

West Chicago Elementary School District 33



Employee Benefit Guide I 2020



Service Provider Information

Medical/Prescription

BlueCross BlueShield of Illinois

www.bcbsil.com

PPO/HSA: 800.828.3116

HMO: 800.892.2803

Prescription: 800.423.1973

Dental

BlueCross BlueShield of Illinois

www.bcbsil.com/providers.dental.htm

Dental: 877.853.2583

Vision

VSP

www.vsp.com

800.877.7195

Basic Life/AD&D

Voluntary Life/AD&D

Dearborn National

www.dearbornnational.com

800.348.4512

Employee Assistance Program [EAP]

LifeMatters administered by Empathia

www.mylifematters.com

800.634.6433

Teladoc

www.teladoc.com

800-teladoc (835-2362)

Flexible Spending Account

FlexSystem FSA administered by TASC

www.tasconline.com

800-422-4661

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The information in this Enrollment Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

For additional questions or comments about our programs, please contact the Human Resources Department.

OUR COMMITMENT TO YOU | a plan designed for your needs

West Chicago Elementary School District 33 offers plans designed to recognize the diverse needs of our workforce. As we strive to provide strong benefit coverage and enhance our benefit options, we have to constantly look at new ways to make this possible. Our plan continues to:

- Provide competitive and comprehensive benefit options that allow you to design your own plan based on your individual needs;
- Offer plans to provide long-term financial security for you and your family.

Only you can determine which benefits are the best for you and your family. We want you to understand all your options and make informed decisions.

BENEFIT BASICS

Eligibility

If you are a full-time employee, once you have satisfied the applicable new hire waiting period, you are eligible to elect a variety of benefits described in this guide.

Dependent children may be covered until age 26, for medical, dental and vision insurance; and age 14 days to 20 years (26 if full-time student) for voluntary life insurance.

Your initial benefit eligibility period is the only time of year, outside the annual open enrollment, that you can change your benefit selections without an eligible qualified life event.

Qualifying Life Events

Your elections for the plan year will remain in effect for the full year unless you experience an eligible Qualified Life Event. If you experience an eligible Qualified Life Event, as listed below, you may change or cancel your coverage during the plan year to meet your needs. You must notify Human Resources within 30 days of the event to ensure there is no disruption of your coverage:

Birth/Adoption	Dependent Child Age Limit
Divorce	Marriage
Death	Loss/Gain of Coverage
FMLA related Leave	

Employees may add or drop coverage for themselves or dependents as a result of an eligible qualifying event, as well as switch from one medical plan to another.

It is important that you notify Human Resources within 30 days upon any eligible Qualified Life Event change so that we can ensure there is no interruption or error in your benefits. Any request for coverage change or cancellation must be consistent with your Qualifying Life Event and you must have proper documentation to support this change (i.e. birth certificate, marriage license, final divorce paperwork, etc.).

MEDICAL INSURANCE

Eligible full-time employees of West Chicago Elementary School District 33 have the option of choosing a PPO or HMO plan administered by Blue Cross Blue Shield of Illinois.

Below is a Summary of Benefits for the two HMO plan options available to all eligible employees. Both plans offer the same benefits. However, the BlueAdvantage HMO has a smaller provider network than the HMO Illinois. For more information on locating a participating provider in either HMO option, visit www.bcbsil.com.

Employee cost information, for all plans, can be found at www.wego33.org/EmployeeBenefits.aspx.

	BlueAdvantage HMO Participating Provider (What you will pay)	HMO Illinois Participating Provider (What you will pay)
Deductible (Single / Family)	\$0 / \$0	\$0 / \$0
Out-of-Pocket Maximum (Single / Family)	\$1,500 / \$3,000	\$1,500 / \$3,000
Physician Office Services (Primary Care / Specialist)	\$10 Copay	\$10 Copay
Preventive Office Services	\$10 Copay	\$10 Copay
Emergency Room Services	\$50 Copay	\$50 Copay
Urgent Care Services	\$10 Copay	\$10 Copay
Inpatient Professional Services / Facility	No Charge	No Charge
Outpatient Surgery Hospital / Alternative Care Facility	No Charge	No Charge
Outpatient Therapy Services ((Primary Care / Specialist))	No Charge	No Charge
Mental Health Outpatient Services	\$10 Copay	\$10 Copay
Pharmacy Benefits		
Retail (Up to 34-day supply) Generic / Preferred brand / Non-preferred brand / Specialty	\$15 / \$30 / \$50 / \$50	\$15 / \$30 / \$50 / \$50
Home Delivery (Up to 90-day supply) Generic / Preferred brand / Non-preferred brand / Specialty	\$30 / \$60 / \$100 / \$50	\$30 / \$60 / \$100 / \$50

REFER TO PLAN DOCUMENTS FOR MORE DETAILED EXPLANATION OF BENEFITS, AVAILABLE AT www.wego33.org/EmployeeBenefits.aspx.



MEDICAL INSURANCE – CERTIFIED STAFF

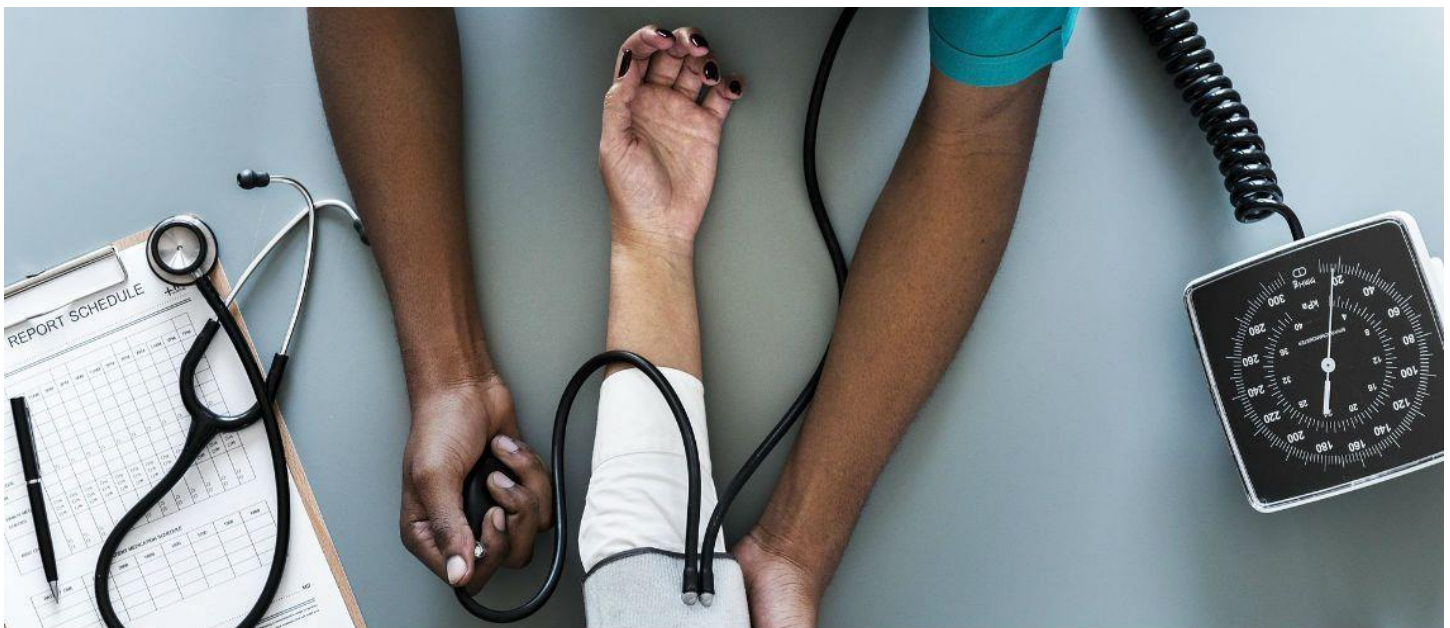
Below is a Summary of Benefits for the two PPO plan options available to Certified Staff. Both PPO plans use Blue Cross' largest PPO network, which is the Participating Provider Organization [PPO] network. For more information on locating a participating provider, visit www.bcbssil.com.

