers are able to locate you in their system. If you would like an ID card, you can login to your account to print your Member ID card.

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Basic Life/AD&D | BlueCross BlueShield

Basic Life Insurance is provided at no cost to you in order to ease the financial burden on your loved ones should you pass away. Accidental Death and Dismemberment (AD&D) provides an additional benefit to your beneficiary should you suffer loss of life due to a covered accident; AD&D will also pay a benefit to you should you suffer loss of limb, sight, or vision due to a covered accident.

	Basic Life	Accidental Death & Dismemberment
Benefit Amount	$30,000 per Employee	$30,000 per Employee

Voluntary Life/AD&D | BlueCross BlueShield

Voluntary Term Life/AD&D allows you to purchase additional coverage. You may also elect voluntary life coverage for your spouse and/or dependent child(ren). AD&D coverage is not available for spouses and/or child(ren). An employee's maximum benefit election cannot exceed 5x their basic annual earnings. A spouse's maximum election cannot exceed 50% of the employee election. The cost of the benefit is 100% paid for by you. Age of participant and the amount of insurance you elect determines the premium you'll pay.

EOI is required if electing over the guaranteed issue amount or if electing after initial eligibility. EOI forms must be submitted within 30 days of election.

	Employee	Spouse	Child(ren)
Coverage Increments	$25,000	$10,000	Birth to 15 days: $0 15 days to 6 months: $500 6 months to age 26: $5,000
Maximum Benefit Amount	$100,000, not to exceed 5x annual earnings	$50,000, not to exceed 50% of employee election	$5,000
Guaranteed Issue Amount	$100,000, not to exceed 3x annual earnings	$20,000	$5,000

IMPORTANT REMINDER: Be sure your beneficiary information is up-to-date!

To update your beneficiary information, reach out to your Human Resources Representative. You can update your beneficiary at anytime throughout the year.

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Supplemental Insurance | Aflac

Aflac is insurance for daily life. Supplemental Insurance pays lump-sum, cash benefits when employees are sick or hurt to help with expenses not covered by their medical insurance.

Eligible employees may choose from a variety of available Aflac products, such as:

- Accident
- Cancer
- Critical Care
- Hospital Confinement Indemnity
- Short Term Disability

For more information about policy benefits, limitations, and exclusions, please contact your Aflac insurance agent, Seena John, at (630) 854-2785 or Seena_John@us.aflac.com.

Employee Assistance Program (EAP)

The EAP, provided by AllOne Health, offers caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. There is no cost, it's just there for you when you need it.

For more information call (800) 451-1834

Additionally, you can visit allonehealth.com/portal and login with the following account credentials for more information:

Member Portal and App Code: LIN500

Possible reasons to call can include:

- Stress and depression
- Life transitions
- Grief and loss
- Parenting and child care
- Elder care referrals
- Domestic violence
- Workplace conflict
- Work/life balance
- Addiction and recovery
- Financial issues
- Legal assistance
- And more

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Travel Resource Services

Travel Resource Services, provided by Assist America, is a 24-hour emergency and information service that helps you access emergency assistance when you are traveling 100 or more miles away from home. The multilingual emergency assistance professionals will help you with your struggles to make sure you, your family and friends receive the best service when traveling.

Key services include:

- Medical Search and Referral
- Medical Monitoring
- Medical Evacuation/Return Home
- Dependent Children Assistance
- Replacement of Medication and Eyeglasses
- Emergency Travel Arrangements
- Emergency Cash
- Pre-Trip Information
- Interpretation/Translation
- Legal Assistance/Bail
- And More

Download the free Assist America Mobile App and use reference number 01-AA-TRS-12201. You can also set up your account by calling 800-872-1414 or by emailing medservices@assistamerica.com.

Beneficiary Resource Services

BlueCross BlueShield has partnered with Morneau Shepell to provide Beneficiary Resource Services to life insurance policyholders and their beneficiaries. Beneficiary Resource Services helps people:

- Manage any legal issues that may result after the loss of a loved one
- Provide information for those planning or pre-planning a funeral
- Create, modify, and store a last will and testament online
- Cope with and recover from the emotional impact of the loss of a loved one
- Effectively manage the financial consequences

To access these resources, call 800-769-9187 or visit workhealthlife.com (Username: beneficiary).

Carrier Information

Medical HMO BA Plan 3 and 4	
Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	(800) 892-2803
Network	Blue Advantage
Policy Number	B14332 / B01776

Medical PPO and HDHP/HSA	
Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	(800) 828-3116
Network	PPO
Policy Number	165622 / 165602

Dental PPO 1000	
Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	(800) 367-6401
Network	BlueCare Dental
Policy Number	270728

Vision	
Carrier	VSP
Website	www.vsp.com
Phone Number	(800) 877-7195
Network	VSP Choice Network
Policy Number	12019596

Basic / Voluntary Life and AD&D Insurance	
Carrier	BlueCross BlueShield
Website	www.bcbsil.com/ancillary/employees
Phone Number	(800) 367-6401

Travel Resource Services	
Carrier	Assist America
Email	medservices@assistamerica.com
Phone Number (US & Canada)	(800) 872-1414
Other Locations (Call Collect)	(609) 986-1234

Employee Assistance Program	
Carrier	AllOne Health
Website	Allonehealth.com/portal
Phone Number	(800) 451-1834
Portal & App Code	LIN500

Human Resources Contact Information	
Contact	Luke Spotofora
Email Address	lspotofora@sowic.org
Phone Number	815-741-7777 (ext. 606)

Aflac	
Agent	Seena John
Email	seena_john@us.aflac.com
Phone Number	(630) 854-2785

For additional benefit information, visit https://sowic.ilschoolinsurancenetwork.org/

NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's 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. The Company 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.