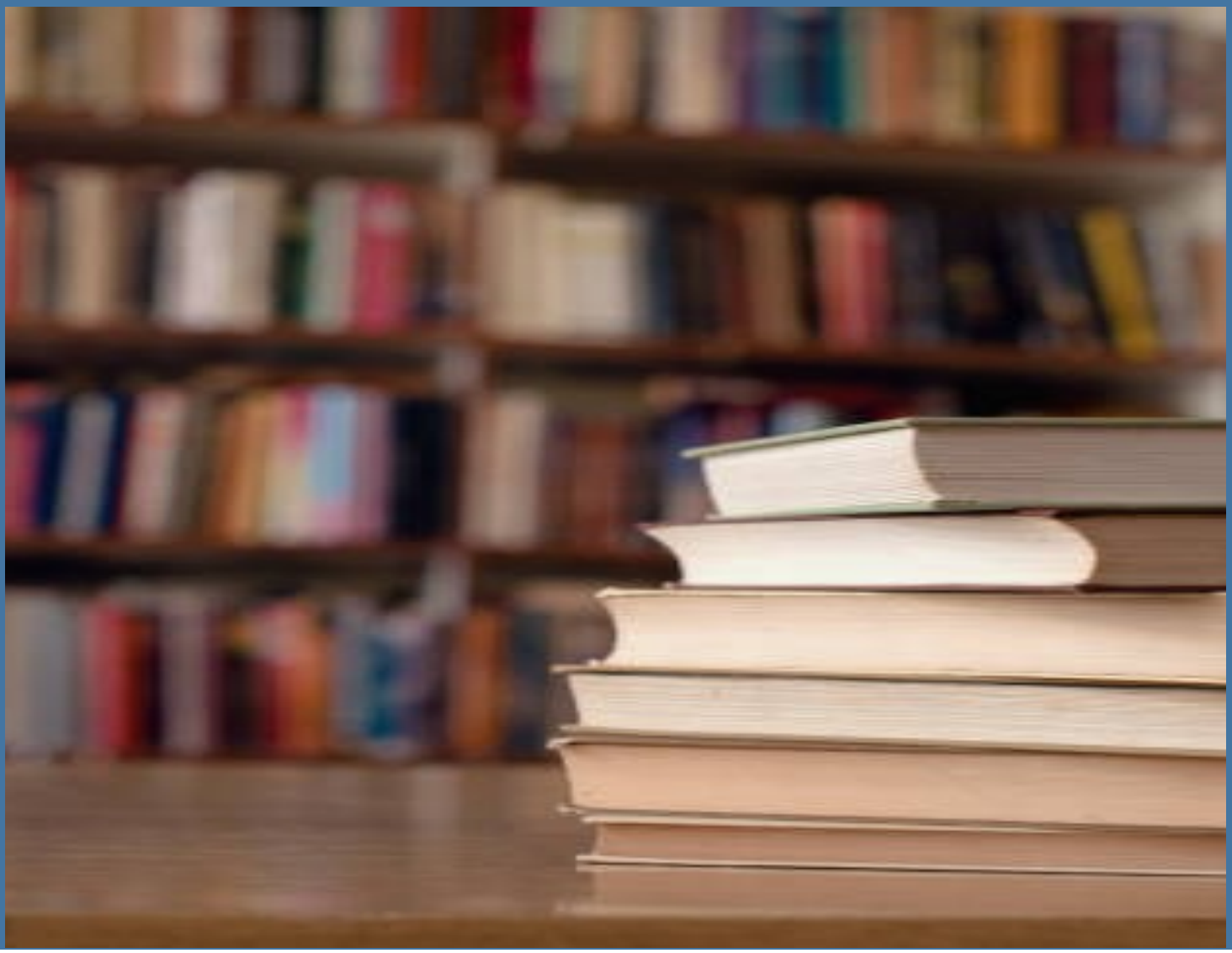
Benefits Summary

LIMRiCC - All Plans



LIMRiCC

The Library Insurance Management and Risk Control Combination

2026

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Eligibility

Eligibility

Eligibility Requirement

Full time employees:

- Full-time is defined by each library but cannot be less than 30 hours per week.
- Benefits can include: Medical, Dental, Vision, Basic Life, Voluntary Life, Critical Illness, Hospital Indemnity and Accident Insurance.
  - » Benefits offerings vary by library, check with your HR representative for more information
- Basic Life insurance is 100% employer paid and an employee MUST be enrolled.

