LATIN SCHOOL OF CHICAGO

2026-2027
Benefits Open Enrollment

May 19, 2026

Health Insurance Committee

LATIN SCHOOL OF CHICAGO

Thank you to our Health Insurance Committee members

- Cat Curry
- Christine Eustice
- Lisa Patton
- Peter Petlak
- Katherine Pohlkamp
- Derrick Streater
- Tiffany Tafe

- Thank you to our partners at Byrne & Byrne (Dan Byrne, Karen Kennedy and Sydney Scarbrough) for working diligently on behalf of Latin to negotiate competitive benefit plans.

Health Insurance Committee

LATIN SCHOOL OF CHICAGO

Committee Recommendations

1. **Continue partnering with BC/BS of IL** due to quality of service and the high level of appreciation on the part of the employees.
2. **Maintain the two HMO and two PPO plan options**. The introduction of two less costly "narrow network" plan options several years ago continues to be well received.
3. **Increase deductibles under both PPO plans with Latin School of Chicago self-insuring the difference through a Health Reimbursement Arrangement (HRA) with a local Third Party Administrator.**
4. **Retain prescription drug and office visit copays at current levels.** These co-pays represent the majority of the employee's out of pocket expense.

By following these recommendations, the overall premium increase for BCBS services will be reduced from 21% to 8% for 2026–2027.

Open Enrollment

- **Open enrollment is from May 20, 2026 through June 1 , 2026**
- It is critical that you enroll during this time. Failure to do so will result in no benefits starting July 1, 2026.
- **You can only change benefits outside of open enrollment if you experience a Qualifying Event**
  - e.g., birth, marriage, divorce, or loss of coverage
- To simplify re-enrollment, Paycom will default to your current benefit selections.
- **However, you must review, finalize, and submit** your elections to receive confirmation in Paycom and via email.

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Benefit Plans

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Four-tier coverage for medical, dental and vision coverage remains

1. Single
2. Single + child(ren)
3. Single + spouse (can include domestic partner)
4. Family (can include domestic partner)

Continued inclusion of Domestic partner coverage

- If you elect domestic partner coverage for the first time
  - 2 forms are required that are available in Paycom
  - Due **June 1, 2026**
- Note that there are tax implications for domestic partner coverage

NOT in Open Enrollment

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403(b) Plan Elections

- Your current contributions will automatically continue. You can make contribution changes during any pay period. Annual limit for 2026 is **$24,500.**
- Those age 50 and over can contribute a total of of **$32,500**

Parking and Transit

- Neither parking no transit are part of open enrollment. You are able to sign up or stop this coverage at any time during the year. Parking and transit can be found on HR's RomanNet page.

Pet Insurance

- Can be elected at any time and is not required during open enrollment.

Medical, Dental, and Vision Premiums

2026-2027

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BCBS PPO Rates

PPO Blue Choice Options

	Total Monthly Premium	Latin Monthly Contribution	Employee Monthly	Per pay period Deduction
Employee	$1,085.92	$814.44	$271.48	**$135.74**
Employee + Spouse	$2,137.50	$1496.25	$641.25	**$320.63**
Employee + DP*	$2,137.50	$1496.25	$641.25	**$320.63**
Employee + Children	$2,051.24	$1435.87	$615.37	**$307.69**
Employee + Family	$3,173.59	$2221.51	$952.08	**$476.04**
Employee + DP* + Children	$3,173.59	$221.51	$952.08	**$476.04**

PPO Narrow Blue Choice Select

	Total Monthly Premium	Latin Monthly Contribution	Employee Monthly	Per pay period Deduction
Employee	$952.92	$741.69	$238.23	**$119.12**
Employee + Spouse	$1,875.75	1313.03	$562.73	**$281.36**
Employee + DP*	$1,875.75	$12313.03	$562.73	**$281.36**
Employee + Children	$1,800.05	$1260.04	$540.02	**$270.01**
Employee + Family	$2,784.97	$1949.48	$835.49	**$417.75**
Employee + DP* + Children	$2,784.97	$1949.48	$835.49	**$417.75**

** Domestic partner plans include both pre-tax and post-tax deductions*

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BlueCross BlueShield of Illinois

BCBS **HMO** Rates

HMO Illinois

	Total Monthly Premium	Latin Monthly Contribution	Employee Monthly	Per pay period Deduction
Employee	$1,086.29	$814.72	$271.57	**$135.79**
Employee + Spouse	$2,068.08	$1551.06	$517.02	**$258.51**
Employee + DP*	$2,068.08	$1551.06	$517.02	**$258.51**
Employee + Children	$1,984.67	$1488.50	$496.17	**$248.06**
Employee + Family	$3,070.55	$2302.91	$767.64	**$383.82**
Employee + DP* + Children	$3,070.55	$2302.91	$767.64	**$383.82**

HMO Narrow Blue Advantage

	Total Monthly Premium	Latin Monthly Contribution	Employee Monthly	Per pay period Deduction
Employee	$980.09	$735.07	$245.02	**$122.51**
Employee + Spouse	$1,929.21	$1446.91	$482.30	**$241.15**
Employee + DP*	$1,929.21	$1446.91	$482.30	**$241.15**
Employee + Children	$1,851.33	$1388.50	$462.83	**$231.42**
Employee + Family	$2,864.34	$2148.26	$716.09	**$358.04**
Employee + DP* + Children	$2,864.34	$2148.26	$716.09	**$358.04**

** Domestic partner plans include both pre-tax and post-tax deductions*

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BlueCross BlueShield of Illinois

BCBS Dental Rates

(no increase)

	Total Monthly Premium	Latin Monthly Contribution	Employee Monthly Contribution	Per-pay-period deduction
Employee	$54.48	$40.86	$13.62	**$6.81**
Employee + Spouse	$108.67	$81.50	$27.17	**$13.58**
Employee + Domestic Partner (pre and post tax deductions apply)	$108.67	$81.50	$27.17	**$13.58**
Employee + Children	$104.30	$78.23	$26.08	**$13.04**
Employee + Family	$163.29	$122.47	$40.82	**$20.41**
Employee + Family + Domestic Partner (pre and post tax deductions apply)	$163.29	$122.47	$40.82	**$20.41**

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BlueCross BlueShield of Illinois

VSP Vision Rates
(no increase)

Coverage Type	Monthly Premium	Per-pay-period Deduction
Employee	$7.39	**$3.70**
Employee + Spouse	$11.82	**$5.91**
Employee + Domestic Partner (pre and post tax deductions apply)	$11.82	**$5.91**
Employee + Children	$12.07	**$6.04**
Employee + Family	$19.45	**$9.73**
Employee including DP (pre and post tax deductions apply)	$19.45	**$9.73**

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vsp vision care

WELCOME

to Open Enrollment

2026

Latin School of Chicago
May 19, 2026

LATIN SCHOOL OF CHICAGO

BlueCross BlueShield of Illinois

Agenda

→ Health Insurance Landscape

→ What's New / Changing?

→ Plan Comparison & Information

→ Apps and Digital Tools

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Health Insurance Landscape

Politico

Looming affordability crisis set to hit Americans with health insurance through work

It's a perilous combination for 165 million people with employer-sponsored health insurance. Premiums are rising, while yearly pay raises...

Nov 20, 2025

WSJ

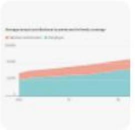
As Health Insurance Costs Soar CFOs Seek Ways to Dull the Pain

Quick Summary · Employer healthcare costs are projected to surge around 9.5% this year, the largest increase in at least 15 years. · Companies...

1 month ago

WSJ

The Average Cost of a Family Health Insurance Plan Is Now $27,000



The Average Cost of a Family Health Insurance Plan Is Now $27,000 · Higher spending on chronic diseases, weight-loss drugs and hospital bills...

