

2026 Employee Benefits Guide

Non-Union Employees
Hired Prior to 01/01/2025



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Welcome

To our City of Joliet Employees

As a valued employee of the City of Joliet, your well-being and that of your family members is important to us. The city has implemented a comprehensive and flexible benefits program tailored to align with your individual needs. Our program encompasses significant healthcare coverage for you and your family. Some benefits are fully funded by the City of Joliet, while others have a shared contribution between you and the city. Additional benefits are also available to you at competitive group rates.

Your benefits constitute an integral part of your overall compensation package. Please take time to review and evaluate all the benefit options the city has to offer and select those that best fit your individual and family needs.

Warm Regards,

Beth Beatty
City Manager

New for 2026 – Make your open enrollment selections via ESS

New Vision plan for \$500 / \$750 deductible plans



This guide is not intended to be a complete description of the insurance coverage offered, nor is it a binding contract. Controlling provisions are provided in each benefit plan policy. This guide also serves as a Summary of Material Modifications ("SMM") and includes updates that affect City of Joliet Summary Plan Descriptions. Please keep this guide with your Summary Plan Descriptions for future reference. If there is any discrepancy between this guide, the Summary Plan Descriptions and the Plan document, the Plan document will control. City of Joliet reserves the right to end, suspend, or amend their plans or the benefits provided thereunder, at any time, for any reason, in whole or in part.

Contact Information

Medical

Carrier	BlueCross BlueShield of IL
Website	www.bcbsil.com
Phone Number	800-526-6593
Network	PPO (Participating Provider Option)
Pre Certification	
Phone Number	800-572-3089

MDLive

Carrier	BlueCross BlueShield of IL
Website	MDLIVE.com/bcbsil
Phone Number	888-676-4204

Blue365 Discounts

Carrier	BlueCross BlueShield of IL
Website	Blue365deals.com/bcbsil

Employee Assistance / Disability Resource Services

Carrier	ComPsych
Phone Number	866-899-1363

Voluntary STD, Accident, Critical Illness, Hospital Indemnity, Health Screening

Carrier	Colonial Life
Website	https://learn.coloniallife.com/city-of-joliet-dpc2/p/1
Phone Number	312-235-6488

Dental

Carrier	BlueCross BlueShield of IL
Website	www.bcbsil.com
Phone Number	800-367-6401

Basic Life/AD&D / Voluntary Life / AD&D

Carrier	BlueCross BlueShield of IL
Website	www.bcbsil.com
Phone Number	800-526-6593

Prime Therapeutics (Rx)

Carrier	Prime Therapeutics
Website	www.primetherapeutics.com
Phone Number	800-423-1973

Flexible Spending Account (FSA/DCSA)

Carrier	Flexible Benefit Services
Phone	888-345-7990
Website	Myflexaccount.com

Vision (PPO \$500 Members Only)

Carrier	BlueCross BlueShield of IL
Network	EyeMed Insight
Website	Vision Provider Locator
Phone Number	800-348-4512

Human Resources Contact Information

Email	hr@joliet.gov
Phone Number	815-724-4020

Grandfathered Plan Disclosure

This disclosure is applicable to the following plan(s):

- \$250 Deductible Grandfathered PPO Plan

This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at 815-724-4020. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Benefit Definitions

What is a premium?

A premium (also referred to as a contribution) is the cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck.

What is a deductible?

An amount you could owe during a coverage period (from **January – December** each year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$500, your plan won't pay anything until you've met your \$500 deductible for covered health care services subject to the deductible.)

What is a copayment?

