2027 Benefits

Full-Time Employees



Southwestern Illinois College

SOUTHWESTERN™
ILLINOIS COLLEGE

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This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.



Getting Started

2027 Benefits

January 1, 2027 through December 31, 2027

Medicare Part D Notice

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Notices section for more details.

No matter where you are in your career, Southwestern Illinois College supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, as well as life, disability, retirement, and more benefits.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Take a look at what's available to make the most of your benefits package.

Who's Eligible For Benefits?

Employees

You are eligible if you are a full-time employee working 37.5 or more hours per week.

Eligible dependents

- Legally married spouse or civil union partner (and his or her eligible dependents).
- Children up to age 26 (biological, adopted, or stepchildren).
- Children over age 26 who are disabled and depend on you for support
- Children named in a qualified medical child support order (QMCSO)
- Parents and stepparents in IL may also be eligible for dependent coverage if they qualify as the employee's tax dependent as a "qualifying relative" under the tax code and also live in the plan's service area. See the carrier's booklets for more information (medical only).
- Qualified Military Personnel until age 30 (Illinois residents only).

When Can You Enroll?

New Hire Enrollment

Coverage for new employees begins on the date of hire, but you must enroll within 31 days of becoming eligible.

Open Enrollment

Existing employees can enroll or make changes to their benefits during the annual open enrollment period, for benefits effective at the start of the next calendar year. If you miss your new hire enrollment deadline, your next opportunity to make changes will be open enrollment, or within the time limit for a Qualifying Life Event.

Qualifying Life Events

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a qualifying event in your life, including:

- Change in legal marital status
- Change in the number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in your or a dependent's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit any changes within 31 days of the event (unless otherwise noted), and provide the necessary documentation to support the qualifying life event to HR.

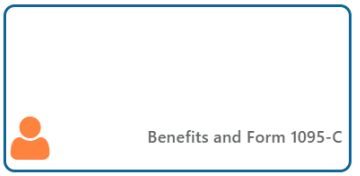
Enrolling In Benefits

LOG INTO EMPLOYEE SELF SERVICE

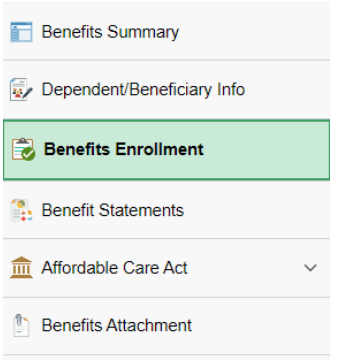
1. From a SWIC computer, open an internet browser (Chrome, Edge, FireFox). InfoShare should be the default home page. From a personal computer, login to https://infoshare.swic.edu Click on the Employee Self Service icon.



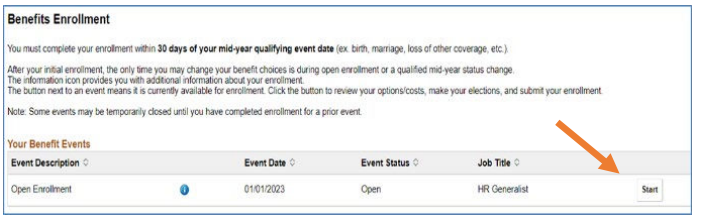
2. Click the Benefits and Form 1095-C tile



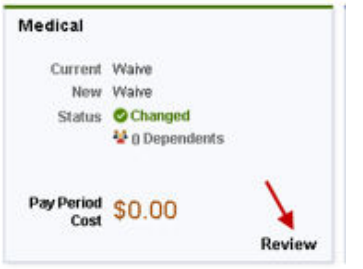
3. Select Benefit Enrollment from the top left navigation bar



4. Click the Start Button to begin your enrollment

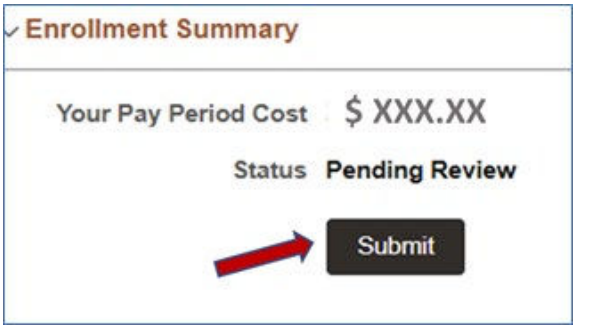


5. Click Review on each benefit tile and make your elections.



6. If you wish to cover a dependent on a plan, they will need to be in the system and selected. If adding a new dependent, you will need their date of birth and SSN.

7. Once you have completed your enrollment, click the Submit button to finalize your elections.



Note: Mid-year benefit changes require the assistance and approval of the Human Resources Department. For most qualified life events, you must contact Human Resources within 31 days of the event and provide the appropriate documentation.
Email: HumanResources@swic.edu

Medical HDHP / PPO I

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. Coverage is provided by BlueCross BlueShield of Illinois. **Members have access to the BCBSIL PPO Network. Find an in-network provider at www.bcbsil.com**

Benefit	In Network	Out of Network
Deductible (including prescription)	**Individual:** $3,500 **Family:** $7,000	**Individual:** $10,000 **Family:** $20,000
Out-of-pocket maximum	**Individual:** $3,500 **Family:** $7,000	**Individual:** $13,200 **Family:** $26,400
Office visit		
Primary	Plan pays 100% after deductible	Plan pays 80% after deductible
Specialist	Plan pays 100% after deductible	Plan pays 80% after deductible
Telemedicine	Plan pays 100% after deductible	N/A
Preventive Services	Plan pays 100%	Plan pays 80% after deductible
Chiropractic (up to 20 visits per year)	Plan pays 100% after deductible	Plan pays 80% after deductible
Lab and X-ray	Plan pays 100% after deductible	Plan pays 80% after deductible
Urgent care	Plan pays 100% after deductible	Plan pays 80% after deductible
Emergency room	Plan pays 100% after deductible	
Hospitalization	Plan pays 100% after deductible	Plan pays 80% after deductible
Outpatient surgery	Plan pays 100% after deductible	Plan pays 80% after deductible
Prescription drugs	**In Network**	**Out of Network**
Generic	**Retail:** Plan pays 100% after deductible **Mail:** Plan pays 100% after deductible	**Retail:** Plan pays 75% after deductible **Mail:** Not covered
Preferred Brand	**Retail:** Plan pays 100% after deductible **Mail:** Plan pays 100% after deductible	**Retail:** Plan pays 75% after deductible **Mail:** Not covered
Non-Preferred Brand	**Retail:** Plan pays 100% after deductible **Mail:** Plan pays 100% after deductible	**Retail:** Plan pays 75% after deductible **Mail:** Not covered
Number of days' supply	**Retail:** 34 days **Mail:** 90 days	**Retail:** 34 days **Mail:** N/A
Out-of-Pocket Maximum	Prescriptions subject to medical out-of-pocket maximums	

*Full Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) for each of the plans can be accessed electronically on the SWIC Infoshare Benefits Page https://infoShare.swic.edu/sites/dept/HumanResources/SitePages/SWHRBenefits.aspx or paper copies are available upon request. Please see the Important Plan Information and Plan Documents page for additional information.