The HSA PPO plan is a High Deductible Health Plan (HDHP). Please refer to page 5 for additional information as to how the HSA works.

Employee cost information, for all plans, can be found at www.wego33.org/EmployeeBenefits.aspx.

	PPO PLAN Participating Provider (What you will pay)	HDHP PPO PLAN w/HSA Participating Provider (What you will pay)
Deductible (<i>Single / Family</i>)	\$1,000 / \$3,000	\$2,700 / \$5,200
Out-of-Pocket Maximum (<i>Single / Family</i>)	\$2,000 / \$6,000	\$2,700 / \$5,200
Physician Office Services (<i>Primary Care / Specialist</i>)	\$20 Copay	No Charge, after deductible
Preventive Office Services	No Charge	No Charge, deductible does not apply
Emergency Room Services	\$75 Copay	No Charge, after deductible
Urgent Care Services	Deductible plus 20%	No Charge, after deductible
Inpatient Facility & Professional Fees	Deductible plus 20%	No Charge, after deductible
Outpatient Surgery Hospital / Alternative Care Facility	Deductible plus 20%	No Charge, after deductible
Outpatient Therapy Services	Deductible plus 20%	No Charge, after deductible
Mental Health Outpatient Services	Deductible plus 20%	No Charge, after deductible
Pharmacy Benefits		
Retail (up to 34-day supply) Generic / Preferred brand / Non-preferred brand / Specialty	\$15 / \$30 / \$50 / \$50	No Charge, after deductible
Home Delivery (up to 90-day supply) Generic / Preferred brand / Non-preferred brand / Specialty	\$30 / \$60 / \$100 / \$50	No Charge, after deductible

REFER TO PLAN DOCUMENTS FOR MORE DETAILED EXPLANATION OF BENEFITS, AVAILABLE AT www.wego33.org/EmployeeBenefits.aspx.



MEDICAL INSURANCE – CLASSIFIED STAFF

Below is a Summary of Benefits for the two PPO plan options available to Classified Staff. Both PPO plans use Blue Cross' largest PPO network, which is the Participating Provider Organization [PPO] network. For more information on locating a participating provider, visit www.bcbstl.com.

The HSA PPO plan is a High Deductible Health Plan (HDHP). Please refer to page 5 for additional information as to how the HSA works.

Employee cost information, for all plans, can be found at www.wego33.org/EmployeeBenefits.aspx.

	PPO PLAN Participating Provider (What you will pay)	HDHP PPO PLAN w/HSA Participating Provider (What you will pay)
Deductible (<i>Single / Family</i>)	\$250 / \$750	\$2,700 / \$5,200
Out-of-Pocket Maximum (<i>Single / Family</i>)	\$1,000 / \$3,000	\$2,700 / \$5,200
Physician Office Services (<i>Primary Care / Specialist</i>)	\$10 Copay	No Charge, after deductible
Preventive Office Services	\$10 Copay	No Charge, deductible does not apply
Emergency Room Services	\$50 Copay	No Charge, after deductible
Urgent Care Services	Deductible plus 10%	No Charge, after deductible
Inpatient Facility & Professional Fees	Deductible plus 10%	No Charge, after deductible
Outpatient Surgery Hospital / Alternative Care Facility	Deductible plus 10%	No Charge, after deductible
Outpatient Therapy Services	Deductible plus 10%	No Charge, after deductible
Mental Health Outpatient Services	Deductible plus 10%	No Charge, after deductible
Pharmacy Benefits		
Retail (up to 34-day supply) Generic / Preferred brand / Non-preferred brand / Specialty	\$15 / \$30 / \$50 / \$50	No Charge, after deductible
Home Delivery (up to 90-day supply) Generic / Preferred brand / Non-preferred brand / Specialty	\$30 / \$60 / \$100 / \$50	No Charge, after deductible

REFER TO PLAN DOCUMENTS FOR MORE DETAILED EXPLANATION OF BENEFITS, AVAILABLE AT www.wego33.org/EmployeeBenefits.aspx.



HEALTH SAVINGS ACCOUNT

Employees electing the High Deductible Health Plan (HDHP), for the first time in 2020, are eligible for seed money. Seeding will be for 2 years only. Employees who have participated in the HDHP HSA plan for 2 or more years already will not receive additional seeding for 2020 or beyond. The Board of Education will contribute, for 2020, the following amounts:

- Single @ \$675.00 / year, paid in monthly increments
- Family @ \$1,350.00 / year, paid in monthly increments

The maximum employee contribution amount, combined with any applicable employer contribution, cannot exceed the IRS stated maximums for the calendar year. The maximum contributions for 2020 are \$3,550 for single coverage and \$7,100 for family coverage. Individuals age 55 and older can make additional catch-up contributions of up to \$1,000 in 2020.

Your account is owned by you and is funded with tax-exempt dollars to help pay for eligible medical expenses not covered by your insurance plan (deductibles, co-insurance).

Every employee participating in the High Deductible Health Plan can open a Health Savings Account (HSA). Once your Health Savings Account is opened, you will receive a bank card or checks, if you choose, to use when paying for qualified medical expenses. Contributions to the Health Savings Account are made by payroll deduction.

A Health Savings Account...

- An alternative to a traditional PPO health insurance plan.
- Enables you to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis.
- Can only be utilized with a HDHP.
- Unused funds can be "rolled over" from year to year tax free. If you leave WCSD 33 your HSA goes with you.

