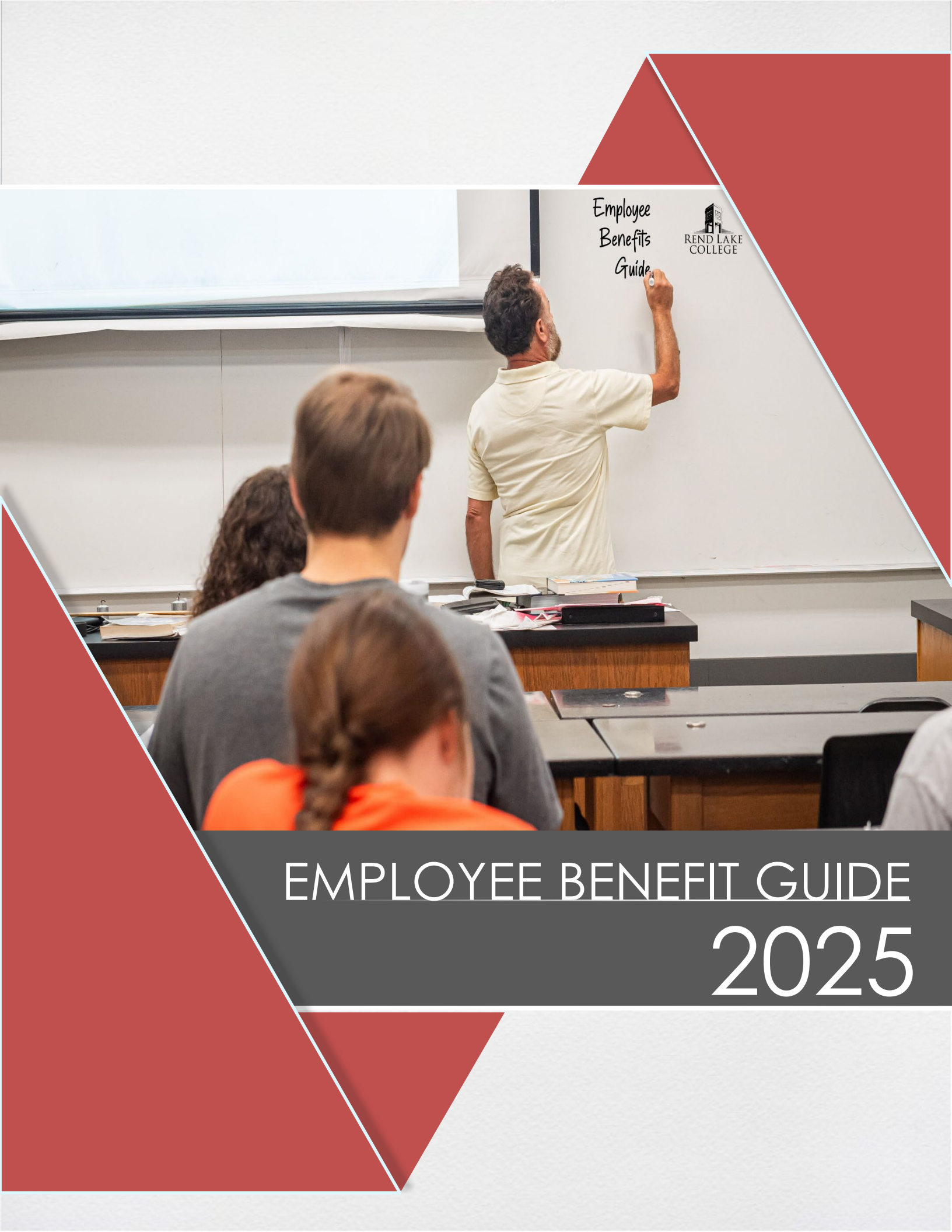




Employee
Benefits
Guide



EMPLOYEE BENEFIT GUIDE 2025

Eligibility

At Rend Lake College, we strive to provide the most comprehensive and affordable benefits package for our most valuable assets, you the employee. We understand how costly benefits can be and the strain it can cause on you and your families. That is why we, as your employer, have chosen not only offer benefits, but to contribute to the cost as well.

Rend Lake College offers Medical, Dental, and Vision Benefits as an all-inclusive package. This means that you will be enrolled in all 3 benefits should you elect to join the Rend Lake benefit plan.

Who is Eligible?

Employees who work a minimum of 30 hours a week and their dependents are eligible to enroll in the benefits.

When are you eligible for benefits?

Employees are eligible for benefits for themselves and their dependents on their Date of Hire.

When will you enroll in benefits?

All employees will have the opportunity to enroll in benefits during Annual Open Enrollment (if not a newly hired employee). At this time, employees may enroll in new benefits and/or make and changes to their current benefit elections.

What if you need to make a benefit change outside of open enrollment?

Employees may make off cycle changes to their benefits if there is a Qualified Event. This change must be made within 30 days of the event, and it is the employee's responsibility to notifying their employer.

What if I leave Rend Lake College?

Benefits will end at the end of the terminating month.

Qualifying Events

- Marriage
- Divorce
- Legal Separation
- Birth or Adoption of a Child
- Change in Dependent Status
- Change in residence due to employment
- Job Transfer for Employee or their Spouse
- Change in spouses' benefits
- Change in employments status



Rend Lake College offers a comprehensive health care program to meet the needs of you and your family. Your medical plan is administered by PBA, using Health link Network. The Prescription drug coverage is administered by ServeYou Rx. Your medical plan details are outlined below. Please note- See Summary of Benefit Coverage for information on Out of Network coverage

By visiting www.pbaclaims.com, you can set up your member portal to access claims payment information, request ID cards, and a list of other useful features to help you manage your medical benefits.

Please note this is a summary of the plans offered, please contact your employer if you would like full plan details.

Please Note:

IRS has released their inflation adjustment amounts for 2025 relevant to health savings accounts and embedded high-deductible plans. Due to this required adjustment there was an increase to the **deductible amounts** for your 2025 Medical Plan.

