



2025 Employee Benefits Guide

Benefits Effective April 2025 – March 2026

Eligibility

Who is Eligible?

- An active full-time employee working 30 or more hours per week

Your dependents are eligible if they are:

- Your legal spouse
- Your child(ren)* up to age 26
- Your disabled children 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.

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 is subject to approval. Please reach out to your employer for specific documentation to be submitted for a qualified life event during the benefit year. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption.

Qualified Life Event		
Change in Marital Status	Change in Dependents	Change in Employment
<ul style="list-style-type: none">• Marriage• Divorce• Death of your spouse	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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

Your Coverage

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the first of the month following 30 days of employment.

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 the eligibility requirements or if your employment ceases, your benefits will end.

You are responsible for informing Human Resources and/or enter the change in Paylocity within 30 days if any of your dependents become ineligible for benefits.

Benefits can be canceled due to:

- Open Enrollment
- Termination (voluntary or involuntary)
- Retirement
- Qualified Life Event

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Music Institute of Chicago's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy. Additional information is available at www.healthcare.gov.



Enrollment

When Can I Enroll in Benefits?

You can enroll in benefits:

- First of the month following 30 days of employment
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

How Do I Enroll?

To enroll (or make changes) to your benefits, log onto the Paylocity portal.

Annual Open Enrollment

This is a once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family. Changes will go into effect April 1, 2025.





Scan to view
[Glossary of Health
Coverage and
Medical Terms](#)

How a Health Plan Works

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) 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 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

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.

Deductible

An amount you could owe during a coverage period (usually one 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 \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)

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 insurance coverage. EOI may be required for life and/or disability insurance elections.

Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

Medical Plan Options

For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations, coverage limits, and out-of-network costs.

BCBS	MIBCS2050 Blue Choice PPO (Emb)	MIBCO2000 Blue Choice Options (Emb)	MIBAH2020 HMO (Emb)
Network	Blue Choice Select (Narrow Network)	Blue Choice Options (Tiered Network)	BlueAdvantage HMO
Website	www.bcbsil.com	www.bcbsil.com	www.bcbsil.com

Illinois Only Plan

PCP Selection Required
(Illinois Only Plan)

In-Network	You Pay	You Pay	You Pay
		Blue Choice - Tier 1	PPO - Tier 2

Plan Year Deductible (Individual / Family)	\$1,000 / \$3,000	\$500/\$1,500 (BC)	\$1,500/\$4,500 (PPO)	\$0 / \$0
Coinsurance (Plan Pays / Member Pays)	80/20	90/10 (BC)	70/30 (PPO)	100/0
Out-of-Pocket Max ⁺ (Individual / Family)	\$3,000 / \$9,000	\$4,000/\$10,200 (BC)	\$5,600/\$10,200 (PPO)	\$1,500 / \$3,000
Primary Care / Specialist Office Visit	\$30 / \$30	\$20 / \$40 (BC)	\$50 / \$100 (PPO)	\$20 / \$40
Urgent Care Facility	20% after Ded	\$75 then 0%	\$75 then 0%	\$40 then 0%
Emergency Room Care	\$200 then 0%	\$400 then Ded/Coins		\$250 then 0%
Inpatient Hospital	20% after Ded	\$250 (BC) then Ded/Coins	\$500 (PPO) then Ded/Coins	0% after Ded
Outpatient Surgery	20% after Ded	\$200 (BC) then Ded/Coins	\$400 (PPO) then Ded/Coins	0% after Ded

Prescription	You Pay	You Pay	You Pay
Retail (up to 30-day supply)	\$0/\$10/\$35/\$75/\$150/\$250***	\$0/\$10/\$35/\$75/\$150/\$250***	\$0/\$10/\$50/\$100/\$150/\$250

Out-of-Network	You Pay	You Pay	You Pay
Plan Year Deductible (Individual / Family)	\$2,000 / \$6,000	\$3,000 / \$9,000	
Coinsurance (Plan Pays / Member Pays)	50/50	50/50	N/A
Out-of-Pocket Max ⁺ (Individual / Family)	\$9,000 / \$27,000	\$16,800 / \$30,600	

***Copays/Coins shown are for BCBS Preferred Pharmacy (includes Osco, Walgreens, Walmart). Higher Copays/Coins applies for Non-Preferred Pharmacy

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage for more information.