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

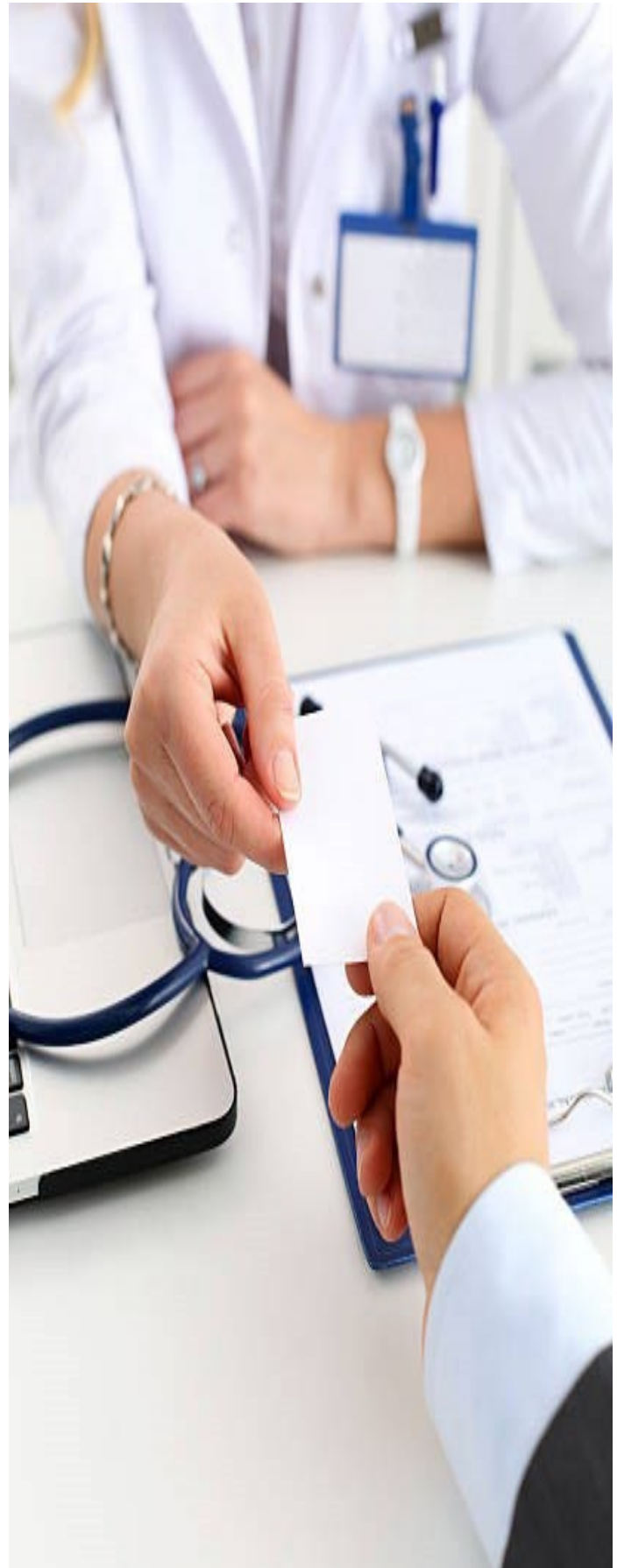
What does coinsurance mean?

Your share of the costs of a covered health care service, calculated as a percentage (for example, 10%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 10% would be \$10. The health insurance or plan pays the rest of the allowed amount.)

What counts toward my out-of-pocket maximum?

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including deductibles, copays, and coinsurance) throughout the plan year.

Once you meet the out-of-pocket amount, your insurance provider will cover 100% of remaining medical expenses for the year.



Eligibility

Who is Eligible?

Employees who work full time are eligible for benefits on their first day of employment.

Your dependents are eligible if they are:

- Legal spouse or civil union partner, and working less than 36 hours per week; otherwise, they can be added for secondary coverage
- Your child(ren)* up to age 26
- Your disabled child(ren) up to any age (if disabled prior to age 19)*

*Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship

City of Joliet's Spouse/Dependent Carve Out

If your spouse/dependent is covered under the City's group health insurance plan and he/she is employed on a full-time basis, the spouse/dependent must enroll in his/her employer's group health plan for primary coverage, if eligible and available. Health insurance plan information must be provided for coordination of benefits with Blue Cross/Blue Shield of IL. You are responsible for notifying Human Resources of any changes or updates in your spouse's/dependent's health coverage.