HDHP / PPO I Examples

Example: You are having a baby (9 months of in-network pre-natal care and a hospital delivery)	
Overall Deductible	**$3,500**
Specialist Coinsurance	**0%**
Hospital (Facility) Coinsurance	**0%**
Other Coinsurance	**0%**
This EXAMPLE event includes services like: Specialist office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)	
Total example cost	**$12,700**
In this example, you would pay:	
Deductible	**$3,500**
Copayments	**$0**
Coinsurance	**$0**
Limits or exclusions	**$60**
Total you would pay:	**$3,560**
The plan would be responsible for the other costs of these EXAMPLE covered services.	

Example: Managing your type 2 diabetes (a year of routine in-network care of a well-controlled condition)	
Overall Deductible	**$3,500**
Specialist Coinsurance	**0%**
Hospital (Facility) Coinsurance	**0%**
Other Coinsurance	**0%**
This EXAMPLE event includes services like: Primary care physician office visits (including disease education) Diagnostic tests (blood work) Prescription drugs Durable medical equipment (glucose meter)	
Total example cost	**$5,600**
In this example, you would pay:	
Deductible	**$3,500**
Copayments	**$0**
Coinsurance	**$0**
Limits or exclusions	**$20**
Total you would pay:	**$3,520**
The plan would be responsible for the other costs of these EXAMPLE covered services.	

Example: You have a simple fracture (In-network emergency room visit and follow up care)	
Overall Deductible	**$3,500**
Specialist Coinsurance	**0%**
Hospital (Facility) Coinsurance	**0%**
Other Coinsurance	**0%**
This EXAMPLE event includes services like: Emergency Room Care (including medical supplies) Diagnostic test (including x-ray) Durable Medical Equipment (crutches) Rehabilitation services (physical therapy)	
Total example cost	**$2,800**
In this example, you would pay:	
Deductible	**$2,800**
Copayments	**$0**
Coinsurance	**$0**
Limits or exclusions	**$0**
Total you would pay:	**$2,800**
The plan would be responsible for the other costs of these EXAMPLE covered services.	

This is not a cost estimator. *Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors.*

Please Note: for these examples you may have an additional deductible to meet for future claims

HDHP / PPO I	Employee Cost Per Check	SWIC Cost Per Check
Employee Only	$75.59	$398.91
Family	$234.35	$1,236.61

Medical PPO II

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. Coverage is provided by BlueCross BlueShield of Illinois. **Members have access to the BCBSIL PPO Network. Find an in-network provider at www.bcbsil.com**

Benefit	In Network	Out of Network
Deductible	**Individual:** $300 **Family:** $600	**Individual:** $1,000 **Family:** $2,000
Out-of-pocket maximum	**Individual:** $1,000 **Family:** $2,000	**Individual:** $5,000 **Family:** $10,000
Office visit Primary Specialist Telemedicine	 $25 copay then plan pays 100% $50 copay then plan pays 100% $25 copay then plan pays 100%	 Plan pays 70% after deductible Plan pays 70% after deductible N/A
Preventive Services	Plan pays 100%	Plan pays 70% after deductible
Chiropractic **(up to 20 visits per year)**	Plan pays 90% after deductible	Plan pays 70% after deductible
Lab and X-ray	Plan pays 90% after deductible	Plan pays 70% after deductible
Urgent care	Plan pays 90% after deductible	Plan pays 70% after deductible
Emergency room	$150 copay (waived if admitted)	
Hospitalization	Plan pays 90% after deductible	Plan pays 70% after deductible
Outpatient surgery	Plan pays 90% after deductible	Plan pays 70% after deductible
Prescription drugs	**In Network**	**Out of Network**
Generic	**Retail:** $10 copay then plan pays 100% **Mail:** $20 copay then plan pays 100%	**Retail:** $10 copay then plan pays 75% **Mail:** Not covered
Preferred Brand	**Retail:** $40 copay then plan pays 100% **Mail:** $80 copay then plan pays 100%	**Retail:** $40 copay then plan pays 75% **Mail:** Not covered
Non-Preferred Brand	**Retail:** $60 copay then plan pays 100% **Mail:** $120 copay then plan pays 100%	**Retail:** $60 copay then plan pays 75% **Mail:** Not covered
Number of days' supply	**Retail:** 34 days **Mail:** 90 days	**Retail:** 34 days **Mail:** N/A
Out-of-Pocket Maximum	$2,500 Individuals / $5,000 family	

*Full Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) for each of the plans can be accessed electronically on the SWIC Infoshare Benefits Page https://infoShare.swic.edu/sites/dept/HumanResources/SitePages/SWHRBenefits.aspx or paper copies are available upon request. Please see the Important Plan Information and Plan Documents page for additional information.

PPO II Examples

Example: You are having a baby (9 months of in-network pre-natal care and a hospital delivery)	
Overall Deductible	**$300**
Specialist Copayment	**$50**
Hospital (Facility) Coinsurance	**10%**
Other Coinsurance	**10%**
This EXAMPLE event includes services like: Specialist office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)	
Total example cost	**$12,700**
In this example, you would pay:	
Deductible	**$300**
Copayments	**$30**
Coinsurance	**$700**
Limits or exclusions	**$60**
Total you would pay:	**$1,060**
The plan would be responsible for the other costs of these EXAMPLE covered services.	

Example: You have a simple fracture (In-network emergency room visit and follow up care)	
Overall Deductible	**$300**
Specialist Copayment	**$50**
Hospital (Facility) Coinsurance	**10%**
Other Coinsurance	**10%**
This EXAMPLE event includes services like: Emergency Room Care (including medical supplies) Diagnostic test (including x-ray) Durable Medical Equipment (crutches) Rehabilitation services (physical therapy)	
Total example cost	**$2,800**
In this example, you would pay:	
Deductible	**$300**
Copayments	**$300**
Coinsurance	**$100**
Limits or exclusions	**$0**
Total you would pay:	**$700**
The plan would be responsible for the other costs of these EXAMPLE covered services.	