Why a Health Savings Account (HSA) May be an Excellent Choice for You:

- It saves you money – 73% of the population spends \$500 or less on healthcare-related expenses. An HSA is paired with an HDHP, which has a lower premium than a traditional PPO plan.
- It's portable – You take it with you from job to job.
- It's a tax saver – Contributions are made with pre-tax dollars.

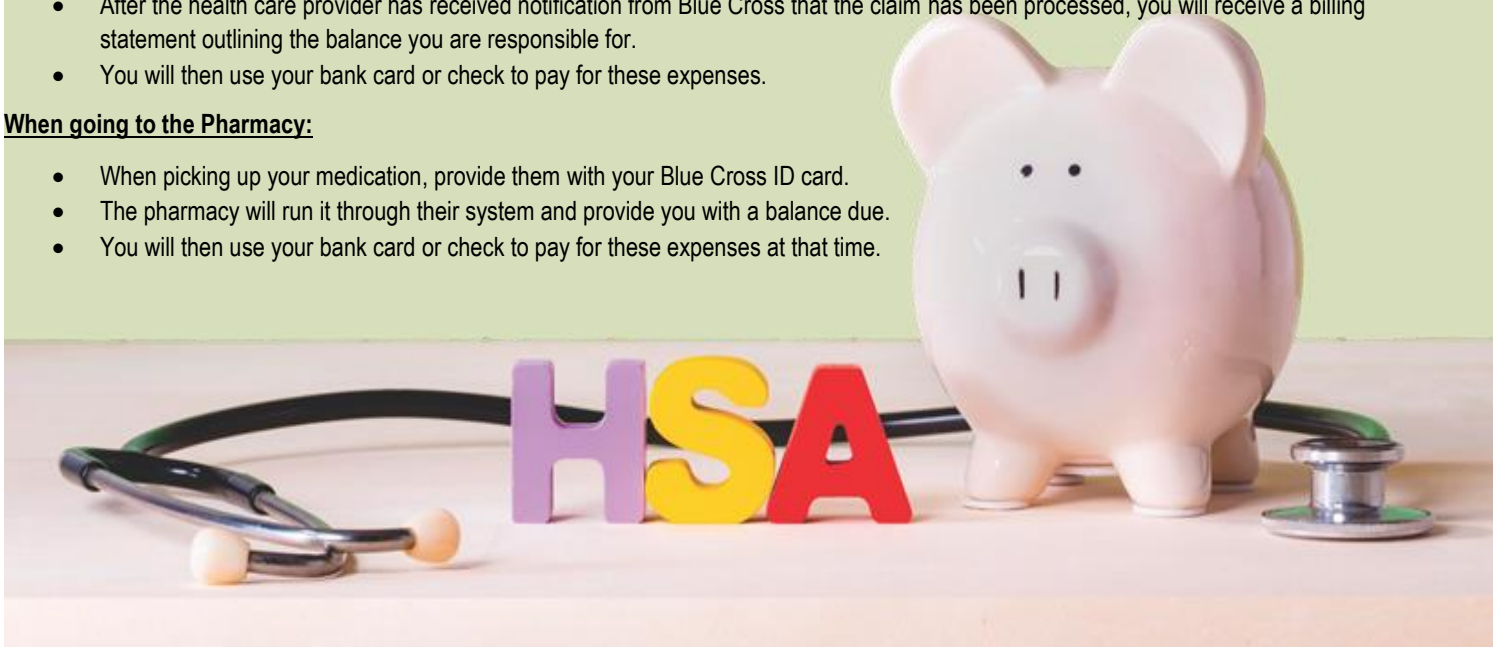
HOW DOES THE HSA WORK?

When visiting a physician, hospital, or other facility:

- When arriving for your appointment, provide them with your Blue Cross Blue Shield ID card. After your visit, your claim will be submitted to Blue Cross for processing.
- After the health care provider has received notification from Blue Cross that the claim has been processed, you will receive a billing statement outlining the balance you are responsible for.
- You will then use your bank card or check to pay for these expenses.

When going to the Pharmacy:

- When picking up your medication, provide them with your Blue Cross ID card.
- The pharmacy will run it through their system and provide you with a balance due.
- You will then use your bank card or check to pay for these expenses at that time.



Blue365[®]

A Discount Program
for You



Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Illinois (BCBSIL) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or pre-authorizations.

Once you sign up for Blue365 at blue365deals.com/BCBSIL, weekly “Featured Deals” will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

EyeMed | Davis Vision

You may save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

TruHearing[®] | Beltone[™]

You may get possible savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Dental SolutionsSM

You may get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50 percent at more than 61,000 dentists and more than 185,000 locations.*

Jenny Craig[®] | Seattle Sutton's[®] | Nutrisystem[®]

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

See all the Blue365 deals and learn more at blue365deals.com/BCBSIL.

RetrofitSM

Receive 15 percent off Retrofit's online, private weight loss coaching sessions. Retrofit includes the use of a wireless Fitbit® device and smart-scale, one-on-one videoconferencing with a personal team of experts and unlimited online support. You will enjoy flexibility in scheduling and the ability to meet with coaches anywhere there is an Internet connection.

Reebok | SKECHERS®

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select Performance, Sport, Work and Corporate Casual styles. You will enjoy discounts and free shipping opportunities.

SeniorLink Care™

SeniorLink Care offers you support to help your aging family or friends lead fulfilling and comfortable lives. From planning care to helping caregivers, SeniorLink Care assists older adults and their loved ones in finding the programs and services they may need most. You can save on a three- or 12-month membership.

Fitness Wearables

Wellness Codes offers discounts on many fitness products such as popular brand wearables Polar, Garmin and Fitness DVDs like Zumba. The Wearables Store provides a wide choice of trackers to help monitor daily activities at reduced prices.



Snap Fitness™

Join Snap Fitness for a 50 percent discount off the best current enrollment offer (no processing fees) and a 5 percent discount on monthly dues. You may also get 10 percent off up to five personal-training sessions, complimentary access to Snap Fitness online workout tools, one month of online nutrition and meal-planning services and biannual fitness assessments. A 30-day trial membership is also available for \$8.95.

For more great deals or to learn more about Blue365, visit blue365deals.com/BCBSIL.

The relationship between these vendors and Blue Cross and Blue Shield of Illinois (BCBSIL) is that of independent contractors. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

* Dental Solutions requires a \$9.95 signup and \$6 monthly fee.

Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under the health plan you choose to offer. Employees should check their benefit booklet or call the customer service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.

Blue365[®]

EyeMed Vision Discount Program



Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to offer you a vision discount program through EyeMed Vision Care.

What?

The EyeMed Vision Discount through Blue365 offers savings on eyeglasses, contact lenses, eye exams, accessories and laser vision correction. See the back page for a full list of discounts.