*Plan Year Out-of-Pocket Maximum includes deductibles, copays and coinsurance

Medical Plan Options

For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations, coverage limits, and out-of-network costs.

BCBS	MIESA2122 BlueEdge Select HSA (Agg)	MICOE4065 Blue Choice Options HSA (Emb)
Network	BlueEdge Select (Narrow Network)	Blue Choice Options (Tiered Network)
Website	www.bcbsil.com	www.bcbsil.com

In-Network	You Pay	You Pay
		Blue Choice - Tier 1 PPO - Tier 2

Plan Year Deductible (Individual / Family)	\$2,500 / \$5,000	\$3,500/\$10,500 (BC)	\$4,600/\$13,800 (PPO)
Coinsurance (Plan Pays / Member Pays)	100/0	100/0 (BC)	80/20 (PPO)
Out-of-Pocket Max ⁺ (Individual / Family)	\$2,500 / \$5,000	\$3,500/\$10,500 (BC)	\$6,550/\$19,650 (PPO)
Primary Care / Specialist Office Visit	0% after Ded	0% after Ded (BC)	20% after Ded (PPO)
Urgent Care Facility	0% after Ded	0% after Ded (BC)	20% after Ded (PPO)
Emergency Room Care	0% after Ded	0% after Ded	
Inpatient Hospital	0% after Ded	0% after Ded (BC)	20% after Ded (PPO)
Outpatient Surgery	0% after Ded	0% after Ded (BC)	20% after Ded (PPO)

Prescription	You Pay	You Pay
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Retail (up to 30-day supply)	0% after Ded	0% after Ded
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Out-of-Network	You Pay	You Pay
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Plan Year Deductible (Individual / Family)	\$5,000 / \$10,000	\$10,500 / \$31,500
Coinsurance (Plan Pays / Member Pays)	100/0	60/40
Out-of-Pocket Max ⁺ (Individual / Family)	\$5,000 / \$10,000	\$19,650 / \$42,000

***Copays/Coins shown are for BCBS Preferred Pharmacy (includes Osco, Walgreens, Walmart). Higher Copays/Coins applies for Non-Preferred Pharmacy

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage for more information.

*Plan Year Out-of-Pocket Maximum includes deductibles, copays and coinsurance

Health Savings Account (HSA)

If you elect a qualified high deductible plan and you are not enrolled in disqualifying coverage elsewhere, you are eligible to contribute to a Health Saving Account. You can set aside tax-free money from each paycheck now and save funds to cover qualified healthcare expenses that come up later.

Advantages

- Balance rolls over each year
- Contributions are tax-free
- Account belongs to you. Any money in the account is yours – no vesting.