Example: Managing your type 2 diabetes (a year of routine in-network care of a well-controlled condition)	
Overall Deductible	**$300**
Specialist Copayment	**$50**
Hospital (Facility) Coinsurance	**10%**
Other Coinsurance	**10%**
This EXAMPLE event includes services like: Primary care physician office visits (including disease education) Diagnostic tests (blood work) Prescription drugs Durable medical equipment (glucose meter)	
Total example cost	**$5,600**
In this example, you would pay:	
Deductible	**$300**
Copayments	**$700**
Coinsurance	**$40**
Limits or exclusions	**$20**
Total you would pay:	**$1,020**
The plan would be responsible for the other costs of these EXAMPLE covered services.	

This is not a cost estimator. *Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors.*

Please Note: for these examples you may have an additional deductible to meet for future claims

PPO II	Employee Cost Per Check	SWIC Cost Per Check
Employee Only	$132.97	$398.91
Family	$412.20	$1,236.61

Medical PPO III

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. Coverage is provided by BlueCross BlueShield of Illinois. **Members have access to the BCBSIL PPO Network. Find an in-network provider at www.bcbsil.com**

Benefit	In Network	Out of Network
Deductible	**Individual:** $5,000 **Family:** $10,000	**Individual:** $10,000 **Family:** $20,000
Out-of-pocket maximum (combined Med/RX OOPM)	**Individual:** $6,600 **Family:** $13,200	**Individual:** $13,200 **Family:** $26,400
Office visit Primary Specialist Telemedicine	 $35 copay then plan pays 100% $35 copay then plan pays 100% $35 copay then plan pays 100%	 Plan pays 60% after deductible Plan pays 60% after deductible N/A
Preventive Services	Plan pays 100%	Plan pays 60% after deductible
Chiropractic **(up to 20 visits per year)**	Plan pays 80% after deductible	Plan pays 60% after deductible
Lab and X-ray	Plan pays 80% after deductible	Plan pays 60% after deductible
Urgent care	Plan pays 80% after deductible	Plan pays 60% after deductible
Emergency room	$150 copay (waived if admitted)	
Hospitalization	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient surgery	Plan pays 80% after deductible	Plan pays 60% after deductible
Prescription drugs	**In Network**	**Out of Network**
Generic	**Retail:** $15 copay then plan pays 100% **Mail:** $30 copay then plan pays 100%	**Retail:** $15 copay then plan pays 100% **Mail:** Not covered
Preferred Brand	**Retail:** $30 copay then plan pays 100% **Mail:** $60 copay then plan pays 100%	**Retail:** $30 copay then plan pays 100% **Mail:** Not covered
Non-Preferred Brand	**Retail:** $50 copay then plan pays 100% **Mail:** $100 copay then plan pays 100%	**Retail:** $50 copay then plan pays 100% **Mail:** Not covered
Number of days' supply	**Retail:** 34 days **Mail:** 90 days	**Retail:** 34 days **Mail:** N/A
Out-of-Pocket Maximum	Prescriptions subject to medical out-of-pocket maximums	

*Full Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) for each of the plans can be accessed electronically on the SWIC Infoshare Benefits Page https://infoShare.swic.edu/sites/dept/HumanResources/SitePages/SWHRBenefits.aspx or paper copies are available upon request. Please see the Important Plan Information and Plan Documents page for additional information.

PPO III Examples

Example: You are having a baby (9 months of in-network pre-natal care and a hospital delivery)	
Overall Deductible	**$5,000**
Specialist Copayment	**$35**
Hospital (Facility) Coinsurance	**20%**
Other Coinsurance	**20%**
This EXAMPLE event includes services like: Specialist office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)	
Total example cost	**$12,700**
In this example, you would pay:	
Deductible	**$5,000**
Copayments	**$50**
Coinsurance	**$1,500**
Limits or exclusions	**$60**
Total you would pay:	**$6,610**
The plan would be responsible for the other costs of these EXAMPLE covered services.	

Example: You have a simple fracture (In-network emergency room visit and follow up care)	
Overall Deductible	**$5,000**
Specialist Copayment	**$35**
Hospital (Facility) Coinsurance	**20%**
Other Coinsurance	**20%**
This EXAMPLE event includes services like: Emergency Room Care (including medical supplies) Diagnostic test (including x-ray) Durable Medical Equipment (crutches) Rehabilitation services (physical therapy)	
Total example cost	**$2,800**
In this example, you would pay:	
Deductible	**$1,300**
Copayments	**$400**
Coinsurance	**$0**
Limits or exclusions	**$0**
Total you would pay:	**$1,700**
The plan would be responsible for the other costs of these EXAMPLE covered services.	

Example: Managing your type 2 diabetes (a year of routine in-network care of a well-controlled condition)	
Overall Deductible	**$5,000**
Specialist Copayment	**$35**
Hospital (Facility) Coinsurance	**20%**
Other Coinsurance	**20%**
This EXAMPLE event includes services like: Primary care physician office visits (including disease education) Diagnostic tests (blood work) Prescription drugs Durable medical equipment (glucose meter)	
Total example cost	**$5,600**
In this example, you would pay:	
Deductible	**$900**
Copayments	**$900**
Coinsurance	**$0**
Limits or exclusions	**$20**
Total you would pay:	**$1,820**
The plan would be responsible for the other costs of these EXAMPLE covered services.	

This is not a cost estimator. *Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors.*

Please Note: for these examples you may have an additional deductible to meet for future claims

PPO III	Employee Cost Per Check	SWIC Cost Per Check
Employee Only	$67.97	$369.48
Family	$339.02	$1,017.05