Part time employees:

- To be eligible for benefits, an employee must work at least 20 hours/week with at least 1 year of service in that position.
- Benefits can include: Dental, Vision, Basic Life, Voluntary Life, Critical Illness, Hospital Indemnity and Accident Insurance.
  - » Benefits offerings vary by library, check with your HR representative for more information
- Medical insurance is not an option.
- Basic Life Insurance is offered and paid at the discretion of the library.

Waiting Period

A new hire is eligible for benefits on the 1st day of the month following their date of hire. Upon termination of coverage, benefits will end the last day of the terminating month.

Qualifying Events

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

Some examples of qualifying events are:

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

Insurance Benefits

Insurance Benefits

Medical Insurance

Carrier: BlueCross BlueShield
Website: www.bcbsil.com
Phone: 800-828-3116

HMO Plan

The HMO gives you access to certain doctors and hospitals but restricts services to in-network providers. There are no out-of-network benefits. Your care is managed by a Primary Care Physician (PCP). If you require a specialist, outpatient procedure or hospitalization, your PCP must refer you.

Preferred Provider Organization Plan

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. Once the deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. Outside of office visits or pharmacy, deductible and coinsurance apply. If receiving services out-of-network, costs may be higher.

High Deductible Health Plan with Health Savings Account

The plan is comprised of two components:

1. High Deductible Health Plan
2. Health Savings Account (HSA)

The HDHP is a high deductible health plan that provides health care benefits after the deductible has been met. All medical services, with the exception of preventive care, are paid for by you at 100%, less carrier discounts, prior to meeting your entire annual deductible.

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account and it is yours to keep – even when changing plans or retire. The funds roll over from year to year to be used when needed.

2026 HSA Contributions

Tier	Total
Employee	$4,400
Employee + Dependent(s)	$8,750

Prescription Drugs Generic Default

For the medical plans with a drug copay card, brand drugs will default to generic when a equivalent is available. If your doctor determines you cannot tolerate the available generic equivalent, your doctor can write dispense as written/do not substitute on the prescription. Otherwise, you will pay the brand drug copay amount plus the difference in cost between the brand drug and its generic equivalent.

Insurance Benefits

Health Savings Account (HSA)

You're eligible for a health savings account if you are:

- Covered by a qualified high deductible health plan (HDHP)
- Not covered by any other medical coverage that is not considered a qualified HDHP
- Not enrolled in Medicare (Part A included)
- Not claimed as a dependent on someone's tax return
- Not enrolled in a Medical Flexible Spending Account (your own or your spouse's)

Advantages to having an HSA

- Interests, dividends, or withdrawals for qualified expenses are not taxable.
- Unused funds rollover each year with no maximum on how much you can save
- The account is portable so you never have to worry about losing the money in the account should you change between plans, change employment, or retire
- The HSA can be viewed as a second means of savings for your retirement
- You control healthcare spending and choose when to use HSA dollars
- You become a more informed participant in your healthcare and healthcare spending

Steps to using your HSA

1. Go to the doctor and present your carrier ID
2. The provider submits claims to the carrier for processing
3. The carrier adjusts the pricing to reflect the network discounted amount for services
4. The carrier generates an Explanation of Benefits (EOB) and sends it to you
5. Review your EOB for accuracy
6. Pay your provider directly with pre-tax dollars from your HSA

Using your HSA on qualified expenses

You can use the money in your HSA to pay for qualified medical, dental and vision expenses permitted under federal tax law. To view a list of eligibility and qualified expenses, visit https://www.irs.gov/pub/irs-pdf/p502.pdf

Insurance Benefits

Medical Plan Details

	HMO (Group #B26888)
Network	**HMO Blue Advantage**
Deductible	**In-Network Benefits Only**
Individual	$100
Family	$200
Coinsurance*	
Member Responsibility	20%
Out-of-Pocket Max	
Individual	$1,500
Family	$3,000
Physician Services	
Preventive Care	$0 Copay
Physician Visit	$30 Copay
Specialist Visit	$40 Copay
Diagnostic Testing	$0 Copay
Lab Testing	$0 Copay
Inpatient Hospital	$150 Copay + 20% After Ded
Emergency Room	$150 Copay
Urgent Care	$30 Copay
Telehealth via MDLive	N/A
Pharmacy (In-Network) Generic/Formulary/Non-Formulary/Specialty	
Prescription Out-of-Pocket Max Individual Family	$1,000 $3,000
Retail (30 days)	Copays: $20 / $50 / $75 / $125
Mail Order (90 days)	Copays: $40 / $100 / $150

** Coinsurance is a percentage of the costs for health care services that you will be expected to pay once the annual deductible has been met*

How to Find a Provider

Visit www.bcbsil.com and click “Find a Doctor or Hospital.”