Oct 22, 2025

- Medical cost inflation outpacing general inflation
- Rising cost of prescription and specialty drugs (e.g., GLP-1 therapies)
- Higher provider / labor / supply costs
- Risk pool shifts (fewer healthy participants increase average costs)
- Policy and subsidy uncertainty

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What's New / Changing?

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Blue Choice Select PPO (BCS)

Medical Deductible

- Ind/Fam **In Network** $5,000/$15,000
- Ind/Fam **Out of Network** $10,000/$30,000

Medical Out of Pocket Max

- Ind/Fam **In Network** $7,000/$21,000
- Ind/Fam **Out of Network** $18,300/$36,600

Blue Choice Options PPO (BCO)

Increase to Tier 1 and 2 both deductible and OPX

Medical Deductible

- **Tier 1** (Narrow PPO Network – Blue Choice Options)
  - Ind/Fam $5,000/$15,000
- **Tier 2** (Broad PPO Network)
  - Ind/Fam $6,000/$18,000
- Tier 3 (Out of Network)
  - Ind/Fam $10,000/$30,000 (Out of Network)

Medical Out of Pocket Max (OPX)

- **Tier 1:** Ind/Fam $7,000/$21,000
- **Tier 2:** Ind/Fam$8,000/$24,000
- **Tier 3:** Ind/Fam$18,300/$36,600

BlueCross BlueShield of Illinois

What's New / Changing?

LATIN SCHOOL OF CHICAGO

Health Reimbursement Arrangement (HRA) Design Pilot Program for 2026-2027

Contractually Calendar Year Deductible increases to $5,000 per individual, 3 per family effective 07/01/2026

- **Employee deductible remains at $1,500, 3 per family.**
- **Latin School of Chicago will self-insure deductible claims from $1,501 to $5,000 ($3,500) per individual, 3 per family.**
- Out-of-pocket (OOP) max increases to $7,000 per individual, 3 per family.
  - OOP includes deductibles, copays, and coinsurance for Blue Choice Options Tier 1 & Blue Choice Select.
  - Tier 2 Blue Choice Options increases to $8,000 per individual, 3 per family.
- Copays – doctor visits and pharmacy – remain the same.

FLEX

Flexible Benefit Service LLC
Health Reimbursement Arrangement (HRA)

What's New / Changing?

- **Latin School of Chicago reimburses deductibles** after the employee/insured has met the initial Employee Level Deductible.
- The HRA is applicable to the Blue Choice Options & Blue Choice Select PPO plans.

Medical Enrollment Tier	Employee Level Deductible (regardless of tier)	Remainder of Deductible Available for Reimbursement
Individual	$1,500	$3,500
Individual + 1 (Sp or Ch)	$3,000 ($1,500/ea)	$7,000
Family	$4,500 ($1,500 for 1st, $3,000 combined)	$10,500

- **Reminder for 2026 HRA balances** – claims can be submitted as late as March 31, 2027 as long as the expense is incurred before 01/01/2027.

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FLEX

Flexible Benefit Service LLC
Health Reimbursement Arrangement (HRA)

What's New / Changing?

- The HRA benefit plan is administered by Flexible Benefit Service LLC.
- The effective date of the plan is July 1 – December 31.
- All employees and dependents enrolled in the company's PPO health plan are eligible for the HRA
- You are able to file a claim online, fax, mail or email
  - www.myflexaccount.com
  - 888-345-7990

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Flexible Benefit Service LLC – Member Portal

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FLEX

Resources Available *After You Log in*

Get the details for yourself and any dependents:

- ✓ View your benefit information, including account balance, transaction history and claim status
- ✓ Submit new claims online and add receipts to pending claims
- ✓ Edit personal demographic information
- ✓ Update reimbursement method
- ✓ Track medical, dental, vision and prescription expenses
- ✓ Get important announcements from your employer
- ✓ Set communication preferences
- ✓ Register your mobile phone for SMS text alerts
- ✓ Enroll online (if applicable)
- ✓ Manage your Flex Card (if applicable)

Pay Providers or Pay Yourself

Pay your provider directly or reimburse yourself for services you've paid for out-of-pocket from myflexaccount.com.

Get started on your way to ***Save & Spend Healthy***

Visit myflexaccount.com today

ALL PLANS

ALL PLANS	BLUE CHOICE OPTIONS PPO (Broad)			BLUE CHOICE SELECT PPO (Narrow)		HMO	
	TIER 1	TIER 2	Out of Network	IN NETWORK	Out of Network	HMO ILLINOIS	HMO BLUE ADVANTAGE
Individual Deductible	$5,000 ($1,500)	$6,000 ($2,500)	$10,000 ($3,000)	$5,000 ($1,500)	$10,000 ($3,000)	$0	$0
Family Deductible	$15,000 ($4,500)	$18,000 ($7,500)	$30,000 ($9,000)	$15,000 ($4,500)	$30,000 ($9,000)	$0	$0
Individual Out-of-Pocket Max	$7,000 ($3,500)	$8,000 ($4,500)	$18,300 ($16,800)	$7,000 ($3,500)	$18,300 ($16,800)	$1,500	$1,500
Family Out-of-Pocket Max	$21,000 ($10,500)	$18,000 ($13,500)	$36,600 ($30,600)	$21,000 ($10,500)	$36.600 ($30,600)	$3,000	$3,000
Office Visit (PCP/Specialty)	$20 / $40	$40 / $80	50%*	$20 / $40	70%*	$20 / $40	$20 / $40
Preventive Care	100%	100%	50%*	100%	70%*	100%	100%
Emergency Room	$250 per occurrence deductible then 90%	$250 per occurrence deductible then 90%	$250 per occurrence deductible then 90%	$75 copay, then 100%	$75 copay, then 100%	$75 copay, then 100%	$75 copay, then 100%
Inpatient Admission	$250 per occurrence deductible, then 90%*	$500 per occurrence deductible, then 70%*	$600 per occurrence deductible, then 50%*	90%*	70%*	100%	100%
Outpatient Services	$200 per occurrence deductible, then 90%*	$400 per occurrence deductible, then 70%*	$500 per occurrence deductible, then 50%*	90%*	70%*	100%	100%
All Other Covered Services	90%*	70%*	50%*	90%*	70%*	100%	100%
Retail Rx — Generic / Preferred / Non-Preferred	$10 / $35 / $60	$10 / $35 / $60	50% of the eligible charge	$10 / $35 / $60	$10 / $35 / $60	$10 / $35 / $60	$10 / $35 / $60
90 days/Mail Rx — Generic / Preferred / Non-Preferred	$20 / $70 / $120	$20 / $70 / $120	Not Covered	$20 / $70 / $120	$20 / $70 / $120	$20 / $70 / $120	$20 / $70 / $120

*After deductible

BlueCross BlueShield of Illinois

BLUE CHOICE OPTIONS PPO	TIER 1	TIER 2	Out of Network
Individual Deductible	$5,000 ($1,500)	$6,000 ($2,500)	$10,000 ($3,000)
Family Deductible	$15,000 ($4,500)	$18,000 ($7,500)	$30,000 ($9,000)
Individual Out-of-Pocket Max	$7,000 ($3,500)	$8,000 ($4,500)	$18,300 ($16,800)
Family Out-of-Pocket Max	$21,000 ($10,500)	$24,000 ($13,500)	$36,600 ($30,600)
Office Visit (PCP/Specialty)	$20 / $40	$40 / $80	50%*
Preventive Care	100%	100%	50%*
Emergency Room	$250 per occurrence deductible then 90%	$250 per occurrence deductible then 90%	$250 per occurrence deductible then 90%
Inpatient Admission	$250 per occurrence deductible, then 90%*	$500 per occurrence deductible, then 70%*	$600 per occurrence deductible, then 50%*
Outpatient Services	$200 per occurrence deductible, then 90%*	$400 per occurrence deductible, then 70%*	$500 per occurrence deductible, then 50%*
All Other Covered Services	90%*	70%*	50%*
Retail Rx — Generic / Preferred / Non-Preferred	$10 / $35 / $60	$10 / $35 / $60	50% of the eligible charge
90 days/Mail Rx — Generic / Preferred / Non-Preferred	$20 / $70 / $120	$20 / $70 / $120	Not Covered

Any portion of the deductible and out-of-pocket maximum in Tier 1 and Tier 2 applies to both the Tier 1 and Tier 2 deductible and out-of-pocket maximum (OPX).