Who?

The EyeMed network consists of major national and regional retail locations, such as LENSMASTERS[®], PEARLE VISION[®], Target Optical[®], Sears Optical[®] and JCPenney Optical, as well as independent ophthalmologists and optometrists. Additionally, you may go online to in-network providers at contactsdirect.com.

Where?

Visit eyemedexchange.com/blue365, click [Find a Provider](#) and begin your search. Be sure the Advantage network is selected.

For more information about Blue365, log in to Blue Access for MembersSM (BAM) at bcbsil.com. Click the [My Coverage](#) tab at the top, and then click the [Discounts](#) link on the left.

Referral?

You don't need a referral. Simply visit any EyeMed provider and show your BCBSIL medical ID card.

Program Features

- Discounts on vision care services and materials
- No limit to the number of times the member can receive discounts on purchases
- Access to large provider network
- Convenient evening and weekend hours

Note: This is not insurance. When contacting EyeMed or any retailer or provider in the EyeMed Advantage network, be sure to refer to the discount program.

See all the Blue365 deals and learn more at blue365deals.com/BCBSIL.

EyeMed Vision Discounts



For more information, visit eyemedexchange.com/blue365 or call EyeMed's automated help line at 866-273-0813.

Vision Care Services	Cost
Exam with dilation as necessary:	\$50 routine exam \$10 off contact lens fit and follow-up
Complete Pair of Glasses Purchase: frame, standard plastic lenses, and lens options must be purchased in the same transaction to receive full discount	
Frames*	
Any frame available at provider location	35% off retail price
Standard Plastic Lenses*	
Single-vision	\$50
Bifocal	\$70
Trifocal	\$105
Lenticular	\$105
Standard Progressive	\$135
Premium Progressive	30% off retail price
Lens Options*	
UV Coating	\$12
Tint (Solid and Gradient)	\$12
Standard Scratch-resistance	\$12
Standard Polycarbonate	\$35
Standard Anti-reflective	\$40
Other Add-ons and Services	30% off retail price
* Items purchased separately will be discounted 20% off of the retail price.	
Contact Lens Materials (applied to materials only)	
Conventional	15% off retail price
Laser Vision Correction	
Lasik or PRK	15% off retail price or 5% off promotional price
Frequency	
Examination	Unlimited
Frame	Unlimited
Lenses	Unlimited
Contact Lenses	Unlimited

Discounts are only available through participating vendors.

The relationships between Blue Cross and Blue Shield of Illinois (BCBSIL) and EyeMed are that of independent contractors.

Blue365 is a discount program available to BCBSIL members. This is NOT insurance. Some of the services offered through Blue365 may be covered under your health plan. Please refer to your benefit booklet or call the Customer Service number on the back of your ID card for specific benefit information under your health plan. Use of Blue365 does not affect your premium, nor do costs of Blue365's services or products count toward any maximums and/or plan deductibles.

BCBSIL does not guarantee or make any claims or recommendations regarding the services or products offered under Blue365. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSIL reserves the right to discontinue or change this discount program at any time without notice.



Check Out Your HMO Vision Care Program



As a member of Blue Cross and Blue Shield of Illinois (BCBSIL), you and your covered dependents are eligible for vision care benefits through EyeMed.

What are my vision care benefits?

Benefits for covered members include:¹

- Coverage for one eye examination every 12 months for the cost of your wellness services copayment
- Coverage for one standard contact lens evaluation and fitting every 12 months, when performed on the same day as your eye examination

Remember: When you visit an EyeMed network provider, your copayment or other share of the cost is due on the day of your visit.

For more details about what your plan covers, please visit eyemedvisioncare.com/bcbsil or call EyeMed.

Do I need a referral?

You don't need a referral. Simply visit any EyeMed Select provider and show your medical ID card to access your vision care benefits and discounts.

Do I need a vision ID card?

As long as you have your BCBSIL medical ID card, you do not need a separate vision ID card. However, if you would like a separate card, you can register online at eyemedvisioncare.com/bcbsil or via the EyeMed mobile app to download and/or print a card.

¹ For more information about your vision benefits, refer to your benefit booklet. This flier is just a summary of your benefits and does not change the benefits provided in the booklet.

Are there discounts included?

You receive extra discounts above your vision program benefits, including:

- 35 percent off frames
- 20 percent off any item not covered by the plan
- 15 percent off retail or 5 percent off the promotional price of LASIK.
For more information regarding the LASIK feature, call 877-552-7376
(877-5LASER6)

See a list of available discounts in the blue box to the right.

How do I locate a contracted EyeMed provider?

The EyeMed Select network consists of thousands of independent and retail contracted providers, including national favorites like LensCrafters®, Pearle Vision, Sears® Optical, Target Optical® and JCPenney Optical. For a list of EyeMed Select providers near you, visit eyemedvisioncare.com/bcbsil or call EyeMed.



In addition, you have online, in-network access to contactsdirect.com and glasses.com.

Are there any exclusions?

The following are some of the items not covered as part of the vision care program. Refer to your benefits booklet for a full list.

- Medical treatment of eye disease or injury
- Vision therapy
- Services performed by a provider who is not in the EyeMed network
- Replacement of lost eyewear
- Services not performed by licensed personnel

Discounts

Frames	35% off retail price
Other Add-ons	20% off retail price

Standard Lenses:

Single Vision	\$50
Bifocal	\$70
Trifocal	\$105
Lenticular	\$105
Standard Progressive	\$135

Lens Options:

UV Treatment	\$15
Tint (Solid and Gradient)	\$15
Scratch Coating	\$15
Polycarbonate - Adults	\$40
Polycarbonate – Kids under 19	\$40
Standard Anti-reflective	\$45
Conventional Contact Lenses	15% off retail price

For more information:

Call EyeMed at **844-684-2254**
Mon. - Sat., 6:30 a.m. - 10 p.m.
Sun. 10 a.m. - 7 p.m. CT

eyemedvisioncare.com/bcbsil

EyeMed Vision Care is an independent company that administers the vision benefits for Blue Cross and Blue Shield of Illinois.

Third party brands are the property of their respective owners.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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Blue PointsSM — Rewards for Healthy Living

Well onTarget understands how hard it can be to maintain a healthy lifestyle. Sometimes, you may need a little motivation. That's why we offer the Blue Points* program. This program can help you get on track — and stay on track — to reaching your wellness goals.

With the Blue Points program, you will be able to earn points for regularly participating in many different healthy activities. You can redeem these points in the online shopping mall, which offers a wide variety of merchandise.

Created with your needs in mind, the Blue Points program offers many convenient, user-friendly, personalized and flexible features:

EARN POINTS INSTANTLY

The program gives you points immediately, so you can start using them right away.**

GET EXTRA POINTS

Don't have enough points yet for that reward you really want? No problem! You can apply the points you have and use a credit card to pay the remaining balance.