Call Customer Service toll-free:

HMO: 800-892-2803

Insurance Benefits

Medical Plan Details

	PPO 1000 (Group #326889)		PPO 2000 (Group #326890)		HDHP/HSA (Group #PM4301)	
Network	**In-Network (PPO)**	**Out-of-Network**	**In-Network (PPO)**	**Out-of-Network**	**In-Network (PPO)**	**Out-of-Network**
Deductible						
Individual	$1,000	$1,000	$2,000	$2,000	$3,500	$7,000
Family	$3,000	$3,000	$6,000	$6,000	$7,000	$14,000
Coinsurance*						
Member Responsibility	20%	40%	25%	40%	0%	20%
Out-of-Pocket Max						
Individual	$2,000	$4,000	$3,000	$5,000	$3,500	$14,000
Family	$6,000	$12,000	$9,000	$15,000	$7,000	$28,000
Physician Services						
Preventive Care	$0	40% After Ded	$0	40% After Ded	$0	20% After Ded
Physician Visit	$30 Copay	40% After Ded	$30 Copay	40% After Ded	0% After Ded	20% After Ded
Specialist Visit	$40 Copay	40% After Ded	$40 Copay	40% After Ded	0% After Ded	20% After Ded
Diagnostic Testing	20% After Ded	40% After Ded	25% After Ded	40% After Ded	0% After Ded	20% After Ded
Lab Testing	20% After Ded	40% After Ded	25% After Ded	40% After Ded	0% After Ded	20% After Ded
Inpatient Hospital	$150 Copay+ 20% After Ded	$300 Copay + 40% After Ded	$150 Copay+ 25% After Ded	$300 Copay + 40% After Ded	0% After Ded	20% After Ded
Emergency Room	$150 Copay		$150 Copay		0% After Ded	
Urgent Care	$30 Copay	40% After Ded	$30 Copay	40% After Ded	0% After Ded.	20% After Ded
Telehealth via MDLive	$30 Copay	N/A	$30 Copay	N/A	$48 Fee	N/A
Pharmacy Generic/Formulary/Non-Formulary/Specialty						
Prescription Out-of-Pocket Max Individual Family	$1,000 $3,000		$1,000 $3,000		Included in Medical Out-Of-Pocket Maximum	
Retail (30 days)	Copays: $20 / $50 / $75 / $125	Copays + 40%	Copays: $20 / $50 / $75 / $125	Copays + 40%	0% After Ded.	0% After Ded. + 20%
Mail Order (90 days)	Copays: $40 / $100 / $150	Not Covered	Copays: $40 / $100 / $150	Not Covered	0% After Ded.	Not Covered

** Coinsurance is a percentage of the costs for health care services that you will be expected to pay once the annual deductible has been met*

How to Find a Provider

Visit www.bcbsil.com and click “Find a Doctor or Hospital.”

Call Customer Service toll-free:

PPO: 800-828-3116

Insurance Benefits

Making the Most of Your Medical Benefits

Employees enrolled in the BlueCross BlueShield medical plan have access to the following services:

BlueAccess for Members: www.bcbsil.com

A secure member website that gives you immediate access to health care benefit information and easy-to-use tools.

BlueAccess Mobile™

You are able to access your BlueAccess for Members account straight from your mobile device. Choose to receive text messaging for Rx refill reminders, diet and fitness tips, claim updates and more. Download the application straight to your smartphone for immediate access.

24/7 Nurseline: 800.299.0274 (PPO and HDHP members only)

General health information and guidance for specific conditions from fevers to bee stings as well as coaching on appropriate treatment paths.

Maternity Care Program: 888.421.7781

Personalized support provided by Obstetrical nurses.

Mail Order Prescriptions: express-scripts.com/rx or 833-715-0942

Members can save time and money by calling 24/7 to refill or transfer a current prescription or get started with home delivery.

Accredo: www.accredo.com or 833-721-1619

Accredo is the prescription specialty drug vendor

Blue365 Discounts

As a member you have access to additional special program discounts. Details can be accessed at www.bcbsil.com under the “My Coverage” tab and then Discounts.