Enrollment

When Can I Enroll in Benefits?

You can enroll for benefits:

- Within **30** days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event (See below)

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, are effective the first day of hire.

If you do not enroll during your eligibility period, you may enroll at the next open enrollment period.

Termination of Coverage

If you or a covered dependent no longer meet eligibility requirements or if your employment ceases, your medical, dental and vision coverage will end on the last day of the month in which you become ineligible.

You may be eligible to elect COBRA for yourself and your eligible dependents for medical, dental, and vision coverage

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through the end of the plan year. If you have a “qualifying life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within 30 days of the event. Proof of life events are subject to approval.

Please reach out to Human Resources for specific documentation required to be submitted for a qualified life event during the benefit year. Changes are effective as of the date of the qualifying life event, unless otherwise specified.

Please Note:

Federal regulations require City of Joliet to obtain the following information during enrollment:

- Social Security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents

New for 2026 – Open enrollment through ESS: [Employee Self Service](#)

Qualifying Life Event

Change in Marital Status	Change in Dependents	Change in Employment
• Marriage • Divorce • Death of your spouse	• Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event) • Death of your covered dependent • Gain or loss of Medicare or Medicaid during the year	• Change in you or your spouse's work status that affects benefits eligibility • Your spouse's Open Enrollment differs from yours • Relocation if the move impacts eligibility for the plan



Insurance Benefits

Medical Insurance

Carrier: BlueCross BlueShield

Website: www.bcbsil.com

Phone: 800-526-6593

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.

	PPO \$250		PPO \$500		PPO \$750	
Calendar Year (1/1—12/31) Deductible & Out of Pocket	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	PPO		PPO		PPO	
Deductible						
Individual	\$250	\$500	\$500	\$1,000	\$750	\$1,500
Family	\$500	\$1,000	\$1,000	\$2,000	\$1,500	\$3,000
Coinsurance	100%	70%	90%	70%	90%	70%
Out-of-Pocket Max	(Deductible and Pharmacy not included)		(Deductible and Pharmacy is included)		(Deductible and Pharmacy is included)	
Individual	\$1,000	\$3,000	\$1,500	\$3,500	\$2,250	\$5,250
Family	\$3,000	\$9,000	\$4,500	\$10,500	\$6,750	\$15,725
Physician Services						
Member Pays						
Preventive Care	20% (after ded): To age 16 Only	30% (after ded): To age 16 Only	0%	30% (after ded)	0%	30% (after ded)
Physician Visit	20% (after ded)	30% (after ded)	\$20 copay	30% (after ded)	\$20 copay	30% (after ded)
Specialist Visit	20% (after ded)	30% (after ded)	\$40 copay	30% (after ded)	\$40 copay	30% (after ded)
Diagnostic Testing	0%	30% (after ded)	10% (after ded)	30% (after ded)	10% (after ded)	30% (after ded)
Lab Testing	0%	30% (after ded)	10% (after ded)	30% (after ded)	10% (after ded)	30% (after ded)
Inpatient Hospital	0%	30% (after ded)	10% (after ded)	30% (after ded)	10% (after ded)	30% (after ded)
Emergency Room	20% (after ded)		\$250 copay (waived if admitted)		\$250 copay (waived if admitted)	
Telehealth via MDLive	\$48 Copay	Not Covered	\$0 Copay	Not Covered	\$0 Copay	Not Covered
Pharmacy (In-Network)						
Generic/Formulary/Non-Formulary/Specialty						
Prescription Out-of-Pocket Max	Unlimited		Included in Medical Out of Pocket		Included in Medical Out of Pocket	
Tier 1-Generic	\$8	75% after copay	\$10	70% after copay	\$10	70% after copay
Tier 2-Preferred Brand Drugs	\$15	75% after copay	\$30	70% after copay	\$30	70% after copay
Tier 3-Non-Preferred Brand Drugs	\$35	75% after copay	\$60	70% after copay	\$60	70% after copay
Tier 4-Specialty Drugs	Coverage Cost Varies	75% after copay	\$100	70% after copay	\$100	70% after copay
Mail Order Prescriptions (90 Days)	\$14 / \$28 / \$68	75% after copay	\$25 / \$75 / \$150	70% after copay	\$25 / \$75 / \$150	70% after copay
Medical Cost Rates (per pay period):						
Employee:	\$69.03		\$29.96		\$29.22	
Employee + 1:	\$133.67		\$58.01		\$56.58	
Family:	\$175.78		\$76.28		\$74.40	