Medical Plan Comparison

BlueCross Blue Shield of IL	HDHP/PPO I		PPO II		PPO III	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
PLAN FEATURES						
Annual Deductible (Individual/Family)	$3,500/$7,000	$10,000/$20,000	$300/$600	$1,000/$2,000	$5,000/$10,000	$10,000/$20,000
Annual Out-of-Pocket Maximum (Individual/Family)	$3,500/$7,000	$13,200/$26,400	$1,000/$2,000	$5,000/$10,000	$6,600/$13,200	$13,200/$26,400
Annual HSA Employer Contribution (if elected) (Individual/Family)	$750/$1,500		Not eligible		Not eligible	
YOUR COSTS FOR CARE						
Coinsurance	100%*	80%*	90%*	70%*	80%*	60%*
Preventive Care	No cost	Plan pays 80% after deductible	No cost	Plan pays 70% after deductible	No cost	Plan pays 60% after deductible
Primary Care Physician (PCP)	Plan pays 100% after deductible	Plan pays 80% after deductible	$25 copay then plan pays 100%	Plan pays 70% after deductible	$35 copay then plan pays 100%	Plan pays 60% after deductible
Telemedicine	Plan pays 100% after deductible	N/A	$25 copay then plan pays 100%	N/A	$35 copay then plan pays 100%	N/A
Specialist Visit	Plan pays 100% after deductible	Plan pays 80% after deductible	$50 copay then plan pays 100%	Plan pays 70% after deductible	$35 copay then plan pays 100%	Plan pays 60% after deductible
Chiropractic (up to 20 visits per year)	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Urgent Care	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Emergency Room	100% after deductible		$150 copay (copay waived if admitted)		$150 copay (copay waived if admitted)	
Lab and X-ray	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Inpatient Hospital	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Surgery	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Pharmacy (generic/preferred/non-preferred)	Plan pays 100% after deductible	Plan pays 75% after deductible	$10/$40/$60	$10/$40/$60	$15/$30/$50	$15/$30/$50
Pharmacy Out-of-pocket Max (Individual/Family)	Combined Into Annual Max		$2,500 / $5,000		Combined Into Annual Max	

Health Savings Account (HSA)

A Health Savings Account (HSA) acts as a personal savings account for healthcare. It is an easy way to pay for healthcare expenses that you have today, and save for expenses you may have in the future. **You must re-enroll in this program each year.** The HSA is through Benefit Resource, Inc.

Annual Account Contributions

	2027 Maximum IRS Limit	SWIC Contribution Match
Employee	$4,500 including SWIC match	Up to $750
Employee + Family	$9,000 including SWIC Match	Up to $1,500
Catch Up Contributions	An additional $1,000 per year at age 55+	

You can use your HSA debit card from Benefit Resource, Inc. to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

For itemized list of common eligible and ineligible expenses, please select the following:
Eligible Expenses
Ineligible Expenses

Five benefits of an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save the money to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free. You can also use it for regular living expenses, which will be taxable but without penalties.
5. **Changing Contributions.** HSA contributions can be changed mid-year without needing a qualified life event. To request a change please contact HR directly.

Eligibility Requirements

The HSA is not for everyone. You're eligible only if you are:

- Enrolled in the HDHP / PPO I
- Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
- Not a tax dependent.
- Employee or spouse cannot be enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "Limited Purpose" FSA for dental and vision expenses.

Flexible Spending Account (FSA)

SWIC offers various FSA's that allow you to set aside tax-free money to pay for healthcare expenses you expect to have in the plan year. **To participate plan year to plan year, you must re-enroll in the plan each year and specify an annual pledge amount.** The FSA is through Benefit Resource, Inc.

Account Type	Eligible Expenses	Eligible Plans
Healthcare FSA Eligible Expenses Ineligible Expenses	Any eligible medical cost Eligible expenses include medical, prescription, dental, and vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs.	**You don't have to enroll in one of our medical plans to participate in the healthcare FSA.**
Limited Purpose FSA	Eligible dental and vision costs when enrolled in HDHP/ PPO I	

How the FSA works

- You estimate what your and your dependents' out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, and certain drugstore items.
- **You can contribute up to $3,500; the annual limit set by the IRS.** Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.
- Estimate carefully! Your total elected benefit will be available to use the first day your election goes into effect. However, if you don't spend all of the money in your account, you forfeit the leftover balance at the end of the year.

Limited Purpose FSA

If you or your spouse are contributing in a Health Savings Account (HSA), you can also participate in the **Limited Purpose FSA** for dental and vision expenses.

Potential tax savings

Because FSA contributions are pre-tax, they reduce the total amount of your income the government makes you pay taxes on. Tax savings vary depending on filing status and other variables, but here's an example using single-filer status and marginal federal income tax rates:

$40,000 annual salary, contributing $1,500 to FSA

$330 22% income tax savings	$115 7.65% FICA tax savings	$445 Total FSA tax savings

$40,000 annual salary, contributing $3,200 to FSA

$768 24% income tax savings	$244 7.65% FICA tax savings	$1,012 Total FSA tax savings

Dependent Care Account (DCA)

A Dependent Care Flexible Spending Account (DCA) can help families save potentially hundreds of dollars per year on day care. This program is administered by Benefit Resource, Inc.

How the Dependent Care FSA Plan works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses, such as childcare, before- and after-school care programs, preschool, and summer day camp for children younger than 13.

The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to $7,500 per household per year. You can pay your dependent care provider directly from your DCA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket. A Dependent Care Account works more like a checking account—you can only use the money after it has actually been deposited into the account.

Estimate carefully! You can't change your election amount mid-year unless you experience a qualifying event. Money contributed to a Dependent Care Account must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.



Dental

Regular visits to your dentist can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease. Southwestern Illinois College provides you with a comprehensive coverage through BlueCross BlueShield of Illinois**. Members have access to the BlueCare Dental PPO Network. Find an in-network provider at** www.bcbsil.com

Dental Annual Plan Maximum increased in 2027 to $1,500 per individual.

Benefit	In Network	Out of Network (MAC)
Calendar Year Deductible	**Individual:** $50 **Family:** $150	**Individual:** $50 (combined with in-network) **Family:** $150 (combined with in-network)
Annual Plan Maximum	$1,500 per individual	$1,500 per individual
Diagnostic & Preventive	Plan pays 100%	Plan pays 100%
Basic Services	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Services	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia	Plan pays 50% **Children:** Covered to age 19	Plan pays 50% **Children:** covered to age 19/not covered
Orthodontia Lifetime Maximum	$1,000	$1,000 (combined with in-network)

Member pays the coinsurance for services & deductible

Dental	Employee Cost Per Check	SWIC Cost Per Check
Employee Only	$3.25	$9.75
Employee + 1	$6.46	$19.35
Family	$11.88	$35.63

Dental Examples

$1,500 Annual Maximum

Tier	Services	Coverage
1	Preventive care(e.g., cleanings, exams, X-rays)	100% coverage
2	Basic restorative work (e.g., fillings, simple root canals)	80% coverage
3	Major restorative work (e.g., crowns, bridges, dentures)	50% coverage

Patient treatment during the year (In-Network)

Service	Tier	Cost	Insurance Pays	You Pay	Explanation
Cleaning & Exam	1	$150	$150 (100%)	$0	Fully covered
Filling	2	$300	$240 (80%)	$60	You pay 20%
Crown	3	$1,500	$1,110 (annual max reached)	$390	Insurance only pays up to $1,500 annually

Patient treatment during the year (Out-of-Network)