Well onTarget℠ Member Wellness Program

Access health and wellness resources that can help you manage your health with resources such as health assessments, health coaching, tracking tools and many more!

Virtual Visits—MDLIVE (PPO and HDHP members only)

MDLIVE’s telehealth program provides enrolled members with access to non-emergency medical care without even leaving the couch. Visit a doctor virtually 24 hours a day, 7 days a week for a variety of different ailments and symptoms ranging from allergies, asthma, aches, infections, cold/flu, and more. Log on to MDLIVE.com/bcbsil or call 888.676.4204 today to find out additional info on this convenient benefit.

Insurance Benefits

Tips to Save Money

Preventive/Wellness Exams

- Each covered member is eligible for an annual preventive exam and other appropriate services
- Females are eligible to receive an annual well-woman exam covered at 100% in addition to their annual preventive exam

Prescription Drugs

- Ask your doctor if there's a generic version of the medication being prescribed
- Take advantage of the Generic Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates
- Use mail order to save on copays

High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are less costly at free-standing, in-network imaging centers than at hospitals
- Finding an in-network provider will save a substantial amount of money

Accessing Medical Care

The emergency room is a costly experience for issues that aren't true emergencies. There are alternatives that can offer you quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- **Doctor's office:** for non-life threatening symptoms, schedule your appointment.
- **Convenient Care Clinics:** Utilize for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc.
- **Urgent Care (UC):** less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.
- **Virtual Visits (MDLIVE):** BlueCross BlueShield's telehealth program provides access to non-emergency medical care from the comfort of your home.

Insurance Benefits

Dental Insurance

Carrier: BlueCross BlueShield
Website: www.bcbsil.com
Phone: 800-367-6401

Dental Health Maintenance Organization (DHMO)
The DHMO plan requires you to designate an in-network primary care dentist. Your primary dentist will provide all your dental care and referrals if specialty care is required. There is no out-of-network coverage unless in an emergency situation. The DHMO does not have deductibles or maximums. A fixed dollar amount is charged for treatment based off of a pre-determined fee schedule.

Dental Preferred Provider Organization (DPPO)
The DPPO plan allows the flexibility to select a dentist of your choice. Out-of-pocket costs can be managed more efficiently by using an in-network dentist. Each type of service or procedure fits into a category based on complexity and cost, such as:

Preventive:
- Annual cleanings (2 per year)
- X-rays
- Fluoride Treatments
- Sealants/Space Maintainers

Basic:
- Simple extractions
- Root Canals
- Oral Surgery
- Amalgam Fillings

Major:
- Dentures
- Implants
- Bridges / Partials
- Crowns and Inlays

Choice of plan options:	**DHMO (Group #D00058)**	**DPPO (Group #326891)**	
	In-Network Benefits Only	*In-Network*	*Out-of-Network**
Network Name	BlueCare Dental HMO Network	BlueCare Dental PPO Network	N/A
Deductible			
Individual	N/A	$50	$50
Family	N/A	$150	$150
Office Visit Copay	$0 Copay	N/A	N/A
Preventive Coinsurance	Scheduled Fee	100% *Deductible waived*	100% *Deductible waived*
Basic Coinsurance	Scheduled Fee	80%	80%
Major Coinsurance	Scheduled Fee	50%	50%
Annual Plan Maximum	Unlimited	$1,000	$1,000
Orthodontia	Adults & Child(ren)	Child(ren) to age 19 only	Child(ren) to age 19 only
Orthodontia Coinsurance	Scheduled Fee	50%	50%
Orthodontia Lifetime Maximum	Unlimited	$1,000	$1,000

**Non-network (out-of-network) dentists do not agree to accept BlueCross BlueShield's allowed fees as payment in full. Payment is based on the lesser of the dental provider's submitted fee or the BlueCross BlueShield allowed amount (90th percentile of what is Usual & Customary for the geographical area).*
Out-of-Network providers can charge you (balance bill) for costs exceeding the BlueCross BlueShield allowed amount.
***If basic and/or major services are required, a pre-determination of benefits is recommended.*

Insurance Benefits

Dental Insurance (Continued)

As a BlueCross BlueShield member, you have access to the **Dental Wellness Center,** which provides information on topics such as pediatric care, cosmetic dentistry, and tips to prevent cavities, gum disease, tooth loss, and other problems. To access the wellness center, log in to the Blue Access for Members at www.bcbsil.com and click on the *Wellness* tab.