*After deductible

	BLUE CHOICE SELECT (BCS)	
	IN NETWORK	Out of Network
Individual Deductible	$5,000 ($1,500)	$10,000 ($3,000)
Family Deductible	$15,000 ($4,500)	$30,000 ($9,000)
Individual Out-of-Pocket Max	$7,000 ($3,500)	$18,300 ($16,800)
Family Out-of-Pocket Max	$21,000 ($10,500)	$36,600 ($30,600)
Office Visit (PCP/Specialty)	$20 / $40	70%*
Preventive Care	100%	70%*
Emergency Room	$75 copay, then 100%	$75 copay, then 100%
Inpatient Admission	90%*	70%*
Outpatient Services	90%*	70%*
All Other Covered Services	90%*	70%*
Retail Rx — Generic / Preferred / Non-Preferred	$10 / $35 / $60	$10 / $35 / $60
90 days/Mail Rx — Generic / Preferred / Non-Preferred	$20 / $70 / $120	$20 / $70 / $120

*After deductible

HMO Plans

	HMO ILLINOIS	HMO BLUE ADVANTAGE
Individual Deductible	$0	$0
Family Deductible	$0	$0
Individual Out-of-Pocket Max	$1,500	$1,500
Family Out-of-Pocket Max	$3,000	$3,000
Office Visit (PCP/Specialty)	$20 / $40	$20 / $40
Preventive Care	100%	100%
Emergency Room	$75 copay, then 100%	$75 copay, then 100%
Inpatient Admission	100%	100%
Outpatient Services	100%	100%
All Other Covered Services	100%	100%
Retail Rx — Generic / Preferred / Non-Preferred	$10 / $35 / $60	$10 / $35 / $60
90 days/Mail Rx — Generic / Preferred / Non-Preferred	$20 / $70 / $120	$20 / $70 / $120

HRA Scenario **#1**

PPO
Blue Choice Options & Blue Choice Select

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Member has partially satisfied $1,500 Deductible.

Robert was admitted to the hospital for knee surgery. He has already met $800 of his calendar year deductible and hasn't incurred any out-of-pocket expenses. Total charge - $10,000

Robert is responsible for the following expenses:

- $700 of deductible, now he has met his calendar year deductible of $1,500.
- **$3,500 of remaining deductible is sent through the Health Reimbursement Account.** $3,500 is deposited in Robert's checking account to pay the hospital, deductible satisfied.

Robert's total remaining balance –

- $5,800 which will be paid at 90% by Blue Cross, Robert is responsible for $580 (10%) for Tier 1 of Blue Choice Options & Blue Choice Select. Robert has $1,420 remaining in OOP expenses, which includes copays.
- Robert is responsible for the additional $1,000 deductible and 30% of $4,800 or $1,440 in coinsurance if he used a **Tier 2** provider in the Blue Choice Options Plan. Robert has $560 remaining in OOP expenses, which includes copays.

HRA Scenario #2

PPO
Blue Choice Options & Blue Choice Select

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Member has already satisfied $1,500 Deductible

Sally had an outpatient MRI. She has already met $1,500 of her calendar year deductible and hasn't incurred any out-of-pocket expenses. Total charge - $3,000.

Sally is responsible for the following expenses:

- $0 in deductible since she already met her $1,500 deductible.
- **$3,000 of remaining deductible is sent through the Health Reimbursement Account.** $3,000 is deposited in Sally's checking account to pay the hospital, $500 remaining in potential deductible reimbursements through the HRA.

Sally's total remaining balance –

- $0 for this procedure.
- Sally would need to incur $2,500 remaining in expenses to satisfy her:
  - BCO's Tier 1 or Blue Choice Select $7,000 OOP limit per calendar year
  - BCO Tier 2 $8,000 limit per calendar year.

HRA

Scenario #3

PPO
Blue Choice Options
& Blue Choice Select

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Member has already satisfied $1,500 of their calendar year deductible and incurs no additional deductible expenses in 2026.

Jorge is responsible for the following expenses:

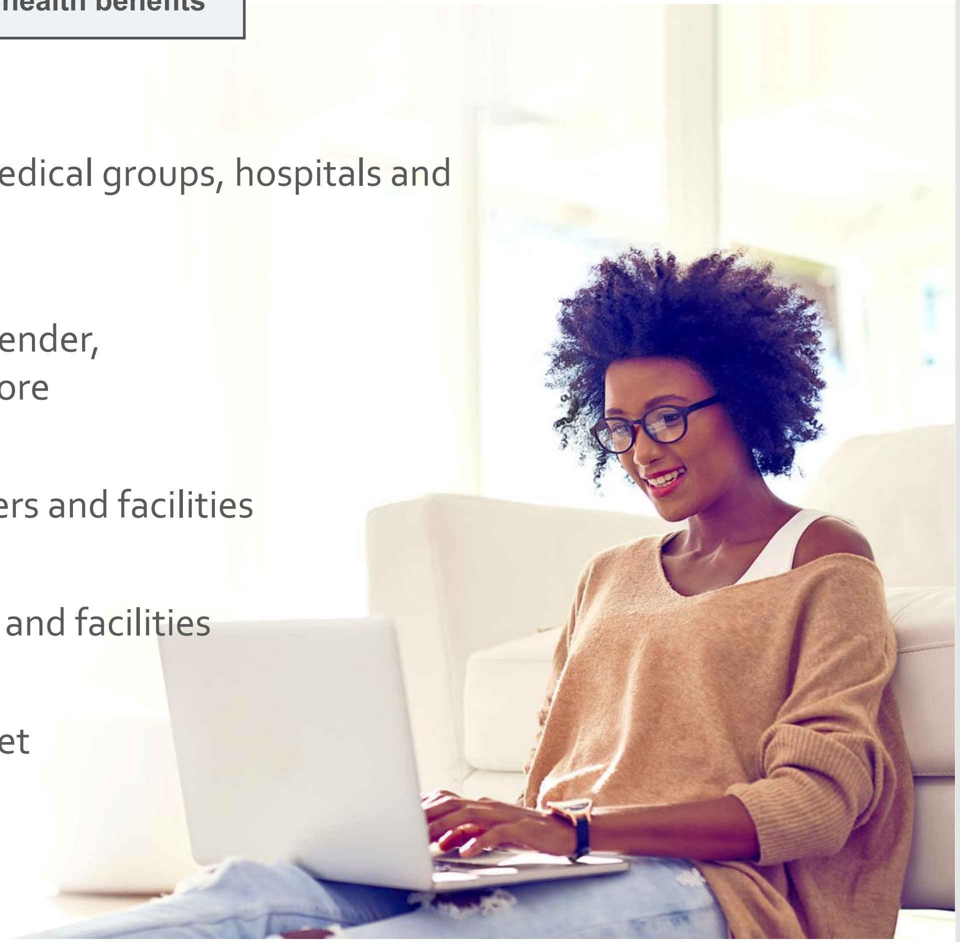
- Copays will apply for the rest of 2026
- Copays apply to the Out-of-pocket maximum of:
  - $7,000 for Blue Choice Select
  - $7,000 for Blue Choice Options Tier 1, 3 per family,
  - $8,000 Tier 2, 3 per family.