Service	Tier	Cost	Maximum Allowed Charge (MAC) Estimate	Insurance Pays	You Pay	Annual Max Remaining
Cleaning	1	$180	$150	$150 (100%)	$30	$1,350
Filling	2	$250	$200	$160 (80% of $200)	$90	$1,190
Root Canal	2	$750	$600	$480 (80% of $600)	$270	$710
Crown	3	$1,500	$1,000	$710 (annual max reached)	$790	$0

Note: Patient pays any amount over the Maximum Allowed Charge + coinsurance

All examples assume annual deductible has been met

Vision

Routine vision exams can not only correct vision, but also detect more serious health conditions. We offer you a vision plan through BlueCross BlueShield of Illinois as part of the EyeMed Network. **Members have access to the Insight Network. Find an in-network provider at bcbsil.com**

Benefit	In Network	Out of Network
Exam	$10 copay	$30 allowance
Frequency	Once every 12 months from last date of service	
Materials	$10 copay then plan pays 100%	See schedule below
Frames	$130 allowance plus 20% discount from remaining balance	$65 allowance
Frequency	Once every 12 months from last date of service	Once every 12 months from last date of service
Lenses		
Single Vision Lens	Plan pays 100% of basic lens (materials copay applies)	$25 allowance
Bifocal Lens	Plan pays 100% of basic lens (materials copay applies)	$40 allowance
Standard Progressives	Plan pays 100% of basic lens (materials copay applies)	$55 allowance
Frequency	Once every 12 months from last date of service	
Contacts (Elective)	$130 allowance, plus a 15% discount from the remaining balance	$104 allowance
Frequency	Once every 12 months (in lieu of glasses) from last date of service	

Vision	Employee Cost Per Check
Employee Only	$4.33
Employee + Spouse	$8.24
Employee + Children	$8.67
Family	$12.74

Vision Examples

How your vision insurance works (In-Network)

Eye Exam	$10 copay
Glasses	$10 lenses copay and $130 frames allowance every 12 months; you pay the extra cost over $130
Contacts	Use your $130 allowance towards contacts once a year instead of glasses. You pay the extra cost over $130

Example (In-Network)

Purchase	Eye Exam	Lenses / Contacts	Frames	You Pay
Glasses with $180 Frames	$10	$10	$50	$70
Glasses with $120 Frames	$10	$10	Fully covered	$20
$150 Contacts	$10	$20	N/A	$30

How your vision insurance works (Out-Of-Network)

You pay everything up front, then submit a claim for reimbursement to your vision insurance provider. They will reimburse you up to the allowed amount per category, regardless of what you actually paid.

Example (Out-Of-Network)

Service	Provider Charge	Allowance	Reimbursement	You Pay
Eye Exam	$90	$30	$30	$60
Frames	$150	$65	$65	$85
Single Vision Lenses	$60	$25	$25	$35
Total	$300	—	$120	$180

Employer-Paid Basic Life and AD&D Insurance

Basic life insurance pays your beneficiary a lump sum if you die. AD&D (accidental death & dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. The cost of coverage is paid in full by SWIC. Coverage is provided by New York Life.

Basic Life and AD&D

Class 1 - Faculty	$50,000 Benefit
Class 2 - Active full-time employees working a minimum of 37.5 hours per week, excluding faculty	1 x covered annual earnings ($15,000 minimum benefit) up to a maximum of $50,000

Voluntary Life and AD&D Insurance

Voluntary life insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or children if you purchase coverage for yourself.

Voluntary Life

Employee

1, 2 or 3 x covered annual earnings up to $500,000 (Guarantee Issue $100,000).

Dependent(s)

Option 1 Spouse Life Plan: increments of $5,000 up to lesser of 100% of employee's coverage or $500,000 (Guarantee issue $25,000)

Option 2 Dependent Life Plan: With this coverage you can elect to enroll just your spouse in $10,000, child(ren) in $5,000, or spouse/$10,000 and child(ren)/$5,000.

Note: Spouse Life and Dependent Life are two separate plans in the system. Your spouse can only be enrolled in one, **not** both plans.

Voluntary AD&D

Increments of $25,000 up to Lesser of 10 x covered annual earnings (for amounts above $250,000) or $500,000

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver. The New York Life beneficiary form is available on the Benefits InfoShare page. Once complete, please mail to the Human Resources department, forms cannot be returned digitally.

Guaranteed Issue: The maximum amount of coverage you can elect without having to provide evidence of insurability

Evidence of Insurability: If you or your spouse select a coverage amount above the guaranteed issue amount, you or your spouse will need to submit an Evidence of Insurability form to New York Life with additional information about your health in order for the insurance company to approve this higher amount of coverage.

Taxes: A life insurance benefit of $50,000 or more is a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

Voluntary Life and AD&D Insurance costs

If you elect voluntary coverage, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck.

Voluntary Life and AD&D insurance (monthly rate per $1,000 of coverage)

Age	Employee	Spouse
<20	$0.040	$0.040
20-24	$0.040	$0.040
25-29	$0.040	$0.040
30-34	$0.040	$0.040
35-39	$0.060	$0.060
40-44	$0.080	$0.080
45-49	$0.130	$0.130
50-54	$0.210	$0.210
55-59	$0.380	$0.380
60-64	$0.520	$0.520
65-69	$0.760	$0.760
70-74	$2.050	$2.050
75+	$2.050	$2.050

Your Voluntary Life and AD&D cost is based on your age and election amount.

The system will calculate and display the per paycheck cost on your enrollment screen.

Dependent Coverage

Dependent Life Rate ($10,000 Spouse and $5,000 child)	$2.56 per month
Dependent Life – Child(ren) Life Rate	$0.76 per month *One premium rate covers all eligible children*
AD&D Rate per $1,000 of Coverage	$0.02 Individual / $0.035 Family

Voluntary Long-Term Disability Insurance

Long-term disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders

LTD Coverage

Monthly benefit amount	60% of monthly earnings up to a maximum of $5,000
Benefits begin	After 60 days of disability
Maximum payment period* *The age at which the disability begins may affect the duration of the benefits.	To age 65

If you become disabled due to a non-work-related illness or injury, Long Term disability (LTD) benefits may be payable. For periods of disability lasting longer than 60 days, supplemental long-term disability coverage is available through New York Life. This benefit pays you up to 60% of your monthly earnings, to a maximum of $5,000 per month. When you have completed 24 months of employment with SWIC and have purchased New York Life's LTD policy, in the event of a LTD claim, SURS would pay 50% and New York Life would pay the additional 10%. Regardless if you have elected LTD with New York Life, all employees who have completed 24 months of employment with SWIC will be eligible for disability through SURS.