Dental Insurance

Dental Insurance

Carrier: BlueCross BlueShield Website: www.bcbsil.com

Phone: 800-367-6401

Eligibility: Non-Union Employees

Dental Preferred Provider Organization (DPPO)

This dental plan allows the flexibility to select a dentist of your choice. Manage out-of-pocket costs more efficiently by using in-network dentists. Services are categorized according to complexity and costs.

Dental Benefits			
	PPO \$250	PPO \$500	PPO \$750
Deductible per Calendar Year (1/1 - 12/31)	In-Network / Out-of-Network	In-Network / Out-of-Network	In-Network / Out-of-Network
Individual Deductible Deductible Waived for Preventive	\$25 per person Yes	\$25 per person Yes	\$25 per person Yes
Annual Plan Maximum per Calendar Year: Individual: Family:	\$1,000 per person \$1,000 per person	\$1,000 per person \$1,000 per person	\$1,000 per person \$1,000 per person
Preventive/Basic/Major/Ortho:	100% / 80% / 50% / 50%	100% / 80% / 50% / 50%	100% / 80% / 50% / 50%
Preventive Services: Exams & Cleanings: Fluoride Treatment: Space Maintainers: X-Rays – Full Mouth: X-Rays – Bite-Wing: Sealants: Emergency/Palliative Treatment:	100% (twice per benefit period) 100% (twice per benefit period) 100% (to age 19) 100% (once every 24 months) 100% (once every 6 months) 100% (to age 19) 100%	100% (twice per benefit period) 100% (twice per benefit period) 100% (to age 19) 100% (once every 24 months) 100% (once every 6 months) 100% (to age 19) 100%	100% (twice per benefit period) 100% (twice per benefit period) 100% (to age 19) 100% (once every 24 months) 100% (once every 6 months) 100% (to age 19) 100%
Basic Services: Fillings: Endodontic (Root Canal): Periodontics (Gum Disease) – Minor Periodontics (Gum Disease) – Major Simple Extractions:	80% 80% 80% 80% 80%	80% 80% 80% 80% 80%	80% 80% 80% 80% 80%
Major Services: Crowns, Inlays, Onlays: Bridges and Dentures: Repairs and Adjustments: Implants:	50% 50% 50% Not Covered	50% 50% 50% 50%	50% 50% 50% 50%
Orthodontics: Coverage for Adults and Children Separate Deductible: Coverage Level: Lifetime Maximum: Waiting Period for Services	None 50% \$1,000 None	None 50% \$1,000 None	None 50% \$1,000 None
Usual & Customary Percentile:	If a participating dentist, the negotiated fee. Other dentists, 90th percentile of U&C of a particular area.	If a participating dentist, the negotiated fee. Other dentists, 90th percentile of U&C of a particular area.	If a participating dentist, the negotiated fee. Other dentists, 90th percentile of U&C of a particular area.

Vision Insurance

Vision Reimbursement Plan (PPO \$250 plan members only)

Carrier	Blue Cross Blue Shield of IL
Vision Exam	1 Annual Vision Exam covered at 100%
Annual Reimbursement Amount	\$200 Annual Allowance

Vision Insurance (Only available to PPO \$500/\$750 Members)