Earn Rewards | View Rx Costs | Access other health benefits

What Members Can Do in Our

PROVIDER FINDER®

- Quickly find in-network doctors, medical groups, hospitals and urgent care
- Search for providers by ZIP code, gender, specialty, languages spoken and more
- Compare quality ratings for providers and facilities
- Read or write reviews for providers and facilities
- See and compare your out-of-pocket cost estimates for more than 1,700 medical procedures and services*



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BlueCross BlueShield of Illinois

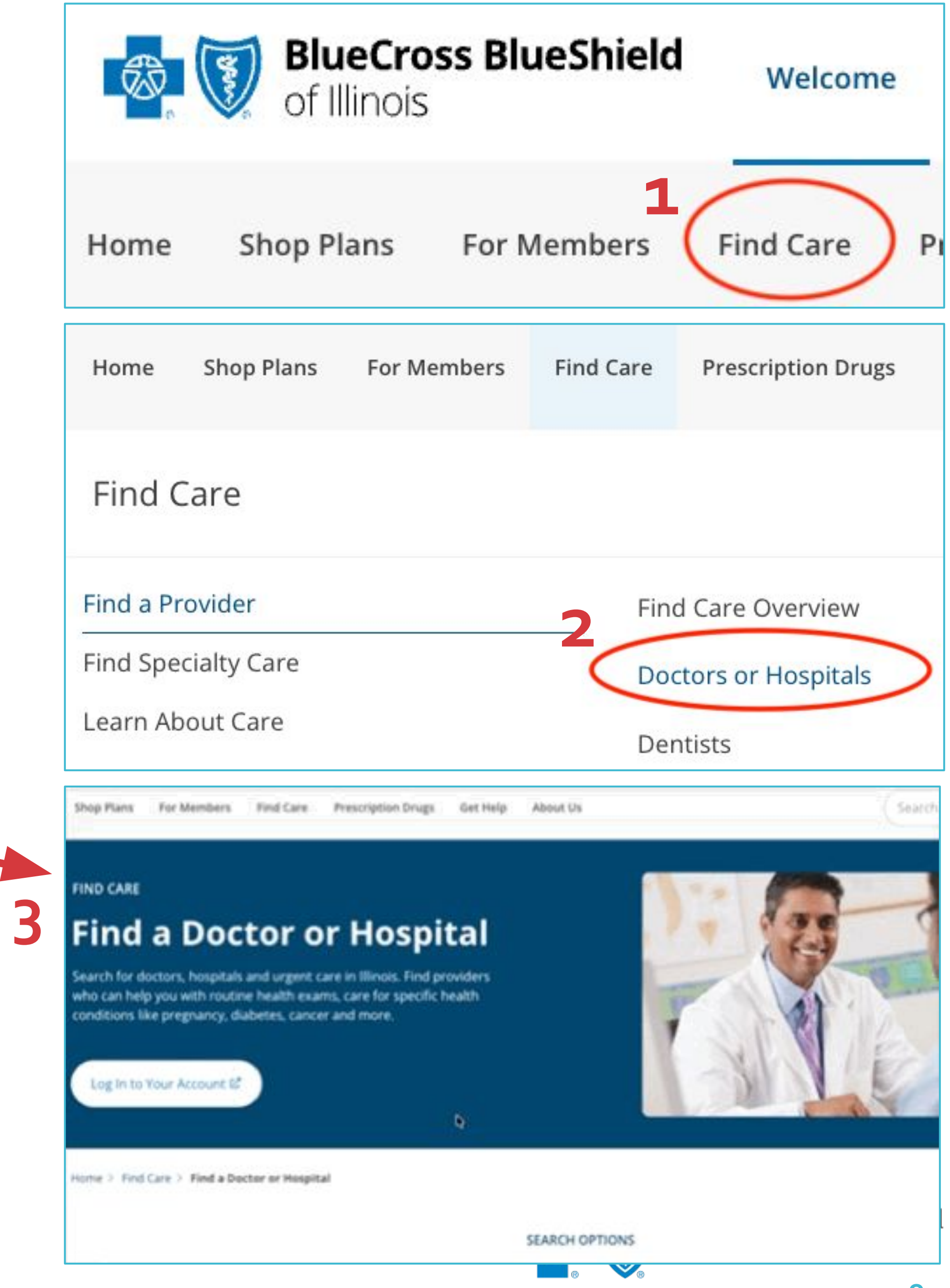
*Available for most networks and plans

Provider Finder

Blue Choice Options - BCO

Find a Tier 1 / Tier 2 Provider

1. Visit www.bcbsil.com
2. Do NOT log in!
3. Click “Find Care”
4. Click “Doctors or Hospitals”
5. Scroll down to “Search as a Guest”
6. Choose your Location
7. Choose your plan you are considering



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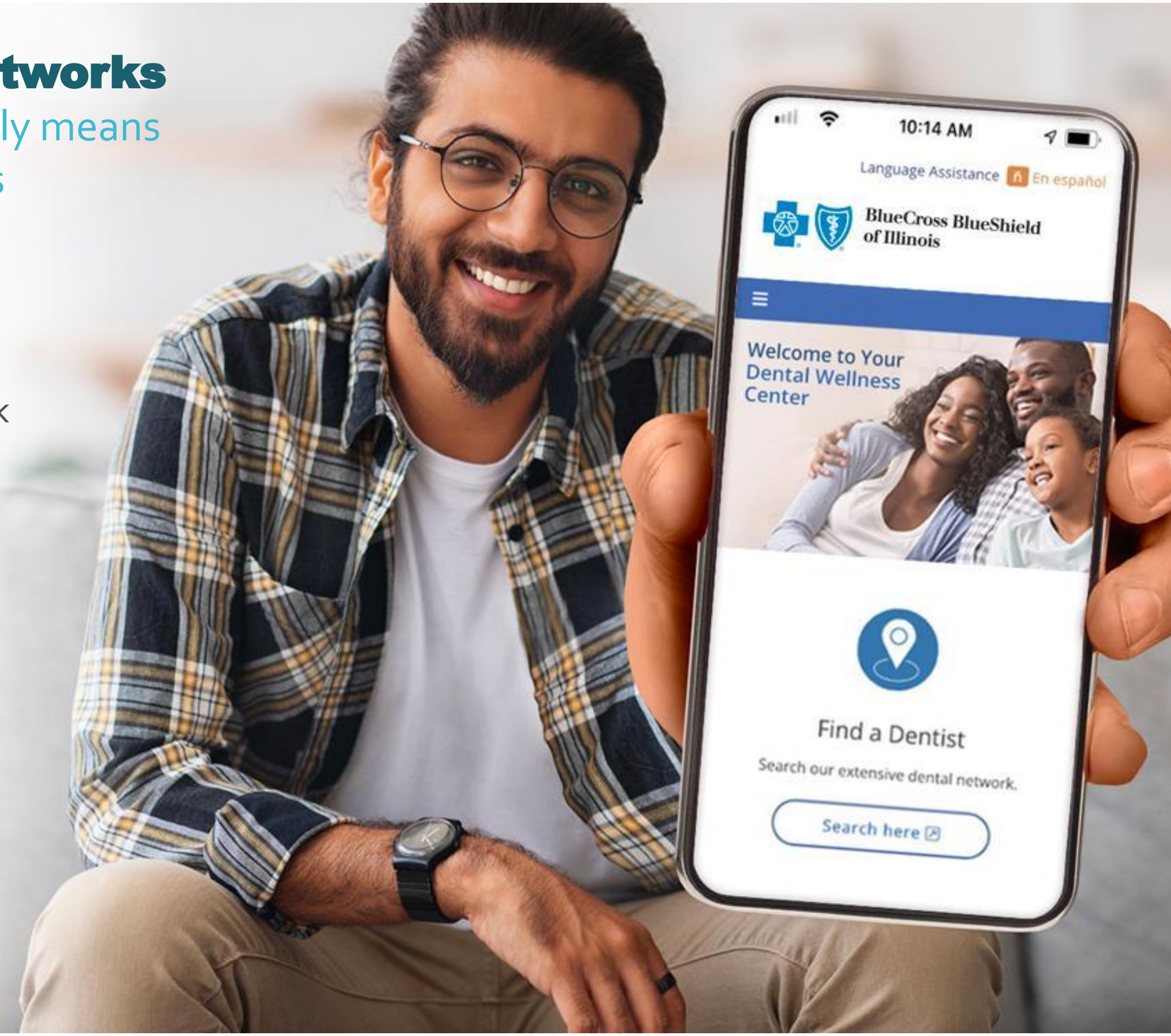
Dental PPO