There are two options for LTD insurance - you can choose that your benefit be deducted pre-tax or post-tax. If you choose to pay taxes on the premium now, your benefit (should you ever need it) will be tax-free. Depending on your tax bracket, this could result in significantly more money to spend on your ongoing living expenses. Southwestern Illinois College will report the amount of your LTD premiums as taxable income on your W2 form.

Your Long-Term Disability cost is based on your age and salary. The system will calculate and display the per paycheck cost on your enrollment screen.

BlueCross BlueShield of Illinois

Voluntary Accident Insurance

Accident Insurance is designed to help you pay for unexpected costs that result from an accidental injury. It pays a lump sum of money directly to you if you or one of your covered dependents suffers an accidental injury. This benefit is in addition to and independent of any other benefits you may be eligible for. You can use the money as you wish—to help cover your medical plan deductible and coinsurance, pay for uncovered medical treatment, or use it for your day-to-day living expenses. **The plan includes a wellness benefit that pays qualified claimants $50 annually just for taking any one of the 26 wellness tests.***

Ambulance	$200 ground, $1,500 air
Blood/Plasma	$200
Burn	Schedule up to $12,500
Coma	$12,500
Concussion	$150
Dental Work	Specific sum $130 - $400
Diagnostic Testing	$200
Dislocation	Schedule up to $4,000
Emergency Room Treatment	$150
Eye Injury	Specific sum $65 - $300
Family Lodging	$125 per day, up to 30 days
Follow-up Treatment	$50 per day, up to 6 visits
Fracture	Schedule up to $5,000
Hospital Admission	$1,200
Hospital Confinement	$250 per day, up to 15 days
Hospital ICU Admission	$2,000
Hospital ICU Confinement	$500 per day, up to 365 days
Laceration	Schedule up to $500
Medical Appliance	$125
Physical Therapy	$35 per visit, up to 10 visits
Prosthesis	One: $750, Two or More: $1,500
Rehabilitation	$150 per day, up to 15 days
Surgery	Schedule up to $1,250
Transportation	$600 per round trip, up to 3 round trips
X-Ray	$50
Accidental Common Carrier Death	$150,000 EE, $150,000 SP, $25,000 CH
Accidental Death	$40,000 EE, $40,000 SP, $12,500 CH
Wellness Benefit	$50 per insured, per year
Immunizations covered under wellness benefit?	YES

*Examples of the eligible wellness tests include, mammography, colonoscopy, echocardiogram, pap smear, PSA, fasting blood glucose test, covid-19 screening and more. Please refer to the certificate booklet for further information.

Coverage under the Voluntary Accident Benefit terminates at age 70.

Please refer to the certificate booklet for further information.

BlueCross BlueShield of Illinois

Voluntary Critical Illness Insurance

Being diagnosed with a critical illness can be a frightening experience, physically, emotionally, and financially. Critical illness insurance can help fill a financial gap if you or one of your covered dependents experience a serious illness such as cancer, heart attack or stroke. Critical illness insurance pays a lump sum of money directly to you if you or one of your covered dependents suffers one of the covered critical illnesses. **The plan includes a wellness benefit that pays qualified claimants $50 annually just for taking any one of the 26 wellness tests.***

Employee	$5,000 - $20,000 in $ 5,000 increments
Spouse	$2,500 - $10,000 in $2,500 increments, not to exceed 50% of EE election
Child	$2,500 - $10,000, in $2,500 increments not to exceed 50% of EE election
Guarantee Issue	$20,000 Employee, $10,000 Spouse, ALL Children
Annual Maximum Coverage	Up to 3 times the Critical Illness Maximum
Continuous	Yes, for new hires and at annual enrollment
Benefit Type	
Benign Brain Tumor	100%
Burns (severe)	100%
Cancer	100%
Carcinoma in Situ	25%
Coma	100%
Coronary Artery Bypass Graft	25%
End Stage Renal Failure	100%
Heart Attack	100%
Loss of Speech, Sight, Hearing	100%
Major Organ Failure	100%
Paralysis	100%
Stroke	100%
Wellness Benefit	$50 per Employee/Spouse, per year
Immunizations covered under wellness benefit?	YES

*Examples of the eligible wellness tests include, mammography, colonoscopy, echocardiogram, pap smear, PSA, fasting blood glucose test, covid-19 screening and more. Please refer to the certificate booklet for further information.

Voluntary Critical Illness includes coverage reductions at age 65 and age 70.

Please refer to the certificate booklet for further information.

BlueCross BlueShield of Illinois

Voluntary Hospital Indemnity Insurance

Hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment. You pay for premiums with post-tax dollars, so you are not taxed on the benefit. **The plan includes a wellness benefit that pays qualified claimants $50 annually just for taking any one of the 26 wellness tests.***

Eligibility	All Eligible, Active Full – Time Employees
Reduction Schedule	None, Benefits terminate at separation of employment
Enrollment Opportunities	You may enroll for or change your coverage during open enrollment only
Guarantee Issue	Benefits are available on a guarantee issue basis at annual enrollment
Pre-Existing Conditions	None
Pregnancy/Childbirth Waiting Period	None
Portability	Coverage may be ported until age 65
Benefit Type	
Hospital Admission	$1,000 per admission, up to 1 time per year
Hospital Confinement	$100 per day, up to 30 days per year
Hospital ICU Admission	$1,000 per admission, up to 1 time per year
Hospital ICU Confinement	$100 per day, up to 10 days per year
Newborn Nursery (mothers' benefit)	$50 per day, up to 3 days per year
Wellness Benefit	$50 per insured, per year

*Examples of the eligible wellness tests include, mammography, colonoscopy, echocardiogram, pap smear, PSA, fasting blood glucose test, covid-19 screening and more.

Please refer to the certificate booklet for further information.

Accident, Critical Illness, and Hospital Indemnity Costs

Accident	Your Cost Per Check
Employee Only	$5.96
Employee + Spouse	$9.87
Employee + Child(ren)	$11.51
Family	$18.04

Critical Illness (Monthly Rate per $1,000 Benefit)		
Age	Employee	Spouse
< 30	$0.419	$0.638
30-39	$0.644	$0.884
40-49	$1.222	$1.481
50-59	$2.429	$2.703
60-64	$4.023	$4.300
65+	$6.102	$6.560

Dependent child(ren) rate: $0.224

Hospital Indemnity	Your Cost Per Check
Employee Only	$9.23
Employee + Spouse	$18.59
Employee + Child(ren)	$15.04
Family	$25.96

Retirement

403(b) retirement savings account—OMNI

Southwestern Illinois College makes available to you a retirement savings plan to assist you in planning for your retirement. It is possible for you to supplement your SURS retirement program with a pre-tax or Roth post-tax investment. This program is called a section 403(b) retirement savings account; it offers you an excellent opportunity to set money aside for the future.