All benefits go into effect 7/1/2025

In-Network Plan Benefits	HDHP
Individual/Family Deductible	\$3,300/\$6,600
Individual/Family Out of Pocket Maximum	\$6,450/\$12,900
Coinsurance	Plan pays 100% after Deductible
Primary Care Physician/Specialist	Plan pays 100% After Deductible
Urgent Care	Plan pays 100% After Deductible
Inpatient Hospital/ Outpatient	Plan pays 100% After Deductible
Emergency Room	Plan pays 100% After Deductible
Pharmacy Benefits: Copayments apply AFTER the Plan Year Deductibles have been met	
Tier 1: Generic Retail/Mail Order	\$15 Copay Retail/\$37.50 Mail Order
Tier 2 Preferred Retail/ Mail Order	\$30 Copay Retail/\$75 Copay Mail Order
Tier 3 Non-Preferred/ Retail/ Mail Order	\$30 Copay Retail/\$75 Copay Mail Order
Specialty	Covered

*See Certificate of Coverage for details on limits, and exclusions.

Health Savings Account

What is a Health Savings Account?

Otherwise known as an HSA, a health savings account can be funded with pre-tax dollars, by the employer or employee. Funds from the account can help pay for qualified medical, dental or vision expenses not paid by an insurance plan, including the deductible and coinsurance.

Who is not eligible to open and contribute to an HSA Bank Account?

- Employees who are enrolled in Medicare Part A
- If you or your spouse are enrolled in a regular medical FSA-limited FSA enrollment is okay.
- Anyone who has dual coverage (HSA participant covered by another plan not HSA compatible)
- Employees who are receiving Tri-Care or VA Benefits

2025 Maximum HSA Contribution Limit? (Employee)

- \$4,300 for individual coverage
- \$8,550 for family coverage
- Individuals aged 55 or older are eligible to make a catch-up contribution of \$1,000
- These amounts may be prorated if you are on the plan for less than 12 months

Commonly Asked Questions & Answers:

What expenses are eligible for reimbursement for my HSA?

HSA dollars may be used for qualified medical, dental and vision expenses incurred by the account holder and his or her spouse and dependents. Qualified medical expenses are outline within IRS Section 213 (d). In summary, the IRS Section 213 (d) states that “*the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness.*”

What happens when my HSA funds run out?

You may be financially responsible for any eligible medical expenses that fall within the coverage gap.

Can I use my HSA dollars for non-eligible expenses?

Money withdrawn from an HSA account to reimburse non-eligible medical expenses is taxable income to the account holder and is subject to a 20% tax penalty-unless over age 65, disabled or upon death of the account holder.

When can I start using my HSA dollars?

You can use your HSA dollars immediately following your HSA account activation and once contributions have been made.

What if I have HSA dollars left in my account at year-end?

The money is yours to keep. It will continue to earn interest and will be available for you and your health care costs next year.



PBA ID Card Sample

Make sure your providers have a copy of your current ID card at all times.

Your ID card gives your providers the key information to properly submit claims directly to PBA.

*initial set of 2025 ID cards will be sent to Rend Lake College.

Eligibility Details:

Your name, group number, and identification number

Pharmacy Prescription information

provides your pharmacist the necessary information to run your prescription under the plan

Claim Filing Instructions:

Where to send your claim electronically or manually

PPO Information to provide a quick reference to see if your provider is in network

Member Advocacy information: Who to call to verify Eligibility & Benefits – 800.435.5694

Pre-certification Information: Who to call to avoid penalties if admitted to hospital

The image shows a sample PBA ID card with the following sections:

- Header:** PBA Professional Benefit Administrators, Inc. Questions? 800.435.5694 www.pbaclaims.com
- Member Information:** Employer: ABC Company, Inc. Group #: SAMPLE Member: JOHN SAMPLE Member ID: SMPL0001
- Medical Plan:** Effective: Coverage: YourPPO Copays: PPO Office Visit \$20
- Ancillary Plan(s):** Dental Plan Effective: Coverage: Vision Plan
- Pharmacy Plan:** Rx Bin: 90909 PCN: YPBM Rx Group: 1234 YourPBM www.yourpbm.com Member: 800.123.4567 Pharmacy: 888.765.4321
- Medical Claims Submission:** EDI: Payer ID 36331 Mail: Professional Benefit Administrators, Inc. PO Box 4687 Oak Brook, IL 60522-4687 800.435.5694 www.pbaclaims.com
- Eligibility:** To confirm eligibility and/or obtain benefit determinations, please call PBA at 800.435.5694. This card is not a guarantee that coverage is in effect.
- Pre-Certification:** Utilization Review Inpatient Pre-Admission Cert. Pre-Certification is required for any non-urgent inpatient confinement or any outpatient surgery. Urgent Care confinements must call within 48 hours. Failure to make this call will reduce your benefits. For Pre-Certification, or Pre-Authorization, call [UR XXX.XXX.XXXX.
- Dental/Vision Claims Submission:** EDI: Payer ID 36331 Mail: Professional Benefit Administrators, Inc. PO Box 4687 Oak Brook, IL 60522-4687 800.435.5694 www.pbaclaims.com

To download an electronic version of your ID card, login to your account at www.pbaclaims.com. If you need to order new ID cards, please visit www.pbaclaims.com or contact our Member Advocacy Department at 800.435.5694.

Mobile Benefits Portal



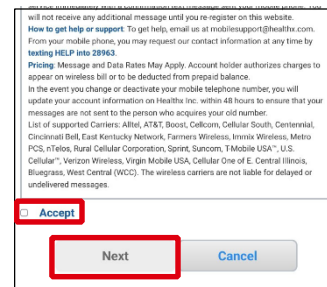
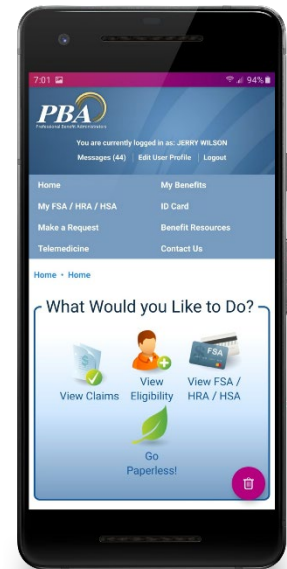
Access Mobile Benefit Information 24/7/365