Carrier: BlueCross BlueShield

Website: www.bcbsil.com

Phone: 800-348-4512

Eligibility: Non-Union Employees

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

Vision Benefits						
	PPO \$500			PPO \$750		
	Frequency	In-Network	Out-of-Network	Frequency	In-Network	Out-of-Network
Network Name	EyeMed Insight Network					
Eye Exam	Every 12 Months*	\$0 Copay	Up to \$30 Reimbursement	Every 12 Months*	\$0 Copay	Up to \$30 Reimbursement
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 Months*	\$20 Copay	Reimbursement Varies	Every 12 Months*	\$20 Copay	Reimbursement Varies
Frames	Every 24 Months*	\$200 Allowance then 20% off balance over \$200	Up to \$50 Reimbursement	Every 24 Months*	\$200 Allowance then 20% off balance over \$200	Up to \$50 Reimbursement
Elective Contacts	Every 12 Months**	\$200 Allowance then 15% off balance over \$200	Up to \$120 Reimbursement	Every 12 Months**	\$200 Allowance then 15% off balance over \$200	Up to \$120 Reimbursement

*Vision benefit frequencies are based on the date of service within the calendar year.

** You cannot get contacts and glasses in the same calendar year

How to Find a Provider

Visit <https://eyedoclocator.eyemedvisioncare.com/bcbsil>

Call Customer Service toll-free at **800-348-4512**

How to Save \$\$\$!

When using your Medical and Prescription Plans

Use In-Network Doctors

By using in-network Doctors, clinic, hospitals and pharmacies, you pay the lowest cost for care. When you visit a doctor outside of the PPO network, the health plan covers less of the cost, and you pay more.

Accessing and Choosing the Right Type of 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.
- **Preventive/Wellness Exams:** Each covered member is eligible for an annual preventative exam and other appropriate services. Females are eligible to receive an annual well-woman exam covered at 100% in addition to their annual preventative exam.

Utilize BlueAccess for Members to determine the facility (freestanding imaging centers for MRIs, CT scans and other imaging) that would be the most cost effective.

Prescription Drugs

The next time you need a prescription, ask your doctor if there is a generic brand equivalent. Generic drugs contain the same active ingredients, are identical in dose, form, and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples and/or coupons. Also check the drug manufacturer's website for available discounts and rebates.

Ask your Pharmacy for the cash price

Call and ask your pharmacy for the cash price of a prescription drug. Sometimes these prices are lower than the prescription drug plan copay.



Where to Seek Care

MD Live (BCBSIL)

PPO plans include MD Live visits, which provide 24-7-365 access to board-certified primary care doctors and pediatricians by secure video chat or phone. **For an illness or injury that is not an emergency**, MD Live's telemedicine program offers a **convenient, cost-effective alternative** to hospital emergency rooms and urgent care clinics.

MD Live is not intended to replace your relationship with your doctor, but rather provides access to healthcare when reaching the doctor is difficult or inconvenient.

Doctors in **MD Live** can diagnose, recommend treatment and write short-term prescriptions for minor, non-life-threatening conditions including, but not limited to:

- Acne
- Allergies
- Bronchitis
- Cold/Flu Symptoms
- Ear Infections
- Fever
- Headaches/Migraines
- Insect Bites
- Nausea/Stomach Aches
- Pink Eye
- Rash
- Sinus Infections
- Sore Throat
- Upper Respiratory Infections

Behavioral Health Support

You can also access licensed therapists through **MD Live** for confidential counseling seven days a week to help with depression, anxiety, stress, family difficulties and more. Behavioral health telemedicine appointments must be scheduled.



Benefits of Telemedicine Visits

- Less time away from home and work
- No travel expenses or time
- Less interference with child or elder care responsibilities
- No exposure to other potentially contagious patients

How to Use MD Live

1. Begin by accessing services in one of the following ways:
 - Online: MDLIVE.com/bcbsil
 - Phone: (888) 676-4204
 - Text: BCBSIL 635-483
 - App: Download the app
2. Register and complete your account profile, including a brief medical history, for you and your enrolled family members. Note: You'll need your BCBSIL member ID card if registering on MDLIVE's website or by phone.
3. Video chat or talk with a doctor from home, work or when traveling.

There is no charge to set up your account, but you may have a charge for your visit, depending on your benefit plan.

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

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

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.

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.