EASILY MANAGE YOUR POINTS

The interactive Well onTarget portal, available at wellontarget.com, uses the latest user-friendly technology. This makes it easy to find out how many points are available for you to earn. You can also track the total number of points you've earned year-to-date. All of your point information will appear on one screen.

2,500 points

Enrolling in the Fitness Program

2,500 points

Completing Your Health Assessment

2,675 points

Syncing Your Fitness Device

CHOOSE FROM A LARGE SELECTION OF REWARDS

Redeem your hard-earned points in our expanded online shopping mall. Reward categories include apparel, books, health and personal care, jewelry, electronics, music and sporting goods. And be sure to check out the “Rewards on Sale” section, where you’ll find discounted electronics, games, luggage and other merchandise.

PARTICIPATE IN ACTIVITIES THAT MATCH YOUR GOALS

Look how quickly your Blue Points can add up! Here are some sample activities you can complete to earn Blue Points:

ACTIVITIES	POTENTIAL BLUE POINTS AMOUNTS
Completing the Health Assessment every six months	2,500 points every six months
Taking all 12 lessons in a Self-directed course	1,000 points per quarter
Tracking your progress toward your goals in the Well onTarget Member Wellness Portal	10 points, up to a maximum of 70 points per week
Enrolling in the Fitness Program***	2,500 points
Adding weekly Fitness Program gym visits to your routine	Up to 300 points each week
Completing any Self-directed Course Milestone Assessment	Up to 250 points per month
Participating in a biometric screening	2,500 points per year
Connecting a compatible fitness device or app to the portal	2,675 points
Tracking progress using a synced fitness device or app	55 points per day

*Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

**This does not apply to points you earn for completing Fitness Program activities and biometric screenings.

***The Fitness Program is provided by Tivity Health®, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

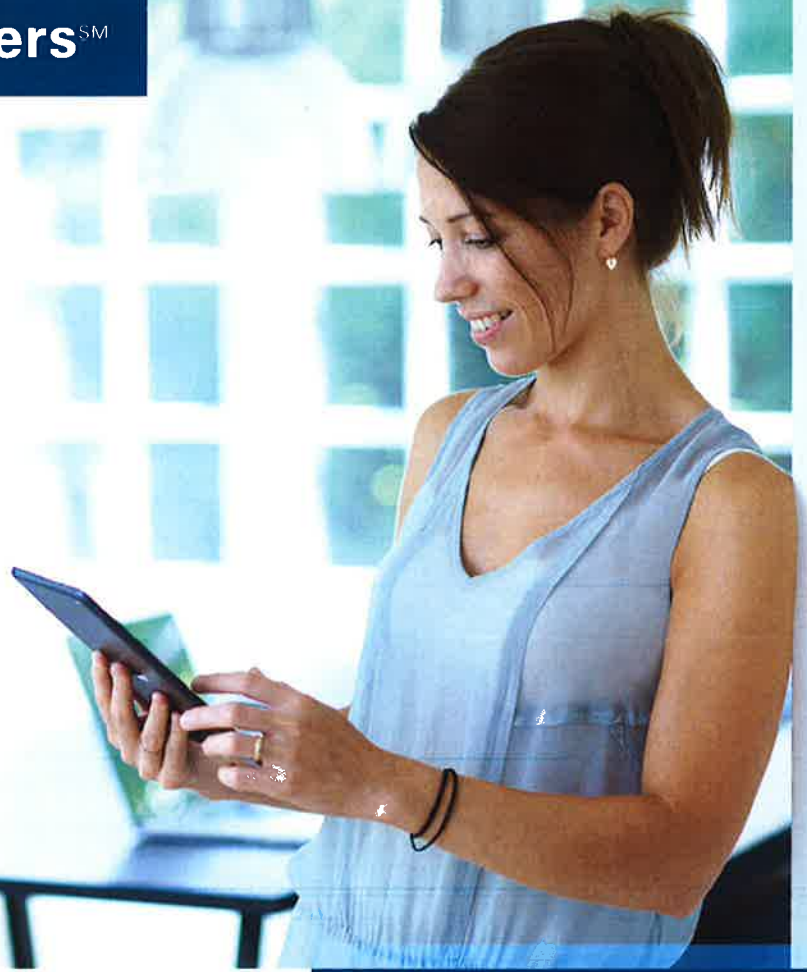
Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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Log on to wellontarget.com today to find all the interactive tools and resources you need to start racking up Blue Points. Keep yourself motivated to earn more points by heading over to the online shopping mall and checking out all the rewards you can earn for adopting — and continuing — healthy habits.

Get all the advantages your health plan offers



Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Illinois (BCBSIL) secure member website, Blue Access for Members (BAMSM).

With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one

It's easy to get started

- 1 Go to bcbsil.com/member
- 2 Click Register Now
- 3 Use the information on your BCBSIL ID card to complete the registration process.



Text* BCBSILAPP to 33633 to get the BCBSIL App that lets you use BAM while you're on the go.

*Message and data rates may apply.



BlueCross BlueShield of Illinois

Find what you need with Blue Access for Members

NATHAN SMITH Settings **9**

Language Assistance En Español Log Out



CURRENTLY VIEWING MY PLAN

8 PPO

[View My Plans](#)

1 Home **2** My Coverage **3** Claims Center **4** My Health **5** Doctors & Hospitals **6** Forms & Documents



Welcome NATHAN SMITH!

Message Center **6**

You have no messages

[View all messages](#)

Quick Links **7**

[Stop receiving paper statements](#)

[Connect](#)

[Member Discount Program](#)

[Manage preferences](#)

[Verification of Coverage](#)

MY COVERAGE

Plan Type: PPO

Group Number: 098765

ID Number: ABC123456789

MEDICAL BENEFITS

Preferred Network

Individual Deductible	N/A
Family Deductible	N/A
Family Out of Pocket Maximum	\$8,500.00
Coverage	N/A

My Care Profile



Blue Button

Learn how to get your health care profile electronically

[Get Started](#)

10 **11**
[Important Information](#) | [Non-Discrimination Notice](#) | [Help](#) | [Contact Us](#)

- 1 My Coverage:** Review benefit details for you and family members covered under your plan.
- 2 Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 Message Center:** Communicate with a Customer Service Advocate here. You can also learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 View My Plan:** See the details of your current health plan, as well as other plans you've had in the past.
- 9 Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
- 10 Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
- 11 Contact Us:** Here you can find contact information to reach a Customer Service Advocate with any questions you may have about your plan.