PBA's member benefits portal website offers you a robust suite of mobile tools with which you can manage your benefits. With the mobile benefits portal you can:

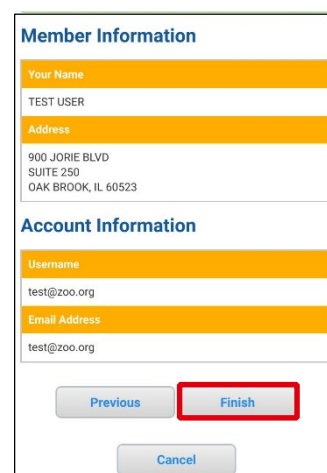
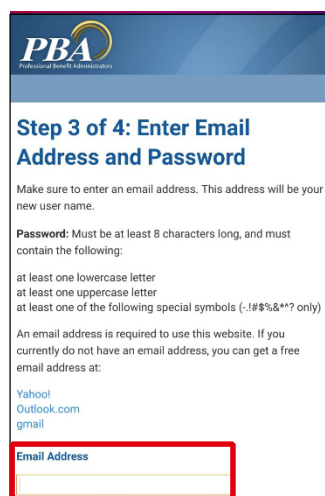
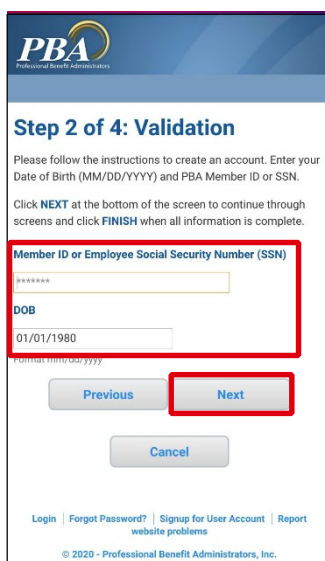
- View your virtual ID card
- Download electronic EOBs
- Access a link to the provider search page for your plan
- View current coverage and enrollment information
- Download your plan document, SBC, and benefit forms.
- Get answers with FAQs or communicate securely with PBA customer service

Access the Mobile Benefit Portal - New Users

1. Go to pbaclaims.com and touch **Secure Login > Employee**.
2. Click **Create a new account**.
3. Check **Accept** and click **Next** if you agree to the terms and conditions.



4. Enter the employee Social Security Number (SSN) and employee date of birth. Touch **Next**.
5. Enter your email, which will be your username, create your password, and setup your security questions and answers. Touch **Next**.
6. Verify your information and touch **Finish**.



If You Have an Existing Account

1. Go to pbaclaims.com and touch **Secure Login > Employee**.
2. Enter your username and password then touch **Login**.

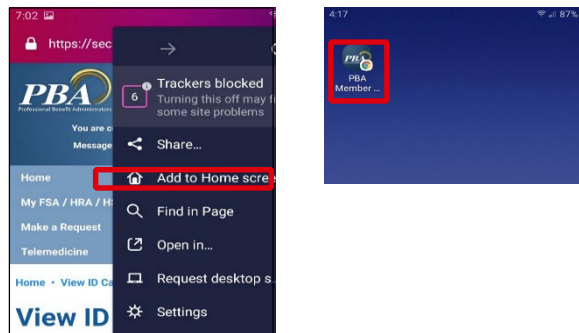


Add the Benefits Portal to Your Mobile Home Screen

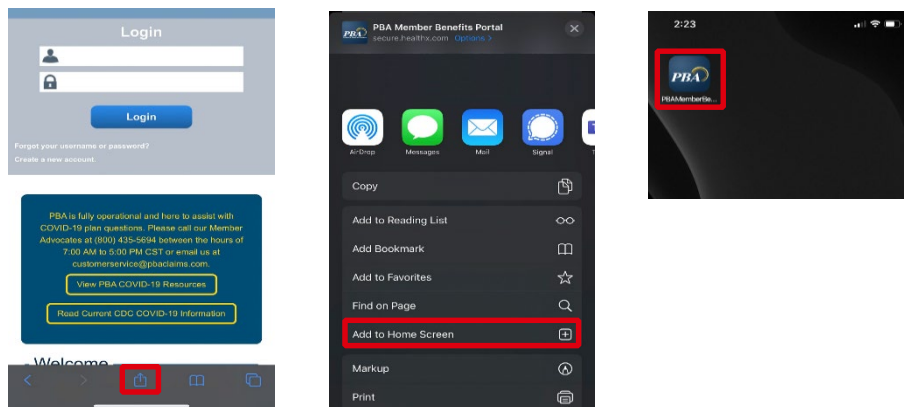
The PBA benefits portal can be added to your device's home screen. Once added to your home screen you can launch the web portal with a tap. Follow these instructions to add the benefits portal to your home screen:

Go to the PBA benefits portal on your mobile device using the mobile web browser of your choice

On Android devices, touch the bookmark button then touch **Add to Home Screen**.



On iOS devices, open the browser menu, touch the share icon, then touch **Add to Home Screen**.



800.435.5694 | pbaclaims.com |

[Health Care Tools & Resources for Members | HealthLink](#)
[Find A Doctor Near You | HealthLink](#)

How to Read Your Claim Summary

This sample statement will show you where to look for information when your claims are processed. You will receive a Claim Summary that includes all family members during the noted period.

You can see your weekly claims activity on our website by logging into your benefits portal website account at pbaclaims.com.