One of the **largest networks** both locally and nationally means easy access for members

- **Network growth** of **22%** over the last five years
- Deep national PPO network discounts per DAA*
- Competitive discounts mean lower out-of-pocket costs
- No balance billing
- No second-tier discounts
- No shared savings
- Proven dentist recruitment strategy



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- *Based on the 2022 Dental Actuarial Analytics Dental PPO Network Study.

Dental Coverage

Benefit	In Network	Out of Network
Individual Deductible	$75	$75
Family Deductible	$225	$225
Benefit Period Max (Calendar year)	$1,500	$1,500
Diagnostic and Preventive Services	100% of maximum allowance	80% of "usual and customary"
Restorative, Endodontic, Periodontic, Oral Surgery Services	80% of maximum allowance after deductible	80% of "usual and customary" after deductible
Crowns, Inlays/overlays, Implants, and Prosthodontic Services	50% of maximum allowance after deductible	50% of "usual and customary" after deductible
Orthodontic Services (up to age 19 only)	50% Lifetime max $1,250	50% Lifetime max $1,250

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BlueCross BlueShield of Illinois

VSP Vision Coverage

VSP vision care

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Exams:

- Eye: Every 12 months. $10 copay.
- Contact lens: Every 12 months. $60 copay.

Prescription Lenses:

- Every 12 months. $25 copay for base lenses.
- Partial coverage for optional features like progressive, anti-glare, etc.

Frames:

- Every 24 months. $200 allowance for frames.

Contacts:

- Every 12 months. $130 allowance for contacts.

See VSP.com for more discounts and offers

No membership card required. Just give your name.

Plan Benefit Periods

BCBS Medical Plans	Benefit Period
Deductible	Calendar year (January through December)
Out-of-pocket maximum	Calendar year (January through December)

BCBS Dental PPO	Benefit Period
Deductible	Calendar year (January through December)
Two exams per benefit period	Calendar year (January through December)
Annual benefit-period maximum	Calendar year (January through December)

VSP Vision	Benefit Period
Exams	12 months between exams Based on last service date not benefit year
Lenses or Contacts	New allowance every 12 months Based on last service date not benefit year
Frames	New allowance every 24 months Based on last service date not benefit year

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Flexible Spending Accounts

Healthcare Flexible Spending Account (FSA)

- For those employees who are currently participating in this plan, please retain your card as new ones will not be reissued for the new benefit plan year

- $3,400.00 max Limit
- $680.00 max carryover

Dependent Care FSA (DCFSA)

- A pre-tax benefit account used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare

- $7,500.00 max limit
- No carryover

Departing faculty and Assistant Teachers may continue benefits coverage through August 31, 2026. <u>In order to continue benefits, these employees must complete the open enrollment process.</u>

Departing employees are eligible to participate in COBRA after benefits coverage ends.

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LATIN SCHOOL OF CHICAGO

Life Insurance

Disability Insurance

No rate increases this year

Life Insurance

Life and AD&D Insurance through Reliance will continue to be provided at no cost. Employees will be provided with a one times your salary or $50,000, whichever is greater.

Supplemental Life Insurance through Reliance can be purchased for employees, spouse and/or dependents.

- Employees can elect up to $150,000 of coverage.
- 50% of the employee's supplemental coverage (or up to $50,000) may be elected for spousal coverage
- Up to $10,000 for dependents
- Premiums are determined by the participants age and amount of life insurance elected.

Disability Insurance

Short-Term Disability offer by Reliance and provided to employees at no cost.

Long-Term Disability is a required benefit (paid for by employees) and provided by Reliance. Offers income replacement at 60% if employee becomes disabled for a period greater than 90 days.

Other Benefits for 2026-2027

Employee Assistance Program is available through Reliance

- Confidential services are available 24 hours a day, 7 days a week for assistance with parents, eldercare, relationship, career, financial and legal issues.

Long Term Care through UNUM

- Assistance provided when someone requires help with two or more activities of daily living. This care can be provided in the home, in an assisted living or residential care facility or skilled nursing home. Latin covers a base level of coverage for all benefits eligible employees at $1,000/month of expenses either in a care facility or professional home care for a period of up to 3 years
- Additional coverage may be purchased at the employee's expense.
- Extended family members are eligible for group coverage as well.
- Premiums are determined by age of the insured and level of coverage selected and is locked in for life at the age of enrollment.

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*UNUM LTC only for employees who were active prior to February 2026

Employee Assistance Plan (EAP)

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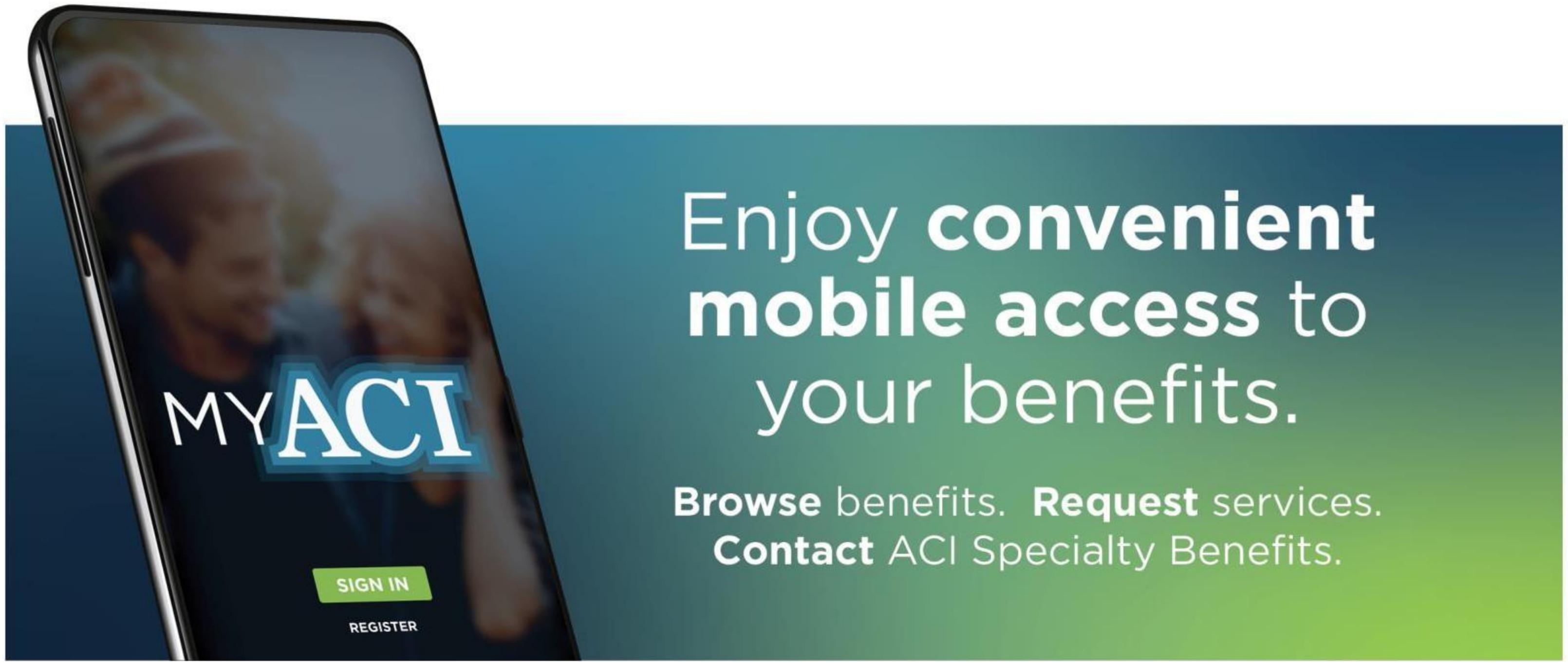