DENTAL INSURANCE

WCSD 33 offers a dental plan administered through Blue Cross Blue Shield. Good dental health promotes overall health and regular dental check-ups can lead to early detection of several types of underlying medical issues such as diabetes, leukemia, oral cancer, pancreatic cancer, heart disease, kidney disease, and osteoporosis. To locate contracting dental providers visit bcsil.com/providers/dental.htm and select the BlueCare Dental PPO Network.

Employee cost information can be found at www.wego33.org/EmployeeBenefits.aspx.

Program Basics	Participating Provider (What you will pay)
Deductible	\$75 per person per benefit period \$225 maximum per family
Benefit Period Maximum	\$1,500 per benefit period
Services	
Diagnostic, Preventive & Miscellaneous Services	100% of Maximum Allowance
Restorative, General, Endodontic & Periodontic Services	85% of Maximum Allowance after deductible
Oral Surgery Services	85% of Maximum Allowance after deductible
Crowns, Inlays / Onlays Services	60% of Maximum Allowance after deductible
Prosthodontic Services	60% of Maximum Allowance after deductible
Orthodontics <i>(Coverage for eligible dependent children to age 19)</i>	50% of Maximum Allowance up to Lifetime Maximum of \$1,000

REFER TO PLAN DOCUMENTS FOR MORE DETAILED EXPLANATION OF BENEFITS, AVAILABLE AT www.wego33.org/EmployeeBenefits.aspx.



VISION INSURANCE

You can choose from independent doctors and retail providers to find the one that best fits your needs and schedule. No matter which one you choose the VSP vision plan is designed to be easy to use and to save you money. To locate participating vision providers, visit vsp.com and select the **VSP Choice** network.

Benefit	Description	Copay	Frequency
Your Coverage with VSP Doctors and Affiliate Providers*			
WellVision Exam	• Focuses on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses		\$25	See frame and lenses
Frame	• \$130 allowance for a wide selection of frames • 20% off amount over your allowance	Included in Prescription Glasses	Every 12 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every 12 months
Lens Options	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 20-25% off other lens options	\$55 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (instead of glasses)	• \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
Extra Savings and Discounts	Glasses and Sunglasses • 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.		
	Retinal Screening • Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam.		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		
Your Coverage with Other Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.			
Exam.....up to \$45	Lined Trifocal Lenses.....up to \$65	Frame.....up to \$70	Progressive Lenses.....up to \$50
Single Vision Lenses.....up to \$30	Contacts.....up to \$105	Lined Bifocal Lenses.....up to \$50	
*Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.			

Vision Premiums	20 pay periods <i>(cost per pay period)</i>	24 pay period <i>(cost per pay period)</i>	Monthly Cost	Annual Cost
Employee Only	\$5.36	\$4.47	\$8.94	\$107.28
Employee + One	\$8.59	\$7.16	\$14.31	\$171.72
Employee + Children	\$8.76	\$7.30	\$14.60	\$175.20
Employee + Family	\$14.13	\$11.78	\$23.55	\$282.60



See well.
Stay healthy.



Get the most out of life with VSP® Vision Care.

Getting started is a breeze.

- **Find the right VSP doctor for you.**
You'll find plenty to choose from at vsp.com/choice or by calling **800.877.7195**.
- **Already have a VSP doctor?**
At your appointment, tell them you're a VSP member.
- **Check out your coverage and savings.**
Visit vsp.com to see your benefits anytime. After your appointment, check out how much you saved with VSP coverage.

That's it! We'll handle the rest—there's no ID card necessary or claim forms to complete when you see a VSP doctor.

Regular eye exams are important. The VSP WellVision Exam® is more than just a quick eye check. Our doctors get to know you and your eyes. They take the time to look for vision problems and signs of other health conditions too. Plus, you'll get plenty of eyewear choices you'll love.

**Keep your eyes healthy
and your vision clear
with VSP.**

Contact us.

vsp.com
800.877.7195



BASIC LIFE AND AD&D INSURANCE

West Chicago Elementary School District 33 has partnered with Dearborn National to offer eligible employees with Life and Accidental Death & Dismemberment insurance. Upon your demise, your designated beneficiary will receive the benefit to help ease their financial burden. Accidental Death and Dismemberment (AD&D) provides an additional benefit if you perish or become dismembered due to a covered accident. **This benefit is provided at no cost to you.**

- Life Benefit Amount: up to \$20,000
- AD&D Benefit Amount: up to \$20,000
- Employer pays: 100% of premium
- Group Term Life Age Reduction Schedule: Benefits reduce by 35% of the original amount at age 65; and further reduce by 50% of the original amount at age 70.
- Conversion: Included [Portability Feature, Not Included]

VOLUNTARY LIFE INSURANCE

You have the option of purchasing Voluntary Term Life Insurance from Dearborn National for you and your family. This benefit includes a portability feature, which allows the option to continue coverage in the event you leave WCSD 33.

To determine the cost, refer to the Supplemental Life Premium Rate Grid, which is located at www.wego33.org/EmployeeBenefits.aspx.

Voluntary Life	Coverage Information
Employee Benefit	\$10,000 increments to a maximum of \$500,000. Guarantee Issue*: \$150,000
Spouse Benefit	\$5,000 increments to a maximum of \$50,000, not to exceed 50% of the employee benefit amount Guarantee Issue*: \$20,000
Dependent Children (Birth to age 26)	\$10,000

****Evidence of Insurability (EOI) required for those who waive their initial eligibility and then later decide to enroll***

Voluntary Life Benefits reduce by 35% of the original amount at age 65; and further reduce by 50% of the original amount at age 70.



EMPLOYEE ASSISTANCE PROGRAM

LifeMatters Employee Assistance Program offers services to help promote well-being and enhance the quality of life. When you or your family need useful ideas, lifestyle coaching, helpful resources or reliable professional care, LifeMatters, your EAP and WorkLife Service, is just a phone call away. Free, confidential LifeMatters services include:

- Telephone and face-to-face counseling services for:
 - Stress, depression, and personal problems
 - Balancing work and personal needs
 - Family and relationship concerns
 - Alcohol or drug dependency
 - Workplace conflicts
 - Child or elder care resources and guidance
- Financial consultation
 - Consumer credit counselor – budgeting
 - Debt management and consolidation
- Legal consultation
 - Traffic citations and fender benders
 - Family law or estate planning



The program's user-friendly, confidential services are available to you and your eligible dependents 24 hours a day, every day of the year, online at mylifematters.com (password: WFS1) and by phone at 1-800-634-6433.

Services provided directly by LifeMatters are free. If you are referred to outside resources, you will be advised about your costs, if any.