- 1 PBA contact information appears here. If you have any questions regarding your Claim Summary, please have your user ID number and claim number available when you call.
- 2 Your name and address will appear here.
- 3 Your group number, group name, and check generation date will appear here.
- 4 **For the Period:** Shows the period that claims were incurred.
- 5 **Date(s) of Service:** The date the services were incurred.
- 6 **Type of Service:** The type of service performed by your provider (office visit, lab, x-ray, etc.)
- 7 **Total Charge:** The total amount charged by the provider.
- 8 **Ineligible Amount:** Any amount not covered by the plan. Ineligible Amount will be further explained with a reason code description in section 18 and may be included in the amount you may owe.
- 9 **Reason Code:** Reflects any comments about why a service may not have been covered or any other important information.
- 10 **Discount Amount:** The savings amount applied to this claim will be reflected here. The patient is not responsible for this amount.
- 11 **Covered by Plan:** The new allowed amount of the claim after the ineligible and discount amounts are applied.
- 12 **Deductible Amount:** This reflects how much of the claim will be applied to your deductible.
- 13 **Co-Pay Amount:** This reflects the amount you will be responsible for as defined by your plan.
- 14 **Balance Amount:** The amount after all deductions (ineligible, discount, deductible, and co-pay amounts) are applied.
- 15 **Paid At:** The percentage of benefit paid by the plan.
- 16 **Payment Amount:** Reflects the total benefit that was paid by the plan.
- 17 **Patient's Responsibility:** Any amount you may be responsible for will appear here (deductible, coinsurance, copayments or services that are not covered).

Page 1 of 2 J068 [51] 1 of 1

PBA Professional Benefit Administrators
PO Box 4687
Oak Brook, IL 60522-4687

Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Customer Service

1 If you have questions or need an explanation of this form, contact Customer Service at (800) 435-5694 www.pbaclaims.com

3 Group: 098501 - ABC COMPANY
Date: 5/21/2013

Forwarding Service Requested

2 
51 1 SP 0-460
DONALD ABBOTT
121 ANSVIRPT
OAK BROOK, IL 60523

For the Period: 04/01/2013 through 04/22/2013

Dear DONALD ABBOTT,

The information below is a summary of your healthcare claims for the period referenced above. This information is commonly referred to as an "Explanation of Benefits" (EOB). This is a summary, followed by the claim details, of how your recent claims were processed. It includes any co-pay, deductible, coinsurance (%) or non-covered amounts that you may owe to the pr

Total Amount Billed This is the total amount for bills received for the dates of service 04/01/2013 through 04/22/2013

\$224.95

Total Amount Paid By Plan This is the amount the plan paid for services billed. Please see the claim detail section below for more information.

\$68.00

Your Financial Responsibility This is the amount the provider of service may bill you after your health plan benefits were paid. Typically a plan participant may be billed by the provider of service because they may have a deductible, co-pay, coinsurance (%), or the service is not covered by the health plan. A breakdown of your total financial responsibility is shown in the claim detail for each member.

\$37.00

5 Claim#: 6 23123456 7 8 9 10 11 12 13 14 15 16

Dates of Service	Type of Service	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Covered By Plan	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
04/01/2013	SUPPLIES	\$55.00	\$55.00	10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
04/01/2013	SUPPLIES	\$19.95	\$19.95	10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
Column Totals		\$74.95	\$74.95		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Patient's Responsibility: \$0.00											
Other Credits or Adjustments											\$0.00
Total Net Payment											\$0.00

Claim#: 123123457 Patient: ABBY ABBOTT Pat#: 123456 Provider: FAMILY CHIROPRACTIC Network: N/A Employee: DONALD ABBOTT Employee ID: 985012123

Dates of Service	Type of Service	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Covered By Plan	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
04/22-04/22/2013	OV SERVICES	\$150.00	\$0.00		\$45.00	\$105.00	\$0.00	\$20.00	\$85.00	80%	\$68.00
Column Totals		\$150.00	\$0.00		\$45.00	\$105.00	\$0.00	\$20.00	\$85.00		\$68.00
Patient's Responsibility: \$37.00											
Other Credits or Adjustments											\$0.00
Total Net Payment											\$68.00

Powered by People



Driven by Results

18 Reason Code Description: Reflects any comments about why a service may not have been covered or any other important information.

19 Payment Details: Reflects who received a benefit payment for this claim.

20 Plan Status: Reflects your deductible, and out-of-pocket amounts remaining as defined by your plan.

21 You Should Know: Special reminders and announcements appear here.

Page 2 of 2

18 Reason Code Description

10	DUPLICATE OF CHARGES PREVIOUSLY CONSIDERED
----	--

19 Payment Details

Paid To	Check Date	Check No.	Amount
DONALD ABBOTT	05/21/13	29555	\$68.00

20 Plan Status

These totals are accurate as of the last claim shown on this document. If you received care more recently, unprocessed claims for that care will not yet be reflected in the totals shown here.

Accumulators	Amount Remaining
Ind. Deductible	\$0.00
Fam. Deductible	\$0.00
Ind. Coinsurance	\$233.68
Fam. Coinsurance	\$0.00

21 You Should Know

Are you tired of receiving paper statements? **View & Print Statements online.** Go to www.pbaclaims.com, click on the employee tab to create your own account, and go paperless!