How to Find a Provider

Visit www.bcbsil.com and click “Find Care—Find a Dentist”

Call Customer Service toll-free at **800-367-6401**

Insurance Benefits

Vision Insurance

Carrier: VSP
Website: www.vsp.com
Phone: 800-877-7195

Vision insurance provides coverage for eye exams, glasses, and contact lenses. Manage your out-of-pocket costs by using in-network vision providers.

You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. If you use an Out-of-network provider, you will have to file a claim form to be reimbursed up to the allowed amount.

	Frequency	In-Network	Out-of-Network
Network Name	VSP Signature		
Basic Eye Exam	Every 12 Months	$20 Copay for exam and glasses	Up to $50 Reimbursement
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 Months*	Combined with exam copay	Reimbursement Varies
Frames	Every 24 Months*	$120 allowance + 20% Off Balance	Up to $70 Reimbursement
Elective Contacts	Every 12 Months*	$120 Allowance	Up to $105 Reimbursement

**Contacts and glasses are not covered in the same calendar year.*

Visit www.vsp.com/offers for a complete list of available perks.

How to Find a Provider

Visit https://www.vsp.com/eye-doctor

Call Customer Service toll-free at **800-877-7195**

Insurance Benefits

Basic Life and AD&D Insurance

Carrier: The Hartford
Website: www.thehartford.com/employee-benefits

Life insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away from a covered accident or illness. In addition, the Accidental Death and Dismemberment (AD&D) benefits paired with life insurance provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident. **Please remember to make sure your beneficiary or beneficiaries are updated.**
Benefits reduce as you age. See your plan documents for more detail.

This benefit is 100% employer paid.

Basic Life / Accidental Death & Dismemberment
$30,000 per employee - Life $30,000 per employee - AD&D

Voluntary Term Life and AD&D Insurance

Carrier: The Hartford
Website: www.thehartford.com/employee-benefits

Voluntary Term Life/AD&D allows the purchase of additional coverage at your own expense. **Please remember to make sure your beneficiary or beneficiaries are updated.**

A spouse's maximum election cannot exceed 50% of the employee's election amount.

	Employee	Spouse	Child(ren) Age 15 days to 26 years
Coverage Increments	$10,000	$5,000	$5,000
Maximum Benefit Amount	$300,000	$150,000	$15,000
Guaranteed Issue Amount*	$150,000	$50,000	$15,000

The cost of the benefit is 100% paid by you. Your age and the amount of insurance elected determines the premium paid. Spouse rate is based on employee age.

ONE TIME OPEN ENROLLMENT EVENT:
During LIMRiCC's 2025 annual enrollment, employees and dependents can enroll up to the guarantee issue amount without EOI, including those who missed their first opportunity.

LIMRiCC
The Library Insurance Management and Risk Control Combination

Support for your mental health.

Get convenient care for your mental health and wellbeing from where you're comfortable. LIMRiCC and your Library provide First Stop Health to medical-enrolled employees and their covered dependents for FREE.

Support for your mental health.

Ready to feel your best? Get matched with a compassionate provider for care.

- Coaches help you avoid burnout, improve stress management and more.
- Therapists help manage anxiety, depression, grief, relationship issues and more.
- Doctors can provide care for your mental health, including prescriptions* for anxiety and depression when appropriate.

Confidential care when you need it.

All care is completely confidential. Our availability includes nights and weekends.

Activate your account starting 12/1/2025!

Use the last 4 digits of your SSN to claim your account!

firststophealth.com | 888-691-7867

*First Stop Health services are not intended to constitute a health plan. *Providers at First Stop Health do not prescribe controlled substances. Costs according to your medical plan may apply for prescriptions.*

Insurance Benefits

Voluntary Accident

Carrier: The Hartford
Website: www.thehartford.com/employee-benefits

Since accidents can happen at any time, it's important to prepare for the unexpected. Accident insurance can help pay for out-of-pocket expenses associated with an accident by paying you a benefit for each of the covered injuries you suffer and the treatment you received. This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides. See plan highlight sheet for specific coverage details.