**Tax treatment of HSAs for state tax purposes may vary by state.*

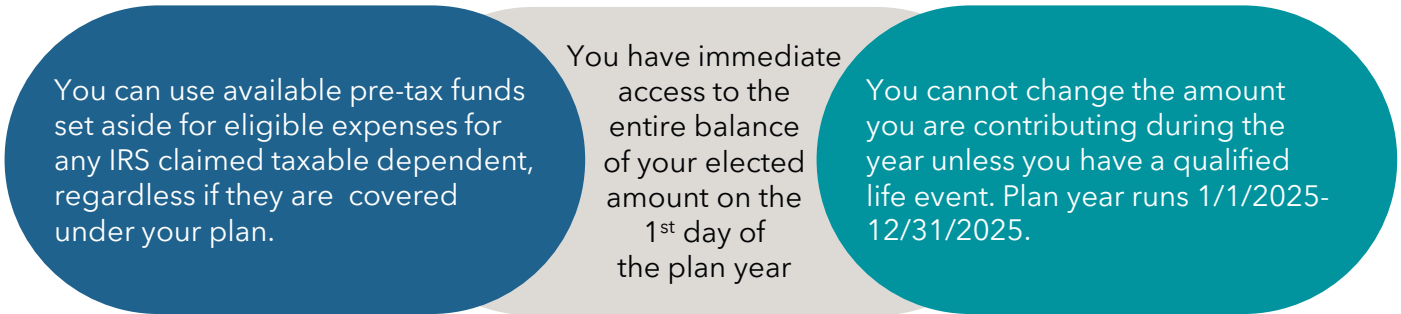
HSA Contributions and Limits

	2025 IRS CONTRIBUTION LIMIT
Employee Only	\$4,300
Employee & Dependents	\$8,550

* If you are age 55 or older, you may contribute an additional \$1,000 in catchup contributions.

IMPORTANT! If you use your HSA funds for non-qualified expenses, the purchase amount will be subject to tax, plus a 20% penalty if you are younger than age 65.

Flexible Spending Accounts (FSA)



Dental

Your choice of dentists can determine the cost savings you receive. You will pay less for in-network services. Please refer to plan summary for out-of-network benefits, subject to balance billing, and limitations.



Principal	PPO High		PPO Low	
Website	www.principal.com		www.principal.com	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Annual Deductible	\$50	\$75	\$50	\$300
Family Annual Deductible (Low deductible applies to Basic and Major Services; High deductible applies to Major Services)	\$100	\$150	\$150	\$900
Benefit	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Maximum	\$1,000	\$1,000	\$1,000	\$1,000
Preventive Services (no deductible) (Plan Pays / Member Pays)	100/0	100/0	100/0	10/90
Basic Services (after deductible) (Plan Pays / Member Pays)	80/20	80/20	80/20	10/90
Major Services (after deductible) (Plan Pays / Member Pays)	50/50	50/50	50/50	10/90
Endodontics	Major	Major	Basic	Basic
Periodontics	Major	Major	Major	Major

* Plan deductibles and maximums accumulate on a calendar year (1/1-12/31). These amounts reset on January 1st of each year.

Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The vision plan provides coverage for exams, glasses and contact lenses, as shown below.



Principal	Frequency	In-Network	Out-of-Network
VSP Choice Network www.principal.com		Copay/Allowance	Plan Allowance / Reimbursement
Eye Exam	Once Every 12 Months	\$10	Up to \$45
Frames (Allowance)	Once Every 24 Months	\$150 + 20% off remaining balance	Up to \$70
Lenses			
Single Vision (Copay)	Once Every 12 Months	\$25	Up to \$30
Bifocal Lenses (Copay)	Once Every 12 Months	\$25	Up to \$50
Trifocal Lenses (Copay)	Once Every 12 Months	\$25	Up to \$65
Contacts—instead of glasses (Allowance)	Once Every 12 Months	Up to \$150	Up to \$105

Life Insurance & Disability Insurance

Basic Life/AD&D

Music of Institute of Chicago provides Basic Life insurance coverage. This coverage also includes an Accidental Death and Dismemberment (AD&D) provision in the event of accidental death and certain other conditions. Basic Life and AD&D is paid for by Music of Institute of Chicago. You are automatically enrolled in these benefits.



Principal www.principal.com	
Life	
Class Description	All FT Employees
Life Benefit	\$25,000
Guaranteed Issue	\$25,000
Cost of Coverage Paid By	Employer

Life/AD&D - Age reductions may apply. For coverage to be effective: Employees must be actively at work; Dependents (spouses/children) must be able to work. If enrollee is currently disabled due to an injury or sickness, coverage will be delayed until they return to active employment or are no longer disabled.

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.

Long-Term Disability

Long-Term Disability (LTD) benefits are provided as income protection in the event you become disabled for an extended period. Proof of disability is required.