Powered by People

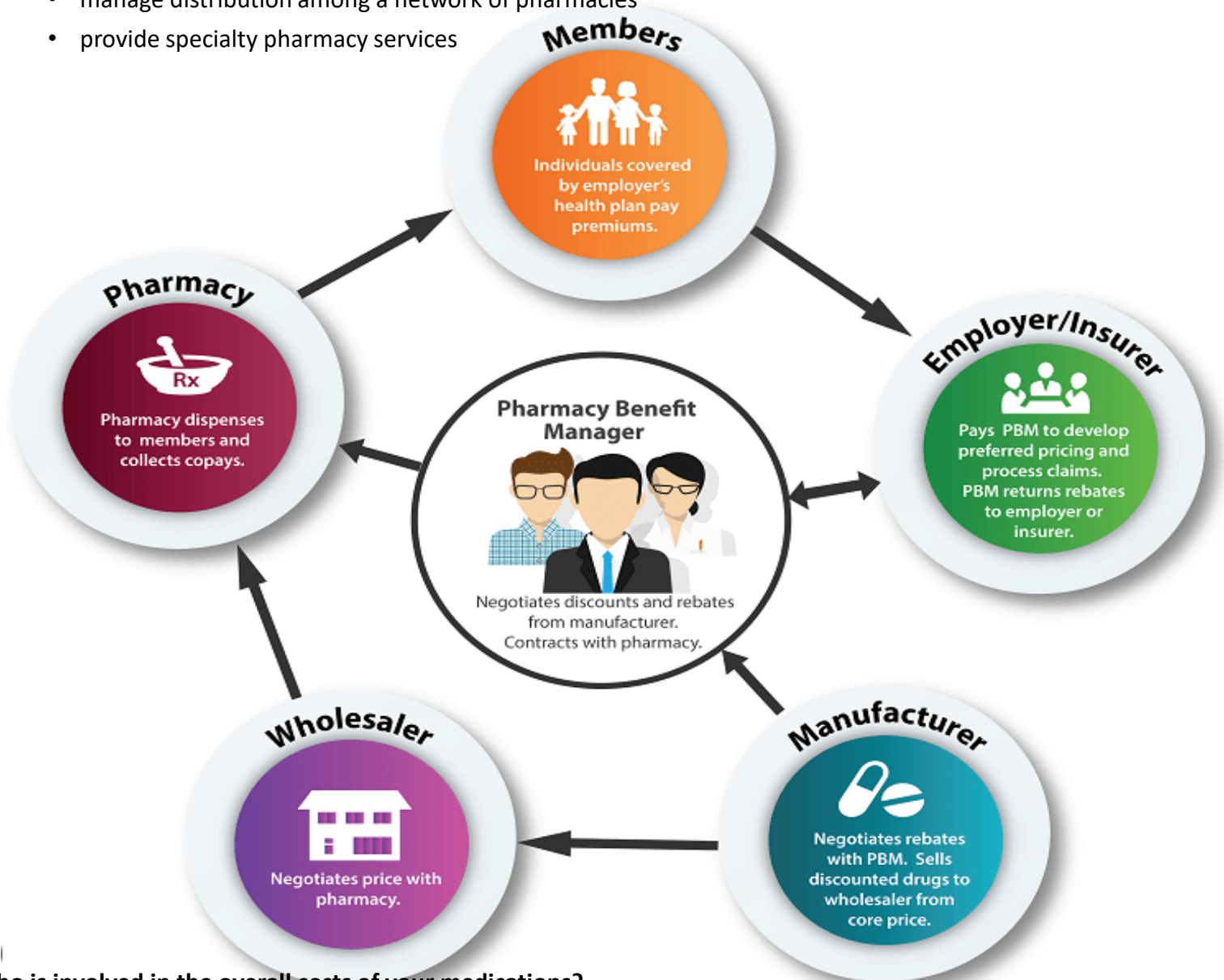


Driven by Results

•
Who is ServeYou Rx? ServeYou Rx is your groups' Pharmacy Benefit Manager (PBM). A Pharmacy Benefit Manager, or PBM, is an organization that provides programs and services designed to help maximize drug effectiveness and contain drug expenditures by appropriately influencing the behaviors of prescribing physicians, pharmacists, and members.

A PBM is Responsible for:

- negotiate rebates
- operate mail order
- oversee patient compliance
- perform drug utilization reviews
- process claims
- maintain formularies
- manage distribution among a network of pharmacies
- provide specialty pharmacy services



Who is involved in the overall costs of your medications?

1. **Drug Manufacturers** – They negotiate rebates with PBMs and sell discounted drugs to wholesalers from their core price.
2. **Wholesalers:** Negotiate the costs of medications with pharmacies
3. **Pharmacies:** Negotiate prices with drug manufacturers and wholesalers which can result in different costs for the same medication and different pharmacies. –Operating Costs at pharmacies can influence drug pricing (salaries, rent utilities etc.) Pharmacies set their own profit margins, and dispensing fees.

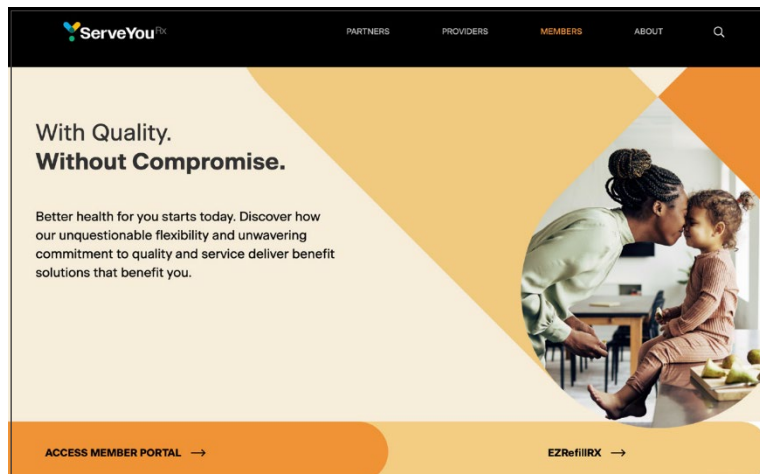


Make the most of your prescription benefit online at

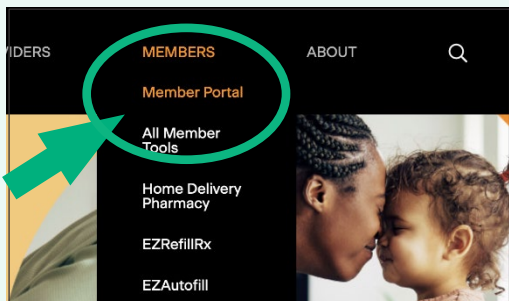
ServeYouRx.com/members

The Serve You Rx member homepage is dedicated to the member experience. On this page, you will find helpful tools and information about your pharmacy benefit and our mail service pharmacy, Serve You Rx Home Delivery Pharmacy, including:

- Member Portal
- EZRefillRx
- How you can sign up for home delivery and automatic refills
- Member forms
- Drug lists



Register for the Member Portal



This free, secure portal contains information about your benefit and will help you track and organize prescription details for yourself and covered family members.

Need help?