Payments are made directly to you to use as you see fit. They can be used to help pay for medical plan deductibles and copays (if applicable), out-of-network treatments, your family's every day living expenses, or anything else you need while recovering from an accident. Here are some, but not all, ways to trigger a payment from the accident policy:

- **Treatment:** Pays a specific benefit amount for emergency room treatment, X-Rays, diagnostic exams, physical therapy, and follow-up treatment
- **Organized Sports:** Pays a specific benefit amount for injuries sustained during organized amateur sport activities
- **Ambulance:** Pays a specific benefit amount for ambulance or air-ambulance transportation to a hospital due to injuries sustained in a covered accident
- **Miscellaneous:** Pays a specific benefit amount for concussions, breaks, sprains, burns, dislocations, lacerations, and more

Note, this coverage applies to accidents that occur on or off the job.

Stay proactive about your health and get rewarded
Health Screening Benefit: When you [or a covered family member] complete an eligible preventive screening like an annual physical, mammogram, colonoscopy or biometric blood test, you'll receive $50 per person, per calendar year directly to you. It's a simple way to offset the cost of routine check-ups while maximizing your benefits.

Insurance Benefits

Voluntary Critical Illness

Carrier: The Hartford
Website: www.thehartford.com/employee-benefits

Critical illness insurance protects your family when you are diagnosed with an unexpected covered condition by providing you with a lump sum cash benefit in the event you or an insured family member is diagnosed with a covered condition. This benefit can be used to cover medical expenses, lost income, or other financial burdens, offering peace of mind and financial support during a challenging time. This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides. See plan highlight sheet for specific coverage details. This benefit is paid for by you

Coverage Amount	
Employee Coverage Amount	$10,000 or $20,000
Spouse Coverage Amount	100% of employee coverage amount
Child(ren) Coverage Amount	50% of employee coverage amount

**Guarantee issue applies to new hires only.*

Stay proactive about your health and get rewarded
Health Screening Benefit: When you [or a covered family member] complete an eligible preventive screening like an annual physical, mammogram, colonoscopy or biometric blood test, you'll receive **$50 per person**, per calendar year directly to you. It's a simple way to offset the cost of routine check-ups while maximizing your benefits.

Insurance Benefits

Voluntary Hospital Indemnity

Carrier: The Hartford

Website: www.thehartford.com/employee-benefits

Hospital Indemnity insurance protects your family when you have a hospital or ICU stay. This policy provides financial protection by paying you a benefit for hospital admission, hospital confinement and ICU care allowing you to focus on your recovery rather than worrying about unexpected expenses. Benefits are paid based on admission and length of stay for a defined number of days. This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides. This benefit is paid for by you.

		Plan Coverage
First Day Hospital Confinement	Up to 1 day per year	$1,000
Hospital Confinement (Day 2+)	Up to 90 days per year	$150
Daily ICU Confinement (Day 2+)	Up to 30 days per year	$300

**Guarantee issue applies to new hires only.*

Insurance Benefits

Employee Assistance Program (EAP)

Carrier: The Hartford
Website: www.thehartford.com/employee-benefits

The Ability Assist Counseling Services program, offered by The Hartford through their partnership with ComPsych, is available to full time and part time employees and their dependents. The program provides assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, 7 days a week for you and your eligible dependents at no cost to you.

Possible reasons to call can include:

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

The EAP offers up to 3 face-to-face visits with trained counselors for each concern you may have. For more information on health topics visit guidanceresources.com. To contact an EAP representative, call (800) 964-3577.

Insurance Benefits

Benefit Hub

Website: limricc.benefithub.com

We've made it easy for you to access thousands of amazing discounts, cashback offers, discounted gift cards, and purchase additional voluntary benefits all in one place! BenefitHub offers worksite benefits available to all employees on a direct bill basis. Enjoy savings on travel, movie tickets, car buying, electronics and more! Enjoy free discounts, cashback and perks on thousands of brands you love in a variety of categories:

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports & Outdoors

Wherever you are, check out your exclusive perks for local discounts and products to purchase.