Principal www.principal.com	
Long-Term Disability	
Class Description	All FT Employees
Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
Elimination Period	90 Days
Definition of Disability	2 Years Own Occupation
Pre-existing Condition	3/12
Benefit Duration	SSNRA
Cost of Coverage Paid By	Employer

LTD - Your disability benefit may be reduced by other sources of income including benefit payments from State Mandated Disability and Leave programs and Social Security Disability. For coverage to be effective: Employees must be actively at work. Employees who are currently disabled due to an injury or sickness will have coverage delayed until they return to active employment.

Voluntary Life & Disability Insurance

Principal
www.principal.com

Voluntary Life

Class Description	All FT Employees
Benefit	\$10,000 to \$300,000 in \$10,000 increments
Guarantee Issue	\$150,000
Cost of Coverage Paid By	Employee

Voluntary Spousal Life

Benefit	\$10,000 to \$20,000 in \$10,000 increments not to exceed 100% of Employee's benefit
Guarantee Issue	\$20,000
Cost of Coverage Paid By	Employee

Voluntary Child Life

Benefit	\$5,000 or \$10,000 not to exceed 100% of employee's amount
Cost of Coverage Paid By	Employee

Voluntary AD&D

Benefit	Equal to Life Benefit
Cost of Coverage Paid By	Employee

Voluntary Short-Term Disability

Class Description	All FT Employees
Benefit Percentage	60%
Maximum Weekly Benefit	\$1,250
Benefits Begin on	
For Injury	7 Days (8th Day Benefit)
For Sickness	7 Days (8th Day Benefit)
Duration of Benefits	12 Weeks
Cost of Coverage Paid By	Employee

Life/AD&D - Age reductions may apply. For coverage to be effective: Employees must be actively at work; Dependents (spouses/children) must be able to work. If enrollee is currently disabled due to an injury or sickness, coverage will be delayed until they return to active employment or are no longer disabled.

STD - Your disability benefit may be reduced by other sources of income including benefit payments from State Mandated Disability and Leave programs and Social Security Disability. For coverage to be effective: Employees must be actively at work. Employees who are currently disabled due to an injury or sickness will have coverage delayed until they return to active employment.

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.

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

Cost of Coverage

Contributions made from each paycheck toward your medical, dental and vision benefit elections, as well as contributions to HSA and FSA, will automatically be **deducted from your gross pay before Federal Income taxes and Social Security taxes** are calculated. Since these contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay and you will end up paying lower taxes on the same salary.

Voluntary Life/AD&D costs are taken from your paycheck **after** taxes, and the **benefits paid are not taxable**.

Medical, Dental and Vision Contributions

Per Month	MIBCS2050 Blue Choice PPO (Emb)	MIBCO2000 Blue Choice Options (Emb)	MIBAH2020 HMO (Emb)	MIESA2122 BlueEdge Select HSA (Agg)	MICOE4065 Blue Choice Options HSA (Emb)
Employee Only	\$273.20	\$355.09	\$246.51	\$174.41	\$203.94
Employee + Spouse	\$1,251.60	\$1,434.51	\$1,192.02	\$1,030.94	\$1,096.90
Employee + Child(ren)	\$844.11	\$984.96	\$798.24	\$674.21	\$725.01
Employee + Family	\$1,822.52	\$2,064.38	\$1,743.73	\$1,530.76	\$1,617.98

Per Month	High Dental	Low Dental
Employee Only	\$47.65	\$26.75
Employee + 1	\$95.38	\$52.01
Employee + Family	\$118.04	\$68.56

Per Month	Vision
Employee Only	\$0.00
Employee + Spouse	\$6.48
Employee + Child(ren)	\$8.61
Employee + Family	\$15.42

Resources/Contact Information

Benefit	Provider	Phone	Website / Email
Medical	BCBS of IL	1.800.810.2583	www.bcbsil.com
Dental	Principal	1.800.986.3343	www.principal.com
Vision	Principal	1.800.986.3343	www.principal.com
Life & Disability	Principal	1.800.986.3343	www.principal.com



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