Call our contact center at 800-759-3203.
Mondays-Friday 7:30 a.m. - 9 p.m.
Saturday 8 a.m. - 6 p.m.
Sunday 9 a.m. - 3 p.m.
Hours are Central Time

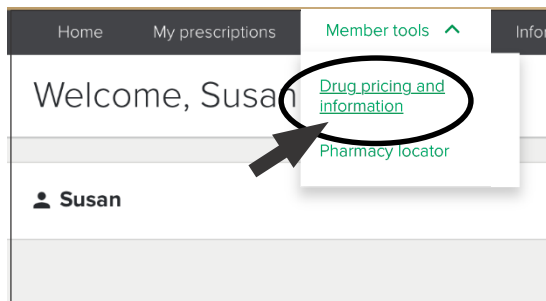
Once on the Serve You Rx member homepage, click the “Access Member Portal” button. As part of registration, you will be instructed to create a HealthSafe ID, which we use to ensure your information is protected. Once registered, you have access to:

- My Profile — Manage your account details and store contact information for providers, emergency contacts, and more.
- My Prescriptions — View and organize all your prescription and over-the-counter medications in one convenient place.
- Drug Pricing and Information — Compare the costs of drugs between home delivery from Serve You Rx Home Delivery Pharmacy and retail pharmacies. Learn about prescription storage, missed dosage instructions, common uses, side effects, and more.
- Pharmacy Locator — Search for network pharmacies that accept your insurance by ZIP code, distance, and 24-hour availability.
- Benefits Information — Learn about your benefits and how to use them.
- Claim History — View and/or download the details of your current and past claims.

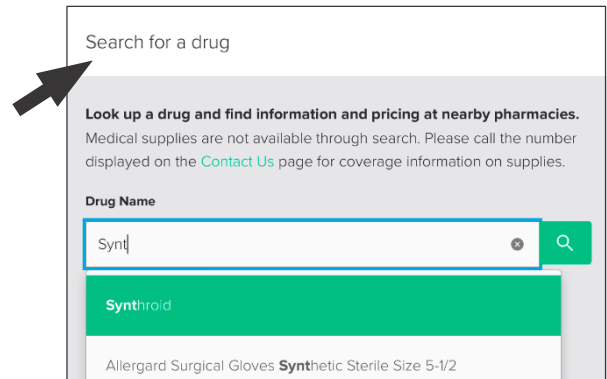
Use the Member Portal to Find the lowest price medication

There are many features to our Member Portal. Our “Drug pricing and other information” feature can help you discover which pharmacy has your medication for the lowest price. Follow these simple steps:

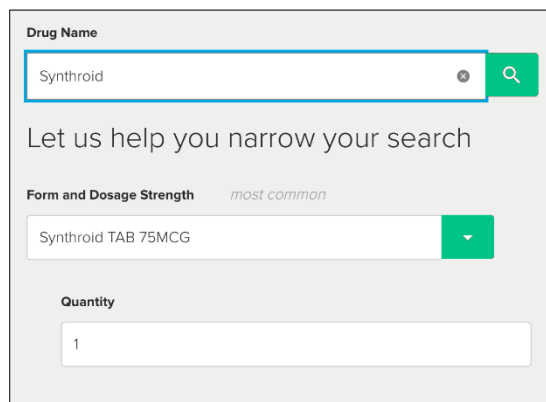
- 1 Log into the Member Portal and select “Drug pricing and other information” under “Member tools.”



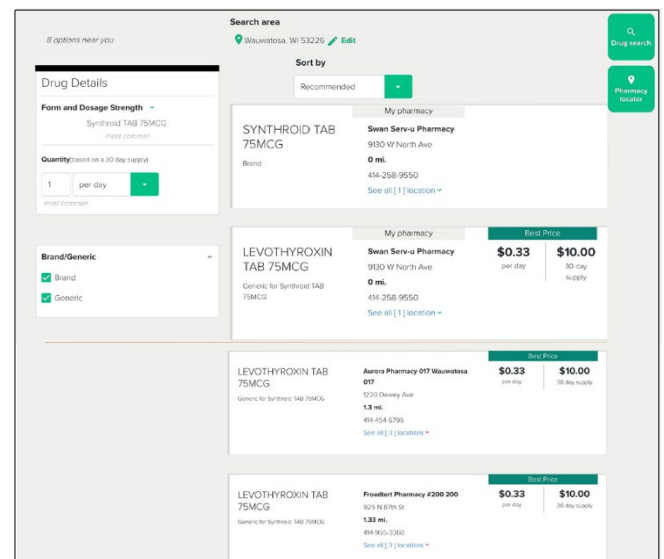
- 2 Enter the name of your drug in the search field.



- 3 If necessary, edit the drug strength, quantity, and days' supply prescribed to you and select “Search.” Otherwise, simply click the magnifying glass icon after you’ve selected your drug name.



- 4 Now, you will be able to view an estimate of how much your medication costs across different pharmacies, with the most affordable option labeled as “Best Price.”



For more information, please call our contact center at 800-759-3203 or visit ServeYouRx.com/members.



ATTACK PRESCRIPTION SPEND



INTRODUCING THE SHARX PROGRAM

High-Cost
Prescription Access¹³

Your employer will begin providing a new service to enrolled members in your current health plan. It's a prescription drug benefit and advocacy program provided through SHARx.



What is SHARx?

SHARx is an advocacy solution provided by your employer. This program was created to extend advocacy program benefits to employees like you. Our role is to help facilitate the advocacy process for each eligible member of your employer's health plan and provide access for all high-cost medications.

As it can take a few weeks to get set up, now is the time to begin the process to access your high-cost medications.

Who is Eligible?

Your employer is making this program available to members enrolled in the health plan. If you are currently on a high-cost prescription medication, you will want to follow the steps below for potential cost savings to you! If you are eligible to participate in the SHARx program to lower drug costs for you and your family, follow the instructions in the welcome email or call 314-451-3555.

Instructions to Create Your Advocacy Request

If you have been identified as having a high-cost medication, you will receive a welcome email from SHARx.

After receiving the email, please follow the instructions in the email:

1

Click on the custom link in the email to create an account on the SHARx platform.

2

Validate your identity and set up a user account for the website.

3

After logging in, you can verify the prescription information we have on file for you (and your dependents).

4

Sign the HIPAA form and we'll get to work finding the best option for your medication(s).

If you do not receive a welcome email or are prescribed a high-cost medication in the future, please email sharx@sharxplan.com or call 314-451-3555.

What are the costs?

There are no costs to participate in the SHARx program. Your employer has paid 100% of the cost of this service for you and your family as long as you are enrolled in your employer's health plan. Prescriptions obtained through this service could be FREE for you and your family. Sometimes a co-pay or out of pocket amount will be required, but this out of pocket may be substantially less than what you are paying now.