TELADOC

Who wants to sit in a waiting room when they are feeling sick? Teladoc doctors are available 24/7/365 to provide quality care through the convenience of phone or video consults. **There is no cost to contact Teladoc, however if you are prescribed a medication, you will incur the cost when retrieving the prescription from a pharmacy.**

The next time you're sick, consider your options:

ER OR URGENT CARE	OR	TELADOC
 <p>Drive to the nearest office while sick</p> <p>Wait hours before seeing a doctor</p> <p>Pay high ER and urgent care fees</p>		 <p>Request a consult from work or home</p> <p>A doctor calls you back in 16 min, on average</p> <p>Get the care you need at a price you can afford</p>

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Skin problems
- Respiratory infection
- And more!

SHARE WITH YOUR PCP

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

Talk to a doctor anytime for Free

 Teladoc.com

 [Facebook.com/Teladoc](https://www.facebook.com/Teladoc)

 1-800-Teladoc (835-2362)

 Teladoc.com/mobile

A Guide to LifeMatters® Services

When you or your family need useful ideas, lifestyle coaching, helpful resources or reliable professional care, LifeMatters, your EAP and WorkLife Service, is just a phone call away. Free, confidential LifeMatters services include:

Telephone and face-to-face counseling services for:

- Stress, depression, and personal problems
- Balancing work and personal needs
- Family and relationship concerns
- Alcohol or drug dependency
- Workplace conflicts

WorkLife Services:

Financial consultation and resources from a consumer credit counselor to set up a budget, obtain and review credit report information, or assist with debt management and consolidation.

Legal consultation with an attorney either over the phone or face-to-face for consumer law, traffic citations and fender benders, family law, or estate planning.

Online and counselor-assisted searches for:

- Child and elder care resources and guidance
- Online calculators for a variety of analytical questions and needs



The program's user-friendly, *confidential* services are available to you and your eligible dependents 24 hours a day, every day of the year by calling:

1-800-634-6433

(Toll-Free U.S., Canada, and Puerto Rico)

On the Internet, go to mylifematters.com and enter your company password to access resources, educational information, and self-service options. Your company password is **WFS1**.



Services provided directly by LifeMatters are free. If you are referred to outside resources, you will be advised about your costs, if any.

**For more information,
call LifeMatters at
1-800-634-6433 or
visit mylifematters.com —
password **WFS1**.**

Imagine this...

You wake up one morning with cold-like symptoms. You don't want to take time off from work, but you need care now. **What can you do?**

1



You consider urgent care, but don't want to spend the time and money.

2



Then you call Teladoc®.

3



The Teladoc doctor calls you back about your symptoms.

4



Turns out you have sinus problems.

5



You pick up an antibiotic at your local pharmacy on your way to work.

6



**Problem solved.
Boss happy.**

What is Teladoc? Teladoc provides a national network of U.S. board-certified doctors available 24/7/365 to resolve many of your medical issues. It's quality care when you need it at a price you can afford.

Talk to a doctor anytime for Free

 [Teladoc.com](https://www.teladoc.com)

 [Facebook.com/Teladoc](https://www.facebook.com/Teladoc)

 **1-800-Teladoc (835-2362)**

 [Teladoc.com/mobile](https://www.teladoc.com/mobile)

FLEXIBLE SPENDING ACCOUNT

FlexSystem FSA is offered through WCD 33 and is administered by TASC. When you choose to enroll in a FlexSystem Healthcare and/or Dependent Care FSA, you determine the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year.

Healthcare

Why not use pre-tax dollars to pay for medical and prescription copays, prescriptions, deductibles, and/or daycare fees, thereby reducing your taxable income and increasing your take-home pay?

The more you contribute to these accounts, the more you reduce your taxable gross salary. And with less taxes taken, your take-home pay increases!

Your total annual Healthcare FSA contribution amount is available immediately at the start of the Plan Year.

Dependent Care

The FlexSystem Dependent Care FSA allows you to use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you (or your spouse) can work, look for work, or attend school full time. **Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care FSA.**

Dependent Care FSA funds are available up to the current account balance only.

Annual FSA contributions are limited to the IRS maximums per Plan Year. View current IRS limits at: www.tasconline.com/biz-resource-center/benefits-limits/





Valuable pre-tax benefits with convenient tools

Why not use pre-tax dollars to pay for medical co-pays, prescriptions, and/or daycare fees, thereby reducing your taxable income and increasing your take-home pay? It's a no-brainer.

The pre-tax advantages of a Flexible Spending Account (FSA) allow you to save **up to 30%** on your eligible healthcare and/or dependent care expenses every year. Consider how much you spend on these costs for you and your qualified dependents in one year and how much you could save by using pre-tax dollars.

How it Works

FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem Healthcare and/or Dependent Care FSA, you determine the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year.

The more you contribute to these accounts, the more you reduce your taxable gross salary. And with less taxes taken, your take-home pay increases!

Your total annual Healthcare FSA contribution amount is available immediately at the start of the Plan Year. Dependent Care FSA funds are available up to the current account balance only.

Online Enrollment and Contributions

Annual FSA contributions are set by your employer, but are limited to the IRS maximums per Plan Year. View current IRS limits at: www.tasconline.com/biz-resource-center/benefits-limits/

Use our **online tax-savings calculator** to help determine how much you should contribute to each FlexSystem account per year. **24**



The TASC Card Convenience

Enjoy easy access to your FSA funds with the swipe of a card instead of out-of-pocket spending and requesting a reimbursement!

Pre-Tax Savings Example

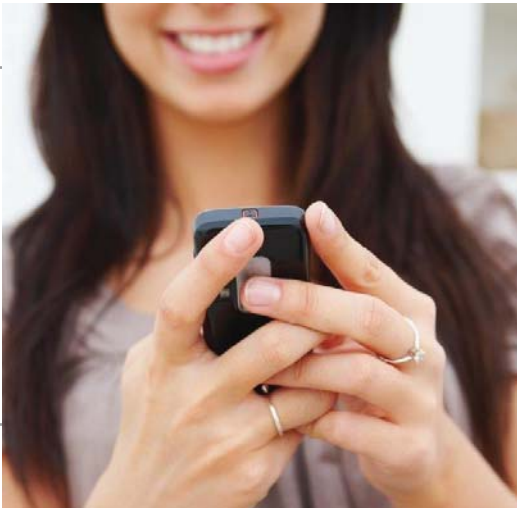
	<i>Without FSA</i>	<i>With FSA</i>
Gross Monthly Pay:	\$3,500	\$3,500
Pre-Tax Contributions		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
Monthly Take-home Pay:	\$1,932	\$2,098

Net Increase in Take-Home Pay = \$166/mo!

For illustration only. Actual dollar amounts may vary.

Carryover puts your mind at ease!

When your employer elects the Carryover option with your Healthcare FSA Plan, up to \$500 of any leftover healthcare funds may be carried over into the next Plan Year with no cost or penalty.