Flexible Spending Accounts

Administered by Flexible Benefit Services

Healthcare Flexible Spending Account

The Healthcare FSA allows you to put money aside to pay for eligible expenses not paid by your Medical, Dental or Vision plan. You can elect an amount of money that will be taken out of your paycheck pre-tax to save you on paying these expenses. Eligible employees can elect their amount through ESS (Open Enrollment).

Create an account at: myflexaccount.com

FSA elections cannot be changed after enrollment without a qualifying event.

Plan Features	Healthcare Flexible Spending Account
2026 Maximum Contribution	\$3,400 per IRS regulations
Runout	90 days runout gives employees until March 31st to file their claims.

Dependent Care Flexible Spending Account

You can also put money aside to pay for eligible expenses for Dependent Care. You can elect an amount of money that will be taken out pre-tax to save you on paying these expenses. You can view your transaction history, current balance, claim status and more by logging in to myflexaccount.com or via our convenient mobile app.

Plan Features	Dependent Care Flexible Spending Account
2026 Maximum Contribution	\$7,500 Maximum per year
Grace Period	Does Not Apply

How to Find a Provider

How do I “Find a BlueCross, BlueShield Medical PPO Provider”?

- To Find a Provider on the Internet : Go to www.bcbsil.com and under Find a Doctor choose “Provider Finder”.
- Choose your network type : “ PPO (Participating Provider Option)” for the PPO plan.
- Select your state of residence and the state you wish the doctor search to take place in. The fields below give you the option to refine your search. You can search by provider type, specialty, name and location. Also available are the additional options to search for providers accepting new patients, providers with recognitions / certifications, and board certified providers.
- Once you click “Find” you will be brought to a webpage with all of the doctors that meet your criteria as well as a map to show their location.
- Or, call **1.800.810.2583** & listen for the instructions for “members.”

To Find a BlueCare Dental PPO Provider:

- Go to www.bcbsil.com
- Choose BlueCare Dental DPPO
- Or call 800-367-6401

How do I “Set up a User Account”, to View PPO Claims & “ Access Wellness Programs? You will need your Blue Cross ID card.

- Go to <http://bcbsil.com>/ Click on “Register” in the “Blue Access for Members” login section.
- Follow the instructions to register. Hint : for “identification number” do not enter the first 3 letters shown on your card; only the number following. Please note there are required fields to complete. Once your registration is complete, you can log in and navigate the site for a wealth of information!

PPO Vision Benefits (for \$250 deductible plan only)

Blue Cross Blue Shield of IL offers a vision reimbursement plan that will include 1 annual preventive vision exam paid at 100% and a vision allowance per benefit period for active employees and their covered dependents. This does not apply to any out-of-pocket limits.

To submit a claim for the vision reimbursement, individuals can log onto Blue Access for Members (BAM) to process their reimbursements. There is a tracking associated with it and documentation that it was received and being worked. Please contact HR for the claim form to be completed. You can still mail the claim in, but we feel it is better to use the electronic system. Below is a step by step instruction on how to submit the claim electronically:

Step 1 – Go to “Messages,” top right hand corner of BAM Home Page

Step 2 – Select “Write Message” left side of the page.

Step 3 – New Message box will load on the right hand of the page

Step 4 – Choose Recipient from drop down menu. List of applicable Service Center departments and other services available are available for the member to choose from – Claims Submission Attachments

Step 5 – After typing the message and including any attachments, member will select “Send.” The Respective Department will reply accordingly to the member back through the Secure Message Center

Life and AD&D Insurance

Basic Life and AD&D Insurance

Carrier: BlueCross BlueShield

Website: www.bcbsil.com

Your designated beneficiary will receive a benefit in the event of your death. 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. Group Life benefit is portable or convertible within 31 days of leaving employment.

Your Basic Life/AD&D amount of \$50,000.00 is at no cost to you.



Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

To update your beneficiaries, please visit the City of Joliet Sharepoint website, [here](#).

Download the Beneficiary Designation Form, complete and return to Human Resources.