What happens if I don't enroll in the SHARx program?

Your high-cost medications will no longer be covered by your employer pharmacy benefit plan.



If you are in the advocacy process with SHARx, you may be eligible for a short supply of your urgent medications at your local pharmacy while the advocacy is in process.



Certain manufacturers will require additional information to verify your income.



Please respond right away to these requests for additional information to ensure there is no delay with your advocacy.



Our goal is for everyone to receive the medications they need as quickly as possible at the lowest price, and this is only accomplished with your help.

What is considered a High-Cost Prescription?

Any medication that has a cost of at least \$350 per month is considered high-cost. These would include: Insulin (all types), Abilify, Actemra, Advair, Ajoy, Atripla, Biktarvy, Breo, Brilinta, Budesonide, Bydureon, Cimzia, Concerta, Copaxone, Cosentyx, Creon, Descovy, Dexilant, Dulera, Effient, Eliquis, Elmiron, Enbrel, Entyvio, Farxiga, Flovent HFA, Genvoya, Gilenya, Glatopa, Glyxambi, Humira, Invokana, Janumet, Januvia, Jardiance, Lantus, Latuda, Lialda, Lyrica, Multaq, Otezla, Pentasa, Premarin, Remicade, Repatha, Restasis, Spiriva, Stelara, Symbicort, Takhzyro, Taltz, Toujeo, Truvada, Victoza, Xarelto, Xeljanz, Xolair, and MANY, MANY More!!





What can I expect?

It is important to note that this is not an overnight solution and usually takes from two to four weeks on average to implement your cost savings, depending on outside circumstances of doctor cooperation, ease of communication and understanding. You may also be asked to verify your income, so please respond right away. Be patient with this process and realize that SHARx advocates want to help you.

How will I receive my prescriptions that are not high-cost?

You will continue to use your same pharmacy for acute and low-cost maintenance medications. You are welcome to see if the SHARx program can save you money on low-cost maintenance medications by visiting www.sharxplan.com/generics. Often you can receive a year's supply of maintenance medications for less than you would pay over the course of a year using your insurance copays. Use coupon code SHARx5 for \$5 off your first order.

A glimpse into how SHARx can help you too!

"SHARx has really saved my life and I cannot thank them enough for all of their help! I have multiple medical problems and without them it would simply boil down to deciding what to go without!"

- 5 star Google Review
from Walter H.

Watch this video
to learn more
about SHARx!





SHARx Contacts for Members



Members

- SHARx Member Portal: app.sharxplan.com
- Phone: 314.451.3555, option 1
- Email: SHARx@sharxplan.com
- Fax: 314.451.3555
- Fax for Prescriptions: 314.628.0394
- Self-ID Link (if applicable):



Hours of Operation

- Monday-Friday
- 8:00AM - 5:00PM CT

For General SHARx Questions

- If you have questions regarding the status of your medication or if you need assistance with your SHARx Portal, please contact your Advocacy Team via phone call, text message, by email at sharx@sharxplan.com, or by sending a message in your SHARx Portal.

For questions regarding a Prior Authorization

- Contact your insurance provider via the phone number listed on your ID card

Please click on the video below
to learn about the SHARx
Program

<https://sharxplan.com/oevideo> 17



You've got HealthiestYou all summer long



Talk to a doctor anytime, anywhere by phone or video.

We can treat allergies, insect stings, rashes and much more at home or on the go. Set up your account today.



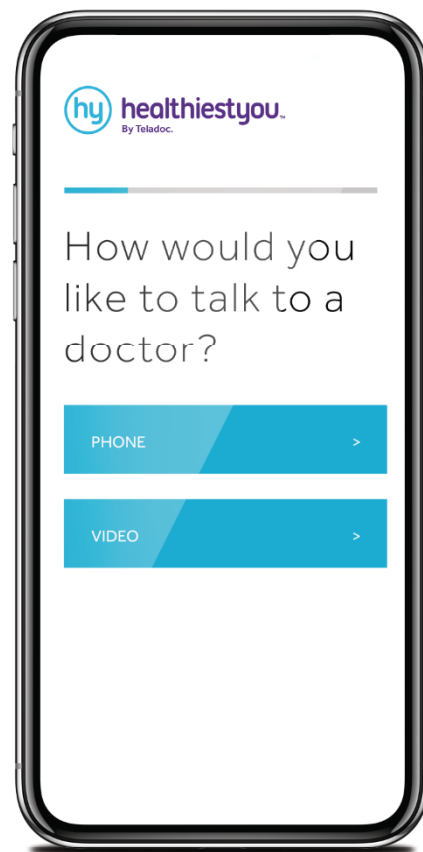
Speak with a doctor within an hour
Talk to a U.S.-licensed doctor from wherever you are



Treatment for non-emergency conditions
Our doctors treat conditions like the flu, bronchitis and much more



Avoid the waiting room
Talk to a doctor without waiting hours or weeks for care



Download the app and talk to a doctor today

Call 1-866-703-1259 | Visit HealthiestYou.com

Download the app  

Access your healthcare by
phone, video or app.

Need care for non-urgent and common conditions? Get a same-day appointment with a certified clinician from wherever you are.

Need a second opinion? Get assurance and advice on a diagnosis, treatment or surgery from leading experts in over 450 specialties.

Have real conversations and see progress with a therapist or psychiatrist of your choice. Available 7 days a week from the privacy of your own home.



Discover digital content and resources based on your goals and needs. Recommended activities and content. Explore skill building tools and resources based on your ongoing needs and preferences.

Therapy

Overcome pain from home, in partnership with Sword Health, through a custom plan from a physical therapist and personalized content.

Start an online skin review with a dermatologist by uploading images and details of your concern. Get a treatment plan and prescription if needed in 24 hours or less.