ACI Specialty Benefits makes accessing benefits easy with myACI Benefits. Simply download the app for iOS or Android to get started.

Live, Immediate Assistance
Call 24/7: **(855) 775-4357**.
Schedule confidential, **face-to-face**, **phone**, **video**, **text** or **chat** assistance with professionals that's private, confidential.

Mental Health Counseling

Work/Life Resources

Legal/Financial Resources

Life Coaching

Member Portal & App

Visit http://rsli.acieap.com

OR

Search the App Store or Google Play for "**myACI Benefits**"

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

ACI SPECIALTY BENEFITS

HealthAdvocate℠

Health Advocate

Support for administrative issues

- Provide support for any insurance-related questions or issues
- Find the right care at the right time, including doctors and specialists
- Clarify coverage and benefits
- Schedule appointments and arrange the transfer of medical records
- Locate community and eldercare resources
- Research ways to reduce prescription and healthcare costs
- Explain all parts of Medicare
- Resolve healthcare, claims and medical bill issues
- Provide year-round benefit support including during open enrollment
- Review and negotiate medical bills

Support for clinical issues

- Review treatment options grounded in evidence-based practices
- Answer questions about diagnoses, conditions, treatments, and tests
- Help prepare for doctor visits, review results, and plan future actions
- Coordinate care and clinical services with treating physicians
- Discuss the cost and quality of services to help make informed decisions
- Medical decision support; arrange second opinions
- Coordinate with other programs: Health plans/TPAs/third-party point solutions
- Facilitate pre-authorizations

Website : www.HealthAdvocate.com/LSC Client Code : 3Q8JVVR
Phone : 866.695.8622 Email : Answers@HealthAdvocate.com

Caring experts guide, clarify, arrange, and provide peace of mind

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HealthAdvocate℠

Health Advocate

Special help for parents, parents-in-law, retirees and pre-Medicare retirees

- **Assist retirees** transitioning to private coverage or Medicare
- **Locate plans,** explain the differences between them, and help weigh options
- **Educate about Medicare Advantage** and supplemental plans
- **Locate plans,** explain the differences between them, and help weigh options
- **Locate eldercare services** and community resources that fall outside traditional coverage
- **Research private coverage** and public exchanges
- **Facilitate care management** interventions.

Website : www.HealthAdvocate.com/LSC Client Code : 3Q8JVVR
Phone : 866.695.8622 Email : Answers@HealthAdvocate.com

Caring experts guide, clarify, arrange, and provide peace of mind

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Benefits Open Enrollment Resources

- **Benefits and enrollment information will be posted in Paycom and on HR's RomanNet page:**
  - Open Enrollment Presentation
  - Open Enrollment User Guide
    - Instructions on how to enroll for benefits in Paycom
  - Summary of Benefits and Coverage for BCBS
  - Required Domestic Partner documentation
  - Vision Coverage Summary
- HR will be available for individual meetings with employees who have questions

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Benefits Enrollment: Next Steps

→ All benefits eligible employees will have from May 20 to June 1 to complete benefits enrollment

→ Human Resources is available to assist you through this process

→ Please call or email us with any questions:
- **Email:** hr@latinschool.org
- **Call:** 312-582-6110

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Questions?

Appendix

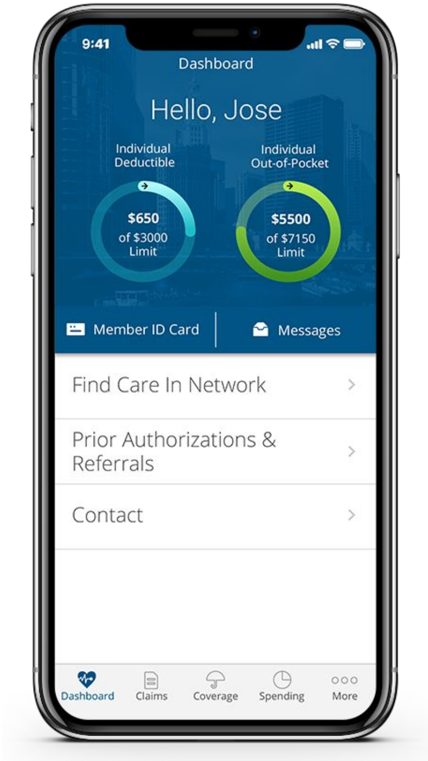
LATIN SCHOOL OF CHICAGO

Table of Contents

BCBSIL App for Mobile Devices

LATIN SCHOOL OF CHICAGO

- Find an in-network doctor, hospital or urgent care facility or search for Spanish-speaking doctors
- Access your claims, coverage and deductible information
- Access temporary digital member ID card
- Secure login with Face ID (iOS only) and Fingerprint ID
- **Let us know your communication preferences**



ILLINOIS

To download the app:
Go to Google Play, the App Store or text* BCBSILAPP to 33633

Screen images are for illustrative purposes only.

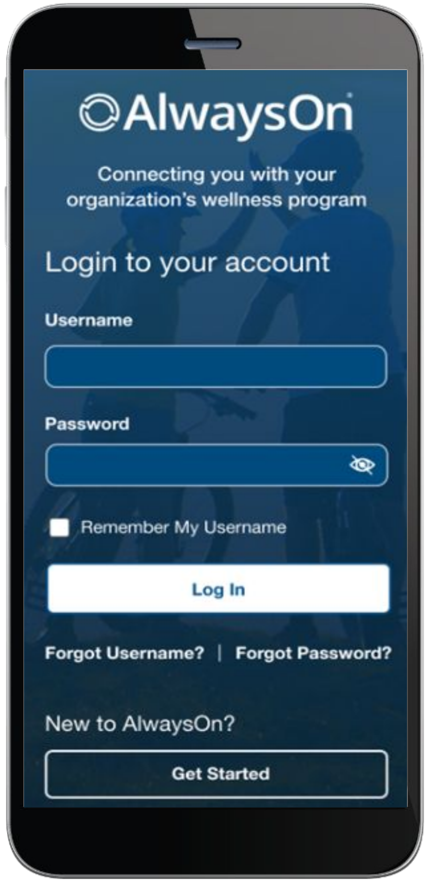
*Message and data rates may apply.

AlwaysOn Mobile App

LATIN SCHOOL OF CHICAGO

Mobile App Features

- Health Assessment
- Secure messaging with Health Coach
- Health dashboard and trackers
- Blue Points℠ balance
- Access to the redemption center/ online shopping mall
- Wellness Challenges
- Digital programs included



Available on Google Play or Apple App Store

- Blue Points program rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.
Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.
- AlwaysOn is owned and operated by Onlife Health Inc. Onlife Health Inc. is an independent company that provides digital health management for Blue Cross and Blue Shield of Illinois.