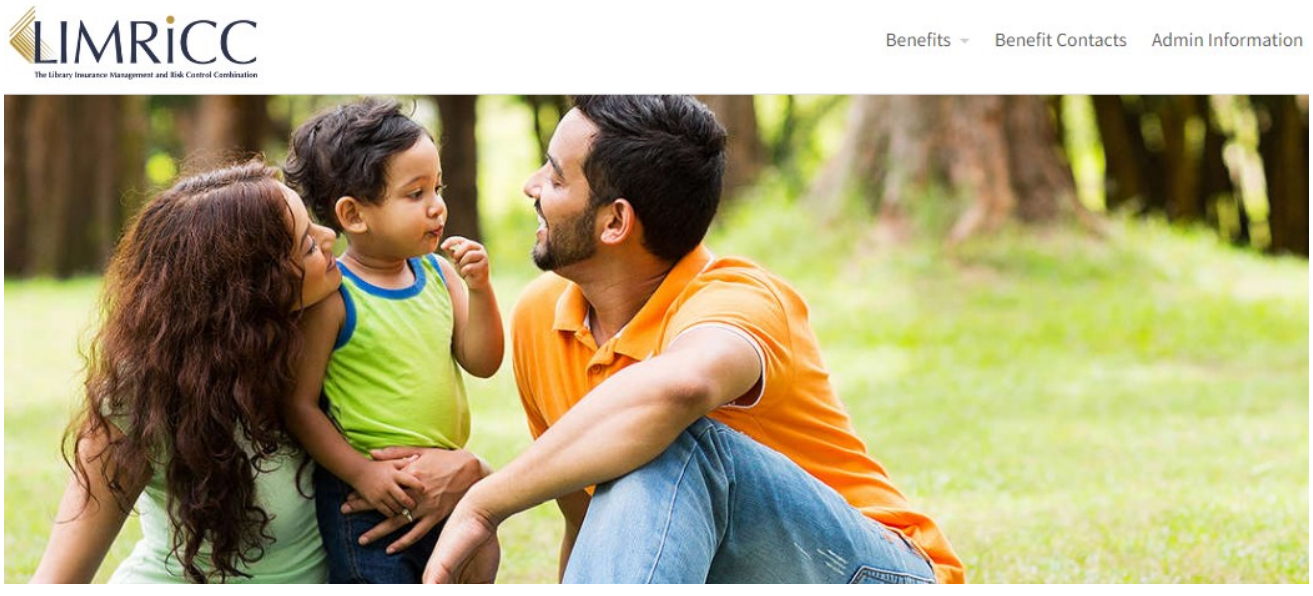
Visit: limricc.benefithub.com Registration may be required to purchase discounts, products and/or services.

Questions? Call 1-866-664-4621 or email customercare@benefithub.com

*Please note that products purchased on BenefitHub will be 100% paid for by the employee on a post tax basis and billed directly to the employee using the payment option of their choice. These benefits are individual policies and written outside of Procom, meaning even if you leave the company these products are yours to keep.

Benefits Website

Visit https://limriccbenefits.org/ for additional employee benefit resources.



Rate Information as of January 1st, 2026

Medical HMO

Monthly Premium Rates:	
Employee Only	$1,091.00
Employee & Spouse	$2,337.00
Employee & Child(ren)	$2,200.00
Family	$3,403.00
Medicare Single	$864.00
Medicare Family	$1,631.00

Medical PPO 1000

Monthly Premium Rates:	
Employee Only	$1,383.00
Employee & Spouse	$2,925.00
Employee & Child(ren)	$2,807.00
Family	$4,339.00
Medicare Single	$1,108.00
Medicare Family	$2,264.00

Medical PPO 2000

Monthly Premium Rates:	
Employee Only	$1,119.00
Employee & Spouse	$2,357.00
Employee & Child(ren)	$2,265.00
Family	$3,498.00
Medicare Single	$919.00
Medicare Family	$1,820.00

Medical HDHP with HSA

Monthly Premium Rates:	
Employee Only	$974.00
Employee & Spouse	$2,050.00
Employee & Child(ren)	$1,964.00
Family	$3,041.00
Medicare Single	$812.00
Medicare Family	$1,589.00

Dental DHMO

Monthly Premium Rates:	
Employee Only	$29.92
Employee & Spouse	$57.54
Employee & Child(ren)	$62.42
Family	$94.22

Dental DPPO

Monthly Premium Rates:	
Employee Only	$47.00
Employee & Spouse	$86.00
Employee & Child(ren)	$85.00
Family	$131.00

Vision

Monthly Premium Rates:	
Employee Only	$7.75
Employee & Spouse	$12.41
Employee & Child(ren)	$12.67
Family	$20.43