Members work directly with registered dietitians who assess clinical nutrition needs and develop personalized programs including custom meal plans and shopping guides

Visit [HealthiestYou.com](https://www.healthiestyou.com) | Call 1-866-703-1259 | Download the app |

Vision Plan Summary

Metropolitan Life Insurance Company

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.¹

Savings on glasses and sunglasses: Get up to 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.¹

Laser vision correction:² Potential savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

In-network benefits

There are no claims for you to file when you go to a participating vision provider. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

Frequency

Eye exam

Once every 12 months

- Eye health exam, dilation, prescription and refraction for glasses: At no additional cost after a \$10 copay.
- Retinal imaging: At no additional cost Up to a \$39 copay on routine retinal screening when performed by a private practice provider.

Frame

Once every 24 months

- Allowance: \$150 after \$25 eyewear copay.
- Costco, Walmart and Sam's Club: \$85 allowance after \$25 eyewear copay. You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.

Standard corrective lenses

Once every 12 months

- Single vision, lined bifocal, lined trifocal, lenticular: At no additional cost after \$25 eyewear copay.

Standard lens enhancements¹

Once every 12 months

- Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: At no additional cost after \$25 eyewear copay.
- Progressive Standard, Progressive Premium/Custom, Polycarbonate (adult), Photochromic, Anti-reflective, Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits.

Contact lenses instead of eye glasses

Once every 12 months

- Contact fitting and evaluation: At no additional cost with a maximum copay of \$60.
- Elective lenses: \$150 allowance.
- Necessary lenses: At no additional cost after eyewear copay.

We're here to help

Find a Vision provider at www.metlife.com/vision

Download a claim form at www.metlife.com/mybenefits

For general questions go to www.metlife.com/mybenefits or call 1-855-MET-EYE1 (1-855-638-3931)

Summary of Benefits - Dental

The following benefits are per Participant per Plan Year. All benefits are subject to the Maximum Allowable Charge.

DENTAL CARE DEDUCTIBLE*, PER PLAN YEAR	
Per Covered Person	\$50
<i>*Plan Year Deductible does NOT apply to Preventive Services or Orthodontia. It only applies to Basic and Major Services.</i>	

MAXIMUM BENEFIT AMOUNT	
Plan Year Maximum Benefit per Covered Person <u>Excluding</u> Prosthetic, Periodontic, Surgical Extractions & Related Anesthesia	\$1,200
Five (5) Year Maximum Benefit per Covered Person Prosthetic, Periodontic, Surgical Extraction & Related Anesthesia	\$2,000
Lifetime Maximum Benefit per Covered Person Orthodontia Only (limited to Dependent Children)	\$1,500

Covered Dental Expenses	Benefit	Limits**
<u>Class A</u> Preventive & Diagnostic Services	Covered in Full (Dental Care Deductible does not apply)	See Dental Benefits Section
<u>Class B</u> Basic Services	80% after Dental Care Deductible	See Dental Benefits Section
<u>Class C</u> Major Services	50% after Dental Care Deductible	See Dental Benefits Section
<u>Class D</u> Orthodontia Limited to Dependent Children Length of Treatment Maximums 0-36 Months: \$1,500 0-18 Months: \$1,364 0-12 Months: \$780	Covered in Full (Dental Care Deductible does not apply)	See Dental Benefits Section
**Dental benefits also subject to the General Limitations and Exclusions section.		

Powered by People



Driven by Results



A Global Medical Response Solution

Welcome to AirMedCare Network. As an employee of Rend Lake College, you and everyone residing in your household are covered by the largest Air Ambulance in the United States.

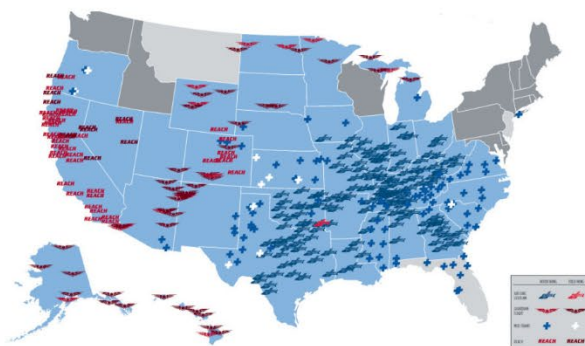
Your membership guarantees no out-of-pocket expense if flown by one of the AirMedCare Network Providers. This is regardless of what insurance does or doesn't cover.



For questions about your membership or to add household members to your plan, feel free to contact Sam Wilson. 618.314.6294 or email at samuel.wilson2@gmr.net



Your membership provides scene care at your home or business, on the road, out and about, and hospital-to-hospital transfers.



Coverage in over 38 states and over 320+ locations.

What to do if you have an emergency.

1. Call 911
2. It's determined you have to be flown.
3. Inform them that you have an AirMedCare Network (Air Evac) Membership.
4. You or your household member is transferred to the nearest appropriate hospital.
5. When provided by one of our providers and having membership, you can recover without financial worry, knowing that all out-of-pocket flight expenses are covered.



Benefit Plan Cost

Rend Lake College offers an all-inclusive benefits package that includes Medical, Dental, and vision. The rates below reflect the combined cost of those benefits.

Rend Lake College pays 100% of the Employee Only Premium and \$920 for Dependent Costs

	Employee Monthly	Employee Cost Per Pay (24)
Employee Only	\$0.00	\$0.00
Employee Spouse	\$1,240	\$620
Employee & Family	\$2,320	\$1,160

Carrier Contacts

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise. Follow these steps if you require assistance:

- **Do you need an ID card?** If you do not have an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's site to download an ID card.
- **For claims assistance**, please contact the insurance carrier. You will need your ID number or Social Security number along with date of service and provider name.

BENEFITS	CARRIER	TELEPHONE	WEB ADDRESS
Medical	PBA	1-888-839-5369	www.pbaclaims.com
Pharmacy Benefit	ServeYou Rx	1-800-759-3203	ServeYouRx.com/members
Dental	PBA	1-888-839-5369	www.pbaclaims.com
Vision	Met Life	1-855-638-3931	www.metlife.com/vision
Teladoc	Healthiest You	1-866-703-1259	www.healthiestyou.com
High-Cost Medication Program	SHARx	314-451-3555 Opt. 1	www.sharxplan.com
Broker Contacts	Joe Eames	270-926-4550	Joe.Eames@assuredpartners.com
AssuredPartners	Lacy Haley	812-485-2848	Lacy.Haley@assuredpartners.com