BlueCross BlueShield of Illinois

BCBSIL Digital Partners At-A-Glance

1. Log in at bcbsil.com
2. Click the **Wellness** tab

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Teladoc Health for Diabetes and Hypertension (Formerly Livongo) (Available to PPO)

- Teladoc Health offers two programs for individuals with diabetes and/or high blood pressure. The Diabetes Management program includes unlimited strips and lancets, connected blood sugar meter, personalized insights, and more! The Hypertension Solution offers one-on-one coaching, a connected monitor, real-time tips, and more.

Hinge Health for Muscle & Joint Pain (Available to PPO)

- Hinge Health is a 12-week digital exercise therapy program and gives you the tools you need to manage neck, back, knee, shoulder, and hip concerns.

Wondr (Available to PPO and HMO)

- Wondr is a one-on-one nutrition and weight loss program that teaches you the science of how to eat your favorite foods so you can lose weight, sleep better, stress less, and much more.

Learn to Live Digital Mental Health Program (Available to PPO)

- Learn to Live can help you get your mental health on track so you can feel better and enjoy life more. Check out programs (free, confidential) at bcbsil.com, click Wellness, choose Digital Mental Health.

BlueCross BlueShield of Illinois

Your Health & Wellbeing Programs

1. Log in at bcbsil.com
2. Click the **Wellness** tab

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TO HELP YOU FIT BETTER HEALTH INTO YOUR SCHEDULE

Well onTarget® helps you reach your health and wellness goals through online self-management programs and rewards.

Digital Mental Health supports your mental wellbeing with programs for stress, depression, sleep problems, panic and substance use.

Fitness Program gives you access to a network of gyms that fit your budget and lifestyle.

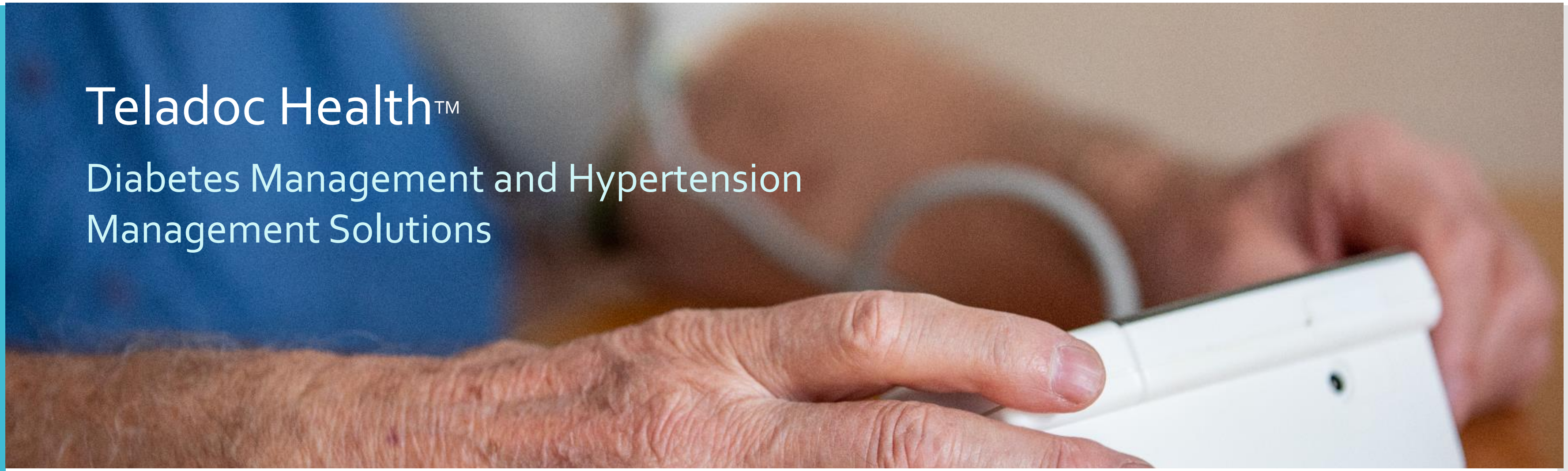
Women's and Family Health provides support for cycle tracking, pregnancy and parenting.

Digital coaching programs help you manage your weight, diabetes, high blood pressure and joint and spine issues.

BlueCross BlueShield of Illinois

Teladoc Health™

(Available to PPO)



Teladoc Health™

Diabetes Management and Hypertension Management Solutions

- Welcome kit with smart glucose meter or connected blood pressure cuff
- Digital and live coaching through meter, phone and the Teladoc Health mobile app
- Services covered — no out-of-pocket costs

If you are eligible, Teladoc Health will contact you about how to sign up for this program

LATIN SCHOOL OF CHICAGO

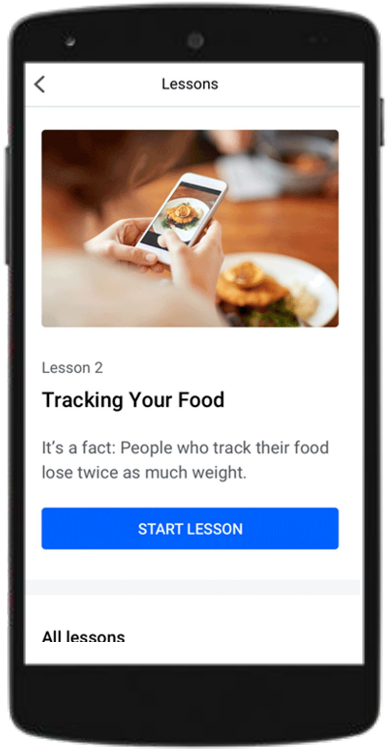
Teladoc Health is an independent company that provides chronic condition management for Blue Cross and Blue Shield of Illinois. Teladoc Health is solely responsible for the products and services that it provides. BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Teladoc Health™

(Available to PPO)

Diabetes Prevention Program

- Evidence-based curriculum and health challenges
- Bite-sized and self-guided in-app lessons and live group sessions
- Track progress and monitor habits using your favorite device
- Photo-based food logging and digital coaching with timely member feedback
- Services covered — no out-of-pocket costs



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BlueCross BlueShield of Illinois

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Hinge Health

(Available to PPO)

LATIN SCHOOL OF CHICAGO

BlueCross BlueShield of Illinois

Provided by Hinge Health

Struggle with back or joint pain?

Blue Cross and Blue Shield of Illinois is excited to announce that we are working with Hinge Health to help conquer back and joint pain.

HOW DO I GET STARTED?

Hinge Health will reach out to eligible members with program details and next steps.

BlueCross BlueShield of Illinois

Wondr

(HMO & PPO)

LATIN SCHOOL OF CHICAGO

Metabolic Syndrome Reversal Program

With Wondr you can lose weight, gain energy, sleep better and improve your mind and body - all while eating your favorite foods

- Online program and mobile app allows members access anywhere at any time
- Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love and improve your overall health
- Your employer has partnered with Wondr Health to help you improve your overall health at no cost to you.

wondr™

BlueCross BlueShield of Illinois

DIGITAL MENTAL HEALTH

powered by Learn to Live

(Available to PPO)

LATIN SCHOOL OF CHICAGO

Less than 50% of people with a mental health condition receive treatment*

- Targeted, online programs and services based on proven cognitive behavioral therapy principles
- Private, convenient entry point for mental health concerns
- Depression
- Stress, Anxiety & Worry
- Social Anxiety
- Insomnia
- Substance Use
- No cost to employee

Get started with a mental health assessment:

- Log in to Blue Access for Members^{SM}
- Choose Wellness, then find Digital Mental Health

- Available to employees and their family members 13 years and older
- Programs in English and Spanish
- Personal coaching by phone, text or email

*Mental Health by the Numbers. National Alliance on Mental Health. 2019.

learntolive

BlueCross BlueShield of Illinois

Behavioral Health Virtual Visits

(Available to PPO)

Secure messaging and complimentary assessments

Online video

Mobile app

LATIN SCHOOL OF CHICAGO

Behavioral Health Virtual Visits

- Diagnostic assessment
- Ongoing counseling
- E-prescribing
- Ongoing medication management

Therapy Is With Licensed Providers

- Psychologists
- Psychiatrists
- Professional counselors
- Marriage/family therapists
- Clinical social workers
- Alcohol/drug/addiction counselors

- Note: Behavioral health services are not available by telephone.