There are a number of complex IRS rules pertaining to the tax treatment of 403(b) accounts. Faculty and staff members who choose to participate in the 403(b) program are advised to seek their own tax accounting advice. The contribution maximums are based on age. Please contact OMNI for more information.

To participate, you must open an account with an approved investment provider, then submit a Salary Reduction Agreement (SRA) form, which can be found on OMNI's website. A copy of the form, as well as instructions for submitting the form, can also be found on the Benefits InfoShare page.

For additional information regarding the 403(b) retirement savings plan, please review the informational flyer on the Benefits InfoShare page.

U.S. OMNI administers the plan and is available to answer questions at (877) 544-6664 or https://omni403b.com/plandetail/7128

State University Retirement System (SURS)

Southwestern Illinois College is a participating employer in SURS. For all questions regarding SURS, including choosing your retirement plan, to opt out of the auto-enrolled supplemental deferred compensation (DCP/457b) plan, planning for retirement, disability, etc., you must contact SURS by telephone at 1-800-ASK-SURS (275-7877), visit their website at www.SURS.org or login to your individual member account via their website.

All About SURS Brochure: https://surs.org/wp-content/uploads/All_About_SURS.pdf



Employee Assistance Program (EAP)

Help for you and your household

There are times when everyone needs a little help, advice, or assistance with a serious concern. The EAP through AllOne Health can help you handle a wide variety of personal issues, such as emotional health, substance use disorder, parenting and childcare needs, financial coaching, legal consultation, and elder care resources.

It is available around the clock to ensure you get access to the resources you need. Best of all, contacting the EAP is completely confidential and **FREE** for any member of your immediate household.

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 6 face-to-face visits
- Unlimited web access to helpful articles, resources, and self-assessment tools.

Counseling

- Relationship challenges
- Emotional distress
- Job stress
- Communication issues
- Interpersonal conflict
- Alcohol or drug use
- Loss and grief

Elder care

- Help finding care resources for elderly or disabled relatives

Legal

- Local attorney referrals
- Family law (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

Parenting & childcare

- Quality referrals
- Family day care centers
- Infant centers and preschools
- Before- and after-school care
- 24-hour care

Financial

- Money/debt management
- Identity theft resolution
- Tax issues

Online resources

- Self-help tools to enhance resilience and well-being
- Information and links to various services and topics

Contact the EAP

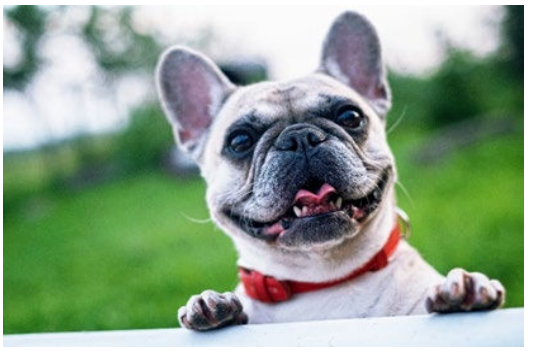
Phone: (800) 456-6327

Website: https://portal.allonehealth.com/

Enter your email address and the company access code “swic” to create an account and sign in.

Additional Benefits

Pet Insurance



Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. Nationwide provides coverage for this program. There is optional wellness coverage available for an additional cost.

With a Nationwide pet insurance policy, you get:

- Vet helpline – 24/7 access
- Use any vet, anywhere, no networks, no pre-approvals
- Same price for pets of all ages - your rate won't increase because your pet had a birthday
- Mobile claim submission with the free VitusVet app
- Discounts on handpicked pet products and services

You can enroll in this program at any time.

- Visit PetsNationwide.com and enter Southwestern Illinois College in the search field
- Call 877-738-7874 and state you are an employee of Southwestern Illinois College
- Use the dedicated URL that has been created for SWIC: https://benefits.petinsurance.com/swic

PerkSpot

DISCOUNTS – PERKS – FREE ENROLLENT

PerkSpot is your one-stop shopping for discounts and perks including food, entertainment, household items, children's products, car buying, travel, etc. There are over 30,000 national and local offers, and best of all, there is no cost to enroll in this program and enjoy the various discounts.

PerkSpot also includes two specialty benefits: Auto and Home discounts. You may be able to save up to 15% on auto and home insurance offered through MetLife.

PerkSpot is accessible from smart phones, laptops and computers. Weekly emails are sent with new featured discounts.

A welcome email will be sent automatically to you from PerkSpot. It will include the link, **alliantmidwest.perkspot.com**, for you to sign up and begin using the discounts available.

Plan Contacts and Resources

HR can be contacted at (618) 641-5920 or HumanResources@swic.edu
More information can be found on Benefits InfoShare page – https://infoshare.swic.edu/

Plan Type	Provider	Phone Number	Website	Policy/ Group #
Medical	BlueCross BlueShield of IL	(800) 828-3116	www.bcbsil.com	19807
Prescription Drug	Express Scripts	(833) 715-0942	www.express-scripts.com	N/A
HSA & FSA	Benefit Resource, Inc	(800) 473-9595	www.benefitresource.com	N/A
Dental	BlueCross BlueShield of IL	(800) 367-6401	www.bcbsil.com	126789
Vision	BlueCross BlueShield of IL	(800) 367-6401	www.bcbsil.com	19807
Basic & Supplemental Life/AD&D	New York Life	(800) 225-8695	www.newyorklife.com	FLX965141 FLX965251
Long Term Disability	New York Life	(800) 225-8695	www.newyorklife.com	VDT960550
Accident, Critical Illness, and Hospital Indemnity	BlueCross BlueShield of IL	(800) 367-6401	www.bcbsil.com	VF026936
Retirement	OMNI	(877) 544-6664	www.omni403b.com	N/A
Retirement	State University Retirement System	(800) 275-7877	www.surs.org	N/A
Employee Assistance Program	AllOne Health	(800) 451-1834	https://portal.allonehealth.com	N/A
Pet Insurance	Nationwide	(877) 738-7874	https://benefits.petinsurance.com/swic	N12576
Discount Program	PerkSpot	N/A	alliantmidwest.perkspot.com	N/A

Glossary

Accumulation Period
The period of time during which you can incur eligible expenses toward your deductible, out-of-pocket maximum, and visit limitations. The accumulation period for your deductible and OOP maximum may differ from the period for visit limitations.