Voluntary Life Insurance

Voluntary Life and AD&D Insurance

Carrier: BlueCross

BlueShield Website:

www.bcbsil.com

Voluntary term life/AD&D allows you to purchase additional life and AD&D coverage for yourself and your dependents. Your age and the amount of insurance you elect determines the premium you'll pay. Employees can elect additional life insurance for themselves and eligible dependents.

Employees who are interested in voluntary life insurance, can download the application at the HR Sharepoint site:

<https://jolietcity.sharepoint.com/sites/CityofJolietHR/SitePages/Employee-Benefits.aspx>

Voluntary Life/AD&D Amounts Available

Employee	Increments of \$10,000 up to \$500,000 Guarantee Issue* \$100,000
Spouse	Increments of \$10,000 up to \$250,000 Guarantee Issue* \$20,000
Child (14 days to 19 years)	\$5,000 or \$10,000 Guarantee Issue*\$10,000

To enroll in Voluntary Spouse and/or child Life, you must be enrolled in Basic Employee Life.

*Guarantee Issue is the amount of coverage you or your dependents can elect without medical questions. Guarantee issue is only available to newly benefit eligible employees.

What is Evidence of Insurability (EOI)?

EOI is an application process through which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of coverage. EOI may be required for life and/or disability insurance elections.

Voluntary Life Insurance Monthly Rates Per \$1,000 of Coverage

Age	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee / Spouse*	\$0.080	\$0.080	\$0.120	\$0.190	\$0.280	\$0.480	\$0.820	\$1.28	\$2.02	\$3.22
Voluntary AD&D Monthly Rates per \$1,000: Employee = \$.050; Employee and Family= \$.080										
Child(ren): Monthly Premium Per Family: \$5,000 Benefit = \$1.00; \$10,000 Benefit=\$2.00										

*Spouse's rate is based on Employee's Age

Estimated Monthly Cost Calculation*

Estimated Monthly Cost Calculation*		Example Age 35
Amount of Coverage:	\$ _____	\$100,000
Divide Coverage Amount of 1,000	÷ 1,000 = _____	÷ 1,000 = 100
Multiply by Rate in Above Chart for Estimated Monthly Cost	_____ x _____ = _____	100 x .120 = \$12.00 (estimated monthly cost)

*This is an estimate; actual deductions may vary based on City of Joliet's bi-weekly payroll frequency.

Voluntary Life Insurance(cont.)

Colonial Life Voluntary Plans

The City of Joliet offers the following voluntary benefits that are 100% employee paid. Coverage begins 1st of the month following date of hire. Below is a brief description of these voluntary plans. For more detailed information on the benefits, rates and/or to self-enroll for any of these plans, please visit the following website at: <https://learn.coloniallife.com/city-of-joliet-dpc2/p/1>

If you have questions about these plans, you can call the Call Center at 312-235-6488 between 9 am - 4 pm CST, Monday – Friday to schedule a time to speak with an enrollment counselor.

Voluntary Short-Term Disability

Protect your income with Voluntary Short-Term Disability. You can choose the amount of your disability benefit subject to your income. Guarantee issue is available to you up to 60% of your income to \$4,000 per month Maximum for off-job accidents or sickness. Benefit duration is 6 months. No medical underwriting required.

Voluntary Accident Coverage

With Accident coverage, you will receive a “cash benefit” to help with expenses such as deductible, copays and out of pocket expenses from a covered accident. A set “cash amount” benefit is payable based on the injury you suffer and treatment you receive for on-job and off job injuries. You may purchase Accident coverage for your dependents. There is medical underwriting required.

Voluntary Critical Illness Coverage

With Critical Illness coverage, you receive a “cash benefit” to help with expenses such as deductible, copays and out of pocket expenses from a Critical Illness such as a heart attack, stroke, cancer and other illnesses.

A set “cash amount” benefit is payable based on the Critical Illness you are diagnosed with. You may receive additional benefits if you are diagnosed with more than one Critical Illness. You may purchase Critical Illness coverage for your dependents. No medical underwriting is required.