BlueCross BlueShield of Illinois

Fitness Program

(HMO & PPO)

LATIN SCHOOL OF CHICAGO

Provides flexible gym packages, pay-as-you-go studio classes & virtual training options

$19 to sign up,
7+ different plan options

- Choice of gym networks to fit all budgets and preferences
- Digital fitness options included in membership
- No contract and no obligation
- Log in to Blue Access for Members℠, go to My Health and click Wellness to reach the enrollment page

- **Tiered Gym Network** provides members different membership pricing levels for access to low, medium or premium facilities
- **Studio Class Network** expands options available to include boutique-style classes and specialty gyms
- **Mobile App** gives members greater access

	Base	Core	Power	Elite	Pro	Signature	Premier
Monthly Fee	$19	$29	$39	$129	$159	$199	$239
Gym Facility Network Size	3,500+	8,500+	13,000+	Access to 1 Luxury Gym + all 13,000+ Standard (Luxury Gyms differ by tier, 180+ available)			
$19 Initiation Fee *(no initiation fee for Digital Only option)*							
Digital Content Only: Video and Live Stream ($10/mo)							

BlueCross BlueShield of Illinois

HMO Illinois & HMO Blue Advantage

Embedded Vision Care, Powered by **EyeMed**

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Vision Benefits that offer Access, Choice and Savings

Right Mix of In-Network Locations

Independent | Retail | Online

98% OF MEMBERS GO IN-NETWORK

Benefits that Are Full of Choice

No confusing formularies

100+ FRAMES UNDER $130 AT EVERY PROVIDER

Vision Discounts

Discounts included in all vision benefit plans

40% OFF SECOND PAIR

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION EST. 1961 OPTICAL

Glasses.com • ContactsDirect.com
Ray-Ban.com • Lenscrafters.com
TargetOptical.com

These independent providers contract directly with EyeMed Vision Care. Blue Cross and Blue Shield of Illinois makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned providers. EyeMed is an independent company that administers the vision benefits for Blue Cross and Blue Shield of Illinois.

BlueCross BlueShield of Illinois

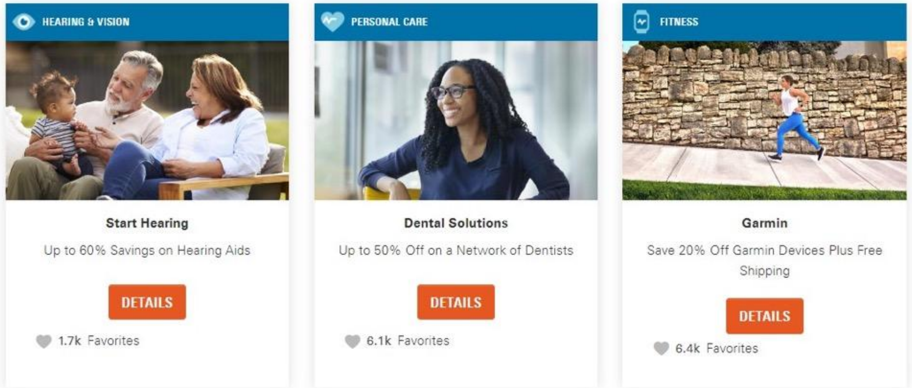
Blue365® Member Discount Program

Members and covered dependents can save money on value-added health and wellness products and services not usually covered by a medical benefit plan.

Discounts available in these six categories:

- Apparel and Footwear
- Fitness
- Hearing and Vision
- Home and Family
- Nutrition
- Personal Care

Save on fitness gear, gym memberships, healthy eating, dental, vision, hearing aids and more, from top national and local retailers. There are no claims to file and no referrals or



Register for Blue365 on Blue Access for Members℠
or visit blue365deals.com/bcbsil

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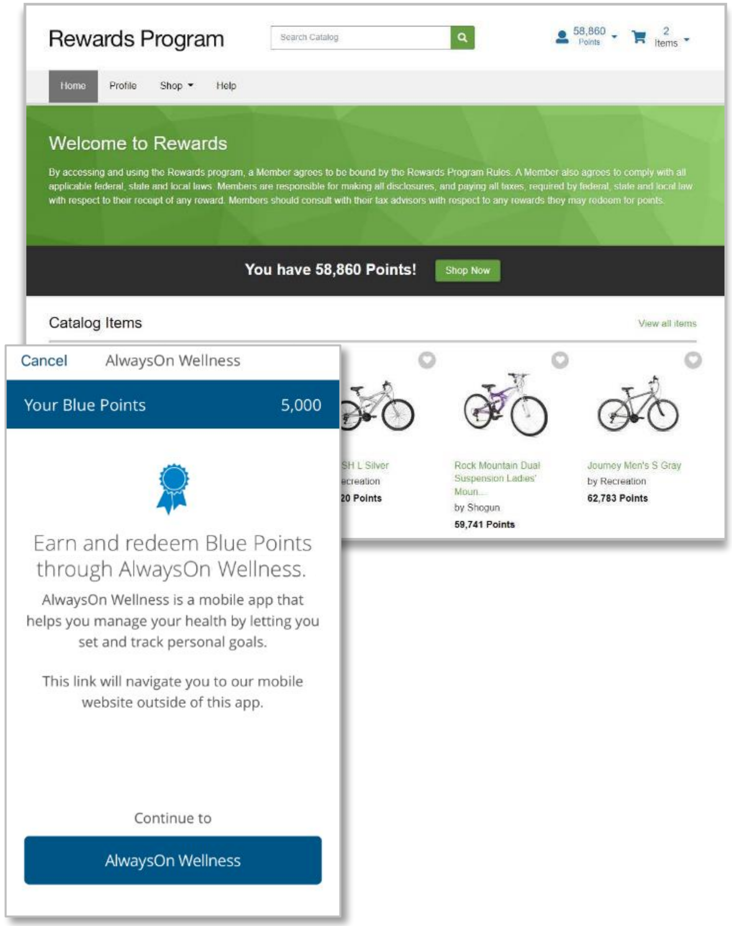
Blue365 is a discount program only for BCBSIL members. This is NOT insurance. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products and reserves the right to stop or change this program at any time without notice.

BlueCross BlueShield of Illinois

Blue Points[SM] – How to Earn Points

Members earn points for regularly participating in healthy activities. Points are redeemable for rewards via an online shopping mall.



Eligible activities include:

- Biometric screenings (through Catapult Health[SM])
- Health Assessment completion
- Digital self-management program engagement
- Fitness Program enrollment and visits to facilities
- Use of Online Trackers
- Connecting and syncing a fitness or nutrition device or app

Catapult Health is an independently contracted provider that has contracted with Blue Cross and Blue Shield of Illinois to provide health and wellness screenings for members with coverage through BCBSIL.
BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.
AlwaysOn is owned and operated by Onlife Health Inc. an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide digital health management for members with coverage through BCBSIL.
Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.
Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

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BlueCross BlueShield of Illinois