Aggregate Deductible
A type of family deductible in which a family must meet the entire family deductible before the plan covers eligible expenses for any individual.

Aggregate Out-of-Pocket Max
A type of family out-of-pocket maximum in which a family must meet the entire family out-of-pocket maximum before the plan pays 100% of eligible expenses for any individual.

Allowed Amount
The maximum amount your insurance plan will pay for an eligible expense. In-network providers cannot bill you for more than the allowed amount.

Ambulatory Surgery Center
A healthcare facility that specializes in same-day surgical procedures.

Annual Limit
The maximum dollar amount or number of visits your plan will cover for a specific service during a plan year. If you reach an annual limit, you must pay all associated costs for that service for the rest of the plan year.

Balance Billing
Balance billing is when an out-of-network provider bills you for more than your plan's allowed amount. For example, if the provider charges $100 but the plan's allowed amount is only $70, an out-of-network provider can bill you for the $30 difference. Balance billing may not be allowed for all services; consult your insurance plan documents for details.

Beneficiary
The people or entities you select to receive a benefit if you die. You must name beneficiaries for life, AD&D, and retirement plans to ensure the money is distributed according to your wishes.

Brand-Name Drug
A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. Your coinsurance for brand-name drugs may be higher if there is a generic equivalent available.

COBRA
The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law allows you to temporarily keep your health insurance after your employment ends, based on certain qualifying events. If you elect COBRA coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim
A request for payment that you or your provider submits to your insurance plan after you receive services.

Coinsurance
The percentage of the allowed amount you must pay for an eligible expense. Coinsurance will always add up to 100%. For example, if the plan pays 70% of the allowed amount, your coinsurance is 30%. If your plan has a deductible, you pay 100% of most costs until you have paid the deductible amount.

Copayment (Copay)
A flat fee you pay for some services, such as a doctor's office visit. You pay the copayment at the time you receive care. In most cases, copays do not count toward your deductible.

Deductible
The dollar amount you must pay for eligible expenses before your insurance starts covering a portion. The deductible does not apply to preventive care or certain other services.

Dental Basic Services
Services such as fillings, routine extractions, and some oral surgery procedures.

Dental Diagnostic & Preventive
Generally includes routine cleanings, oral exams, X-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to twice a year.

Dental Major Services
Complex or restorative dental work such as crowns, bridges, dentures, inlays, and onlays.

Eligible Expense
Also referred to as a covered service, this is a service or product for which your insurance plan will pay a portion of the allowed amount. Your plan will not cover any portion of the cost if the expense is not eligible, and the amount you pay will not count toward your deductible.

Embedded Deductible
A type of family deductible in which the plan covers eligible expenses for each person as soon as they reach their individual deductible.

Embedded Out-of-Pocket Max
A type of family out-of-pocket maximum in which the plan pays 100% of eligible expenses for a person as soon as they reach their individual out-of-pocket maximum.

Glossary

Excluded Service
A service for which your insurance will not pay any portion of the cost. These services may also be referred to as "ineligible," "not covered," or "not allowed."

Formulary
A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a preferred drug list.

Generic Drug
A drug that has the same active ingredients as a brand-name drug but is sold under a different name. For example, atorvastatin is the generic name for medicines with the same formula as the brand-name drug Lipitor.

Grandfathered
A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

In Network
Also known as participating providers, in-network providers have a contract with your insurance plan. They are usually the lowest-cost option because they have agreed not to charge you more than the allowed amount, and your insurance will cover a bigger portion of eligible expenses than with out-of-network providers.

Mail Order
A medical or prescription drug plan feature allowing a 90-day supply of medicines you take routinely to be delivered by mail.

Out of Network
Also known as nonparticipating providers, out-of-network providers do not have a contract with your insurance plan. They are typically a higher-cost option because they can charge you more than your plan's allowed amount, and your insurance will cover a smaller portion of eligible expenses than with in-network providers. Some plans do not cover out-of-network services at all.

Out-of-Pocket Costs
Healthcare expenses you are responsible for paying, whether from your bank account, credit card, or from a health savings account such as an HSA, FSA or HRA. These costs include any deductibles, copays, and coinsurance you pay for eligible expenses, along with the cost of any services your insurance does not cover.

Out-of-Pocket Maximum
The maximum amount of money you will have to spend on eligible expenses during a plan year. Once you spend this amount, your plan covers 100% of eligible expenses for the rest of the plan year.

Outpatient Care
Care from a hospital or clinic that doesn't require you to stay overnight.

Participating Pharmacy
Also known as an in-network pharmacy, a participating pharmacy has a contract with your medical or prescription drug plan. You will typically pay lower prescription costs at a participating pharmacy.

Plan Year
A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug
A list of prescription drugs your insurance will cover at the highest benefit level. The list, also known as a "formulary," is based on an evaluation of effectiveness and cost. Your coinsurance may be higher for drugs that are not on this list, or your insurance may not cover them at all.

Preventive Care
Routine healthcare services that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems.

Primary Care Provider (PCP)
Your main doctor. Some insurance plans require you to name a PCP, who will direct or approve all of your healthcare and referrals.

Provider
A doctor, dentist, physician's assistant, nurse, hospital, lab, or other healthcare professional or facility that provides healthcare services.

Telehealth/Telemedicine
A virtual visit with a provider using video chat on a computer, tablet or smartphone.

Usual, Customary, and Reasonable (UCR)
The cost of a medical service in a geographic area based on what providers in the area usually charge for the same or a similar medical service. Your plan may use the UCR amount as the allowed amount.

Urgent Care
Care for an illness, injury, or condition that needs attention right away but is not severe enough to require the emergency room. Treatment at an urgent care center generally costs less than an emergency room visit.

Vaccinations
Also known as "immunizations," vaccinations are biological preparations that help prevent or reduce the severity of specific diseases.

Voluntary Benefit
An optional benefit offered by your employer for which you pay the entire premium, usually through payroll deduction.

Important Plan Information

Health plan notices

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located on the HR-Benefits InfoShare page and include:

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.

COBRA continuation coverage

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

Plan Documents

Important documents for our health plan and retirement plan are available on the HR – Benefits InfoShare page. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources at (618) 641-5920 or HumanResources@swic.edu

Summary plan descriptions (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

- HDHP / PPO I Plan
- PPO II Plan
- PPO III Plan

Summary of benefits and coverage (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available on the HR – Benefits InfoShare page. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources at (618) 641-5920 or HumanResources@swic.edu

- HDHP / PPO I Plan
- PPO II Plan
- PPO III Plan

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Southwestern Illinois College Benefits Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

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