Voluntary Hospital Indemnity Coverage

With Hospital Indemnity coverage, you will receive a “cash benefit” to help with expenses such as deductible, copays and out of pocket expenses from a Hospital confinement stay.

Hospital Confinement: \$1,000 per day maximum / per covered person per calendar year. Daily Hospital Confinement: \$100 per day / maximum of 365 days per covered person. You may purchase Hospital Indemnity coverage for your dependents. No medical underwriting is required.

Health Screening Benefit

Your Accident, Critical Illness and Hospital Indemnity plans come with a health screening benefit payable once per covered person per calendar year; subject to a 30-day waiting period per plan. Accident wellbeing assistance benefit is \$100; Critical Illness wellbeing assistance benefit is \$75. The Hospital Indemnity wellbeing assistance benefit is \$50.

Financial Wellness

457 Plans

Enroll in a 457 Plan to contribute to a deferred compensation plan through payroll deductions for pre –tax options.

There are a wide variety of investment options available.

To enroll in or make changes to your 457 Plan, please contact one of the vendors below.

Mission Square

www.icmarc.org

Plan# 3.00647

John Hancock

www.myplan.johnhancock.com

Plan #25613

Nationwide

www.nrsforu.com

Plan #0037394001



Have questions?

Reach out to the Human Resources team at: 815-724-4020 or hr@joliet.gov

Employee Assistance/EAP

Employee Assistance / Disability Resource Services™

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. This is why we have teamed with ComPsych® Corporation to offer Disability Resource Services to employees who are covered by our long-term disability (LTD) policy and their immediate family. Disability Resource Services provides convenient resources to help address emotional, legal and financial issues.

Face-to-Face Sessions

Disability Resource Services provides three face-to-face sessions per issue in a geographically accessible location to address behavioral issues.

Unlimited Telephonic Support

Disability Resource Services also provides unlimited telephonic support (24 hours a day, 7 days a week) to help address behavioral issues. Master's degree level clinicians use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.

Web-Based Services

GuidanceResources® Online (guidanceresources.com) is a secure, password-protected website that contains self assessments, extensive content on personal health and powerful tools to help with personal, relational, legal, health and financial concerns. This service is free of charge to employees who are insured with us for long-term disability insurance and their immediate family. It covers many topics and personal concerns, such as:

- Alcohol and drug abuse
- Depression
- Divorce and family law
- Estate planning
- Getting out of debt
- Grief and loss
- Job pressures
- Marital and family conflicts
- Retirement planning
- Saving for college
- Stress and anxiety
- Tax questions
- Real estate buying and selling

To Access Your Services Call: 866-899-1363

You will be asked what type of insurance policy you have: Let them know you have life insurance.

Online: GuidanceResources.com

- Click "Register" to create a new account.
- Enter Your Company ID: DISRES

Required Notices

The U.S. government requires companies offering certain employee benefit plans to inform covered employees and their dependents about laws/provisions that affect the governance and/or coverage within those plans.

The City has full details available for you concerning the following laws/provisions:

- Women's Health and Cancer Rights Act (WHCRA) Notice
- Newborns' and Mother's Health Protection Act (NMHPA) Notice
- Notice of HIPAA Privacy Practices
- Notice of HIPAA Special Enrollment Rights
- Notice of Patient Protections
- Important Notice about Your Prescription Drug
- Coverage and Medicare
- Premium Assistance Under Medicaid and the
- Children's Health Insurance Program (CHIP)
- Model General Notice of COBRA Continuation Coverage Rights
- Your Rights and Protections Against Surprise Medical Bills
- Summary Plan Descriptions for the Plan

Each of these notices can be found by visiting: [City of Joliet HR Sharepoint](#)



For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 01, 2026
Name of Entity/Sender:	City of Joliet
Contact—Position/Office:	Human Resources
Office Address:	150 W Jefferson St
	Joliet, Illinois 60432-4152
Phone Number:	815-724-4020
Email:	hr@joliet.gov



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