Basic Life/AD&D

Monthly Premium Rates ($30,000 of coverage)	
Life/AD&D	$3.60

Voluntary Life/AD&D

Age	Employee Monthly Rate (per $10,000 of coverage)	Spouse Monthly Rate* (per $5,000 of coverage)	Age	Employee Monthly Rate (per $10,000 of coverage)	Spouse Monthly Rate* (per $5,000 of coverage)
<25	$0.81	$0.41	50-54	$3.21	$1.61
25-29	$0.91	$0.46	55-59	$5.41	$2.71
30-34	$1.11	$0.56	60-64	$7.31	$3.66
35-39	$1.21	$0.61	65-69	$13.01	$6.51
40-44	$1.31	$0.66	70-74	$26.11	$13.06
45-49	$2.01	$1.01	75+	$39.91	$19.96

Monthly Rate (per $5,000 of coverage)	
Child(ren)	$1.00

*Spousal rates are based on the employee's age.

Rate Information as of January 1st, 2026

Voluntary Accident

Monthly Premium Rates:	
Employee Only	$10.70
Employee & Spouse	$16.86
Employee & Child(ren)	$17.90
Family	$28.16

Voluntary Hospital Indemnity

Monthly Premium Rates:	
Employee Only	$18.34
Employee & Spouse	$35.83
Employee & Child(ren)	$31.05
Family	$50.64

Voluntary Critical Illness—$10,000 benefit

Monthly Premium Rates:	Under Age 25	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80+
Employee Only	$3.79	$4.60	$5.14	$6.48	$8.97	$13.73	$19.00	$25.87	$36.30	$49.68	$66.71	$88.95	$107.21
Employee & Spouse	$7.55	$9.12	$10.20	$12.87	$17.96	$27.90	$38.97	$53.46	$75.33	$102.72	$137.86	$183.04	$220.30
Employee & Child(ren)	$5.74	$6.55	$7.09	$8.43	$10.92	$15.68	$20.95	$27.82	$38.26	$51.63	$68.66	$90.91	$109.17
Family	$9.83	$11.40	$12.48	$15.14	$20.23	$30.17	$41.24	$55.73	$77.61	$105.00	$140.14	$185.32	$222.58

Voluntary Critical Illness—$20,000 benefit

Monthly Premium Rates:	Under Age 25	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80+
Employee Only	$6.62	$8.15	$9.19	$11.84	$16.72	$26.14	$36.61	$50.24	$70.99	$97.56	$131.52	$175.90	$212.38
Employee & Spouse	$13.21	$16.18	$18.25	$23.53	$33.51	$53.14	$75.13	$103.89	$147.38	$201.79	$271.83	$361.95	$436.39
Employee & Child(ren)	$9.66	$11.19	$12.23	$14.88	$19.76	$29.18	$39.65	$53.28	$74.03	$100.61	$134.56	$178.94	$215.42
Family	$16.75	$19.73	$21.79	$27.07	$37.05	$56.69	$78.67	$107.44	$150.93	$205.34	$275.37	$365.50	$439.94

Carrier Information

Medical HMO	
Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-828-3116
Network	HMO Blue Advantage
Policy Number	B26888

Medical PPO1000 / PPO2000 / HDHP	
Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-828-3116
Network	PPO
Policy Number	326889 / 326890 / PM4301

Dental DHMO	
Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-367-6401
Network	BlueCare Dental HMO Network
Policy Number	D00058

Dental DPPO	
Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800-367-6401
Network	BlueCare Dental PPO Network
Policy Number	326891

Vision	
Carrier	VSP
Website	www.vsp.com
Phone Number	800-877-7195
Network	VSP Signature B Network
Policy Number	12240240

Basic Life and AD&D	
Carrier	The Hartford
Website	www.thehartford.com/employee-benefits
Policy Number	891881

Voluntary Term Life and AD&D	
Carrier	The Hartford
Website	www.thehartford.com/employee-benefits
Policy Number	891881

Employee Assistance Program	
Carrier	ComPsych Guidance Resources
Website	www.guidanceresources.com
Phone Number	800-964-3577
Web ID	HLF902
Company Name	ABILI

Voluntary Accident/Critical Illness/ Hospital Indemnity	
Website	www.thehartford.com/employee-benefits
Phone Number	866-547-4205
Policy Number	891881

Mental Health	
Carrier	First Stop Health
Website	Firststophealth.com
Phone Number	888-691-7867

Questions?
Contact your Library HR Representative

NOTE: This Benefits Summary is merely intended to provide a brief overview of your employer's employee benefit programs. Employees should review the employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. Your employer reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.