Multiple self-service tools available to easily manage your FlexSystem account(s) and TASC Card transactions:

MyTASC Online: www.tasconline.com

MyTASC Mobile App: www.tasconline.com/mobile

MyTASC Text Messaging (SMS)

How to Access Your FSA Funds

As eligible expenses are incurred, you have two options to access your available FlexSystem FSA funds:

1) TASC Benefits Card: upon enrollment into the Plan, you will receive a TASC Card in the mail, which can be used to pay for eligible expenses at the point of purchase. Simply swipe your TASC Card where MasterCard is accepted.

With smart card technology, the TASC Card automatically pays for and substantiates most eligible expenses without requiring any paperwork.

2) Request a Reimbursement: simply submit a request for reimbursement to FlexSystem using one of the following methods:

- Submit via MyTASC Mobile App (free download)
- Submit via MyTASC Text Message (SMS)
- Download Request for Reimbursement form online (paper)

Your reimbursement is direct deposited into your **MyCash account** or a designated bank account. MyCash funds are accessible via your TASC Card to be used for **any** type of purchase or ATM cash withdrawal.

Eligible Expenses

FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical/dental office visit co-pays
- Dental/Orthodontic care services
- Eye exams and prescription glasses/lenses
- Prescriptions
- Vaccinations
- Daycare Fees

A complete list can be found at www.irs.gov in IRS Publications 502 & 503. Please note insurance premiums are NOT eligible for reimbursement.

Important Considerations

FSA Funds do not Rollover:

It is important to be conservative in making elections because any unused funds left in your FSA at the close of the Plan Year are not refundable to you (the exception to this rule is for the Healthcare FSA where funds (up to \$500) may carryover to the next Plan Year Healthcare FSA as elected by your employer). You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response System, to avoid having funds remaining in your account at year-end.

Changing Elections During the Plan Year:

You may change your FSA elections during the Plan Year only if you experience a change of status such as:

- a marriage or divorce
- birth or adoption of a child, or
- a change in employment status

Refer to the *Change of Election Form* (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year.



Determine if your Dependent Care expenses qualify for FSA reimbursement



The FlexSystem Dependent Care FSA allows you to use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you (or your spouse) can work, look for work, or attend school full time. **Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care FSA.**

Eligibility for the dependent care benefit requires that certain criteria be met, which is outlined in this document.

- A) **The dependent care expenses must be work-related.** The care must be necessary for the employee and/or the employee's spouse to work, to look for work, or to attend school full-time, or if they are physically unable to care for their children.
- B) **The dependent care expenses provided during a calendar year cannot exceed \$5,000.** In the case of a separate return by a married individual, the limit is \$2,500. This amount may be less if the employee's earned income or spouse's earned income is less than \$5,000.

The dependent care expenses must be for the care of one or more qualifying persons. A "Qualifying Person" is defined as one of the following:

- A) A dependent who was under age 13 when the care was provided and for whom an exemption can be claimed.
- B) A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.
- C) A dependent who was physically or mentally not able to care for himself or herself and for whom an exemption can be claimed, and lived with you for more than half the year.

Eligible and Ineligible Expenses for Dependent Care FSA Reimbursement (partial list):

Allowed for Reimbursement:

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees

NOT Allowed for Reimbursement:

- Medical expenses
- Baby-sitter in or out of your home for reasons other than to enable you to work
- Activity fees/ educational supplies
- Food, clothing, and entertainment
- Transportation expenses
- Child support payments
- Kindergarten fees
- Overnight camp
- Late payment charges

Continued on next page...

For more information regarding Dependent Care FSA expenses, please review IRS Publication 503 or ask your employer for a copy of your Summary Plan Description (SPD).

You can also find helpful information and rates on our resource page at:

www.tasconline.com/benefits-limits

How Much Should You Contribute?

Determine your total annual amount of qualified dependent care expenses for the Plan Year. Your annual contribution to the FlexSystem Dependent Care FSA must be within the minimum and maximum amounts set by your employer based on the maximum allowed by the IRS (view IRS limits at www.tasconline.com/benefits-limits).

To receive the dependent care benefit, one must follow these procedures:

- A) All persons and organizations that provide dependent care for a qualified person must be identified. This information is requested on IRS Form 2441. The name, address, and taxpayer identification number of the provider must be included. Under certain circumstances, the taxpayer identification number will be a social security number.
- B) If the care is being provided by a center that cares for more than six persons, the center must comply with all state and local regulations.
- C) Payments made to relatives who are not dependents can be included. However, do not include amounts paid to a dependent for whom you can claim an exemption or for your child who is under age 19 at the end of the year, regardless of whether he or she is your dependent.
- D) Use Form W-10 to request the required information from the care provider.

Special rules apply to children of divorced or separated parents:

Even if you cannot claim your child as a dependent, he or she is treated as your qualifying person if all of the following are true:

- The child was under age 13 or was not physically or mentally able to care for himself or herself.
- One or both parents provided more than half of the child's support for the year and are divorced, legally separated, or lived apart at all times during the last 6 months of the calendar year.
- One or both parents had custody of the child for more than half of the year.
- You were the child's custodial parent. The custodial parent is the parent having custody for the greater portion of the calendar year. If the child was with both parents for an equal number of nights the parent with the higher adjusted gross income is the custodial parent.

A non-custodial parent that is entitled to claim the child as a dependent on their tax return may not treat the child as a qualifying individual for the dependent care benefit even when that parent is financially responsible for providing the care. Only one parent (the custodial parent) may qualify for the dependent care benefit for a taxable year. The regulations do not provide any relief for a non-custodial parent that incurs dependent care expenses for the portion of the year in which they have custody of the child to enable the non-custodial parent to work.



Easily access your benefits while on the go!

TASC provides quick and easy access to your benefits accounts — from anywhere at any time.

Securely check real-time balances, request a reimbursement, view transaction details, and review plan information...all from your mobile device.

TASC Mobile App

Download the app for free to your smartphone or tablet. Securely log in using your TASC username and password to conveniently perform the following functions:

- Submit a request for reimbursement for eligible out-of-pocket expenses. Upload pictures of receipts with phone camera.
- View real-time account balances and transactions for active and closing Plans.
- Check the status of a claim status and view claims history.
- Review your Plan information and annual contributions.
- View your Plan end date and runout period.
- Enable login memory for faster return access (per device).
- Receive automated reimbursement status alerts.

Available for these TASC Plans

- Healthcare FSA Plan
- Dependent Care FSA Plan
- Transit and/or Parking Benefits Plan
- HSA Plan
- HRA Plan

Get the App Today!

Download the TASC Mobile App on your mobile device today for easy, secure, and convenient access to your benefits accounts.

It's free and available on the following platforms:

Apple® App Store | Android Google Play™

Search "Benefits by eflex"

For questions, please call:

1-877-933-3539

Please visit
www.wego33.org/EmployeeBenefits.aspx
for rates, forms and additional
benefit information.