

7KLV JXLGH GHVFULEHV WKH EHQH \dot{z} WV DYDLODEOH WR \RX DQG \RXU H
GHSHQGHQWV 6RPH EHQH \dot{z} WV DUH DXWRPDWLFD\O\ SURYLGHG WR \RX ZKL
UHTXLUH \RXU DFWLYH HQURROOPHQW E\ F\ WDLQ GHDGOLQHV
3OHDVH UHDG WKRURXJKO\ WR XQGHUVWDQG \RXU EHQH \dot{z} WV DQG WKH DFWL
\RX QHHG WR WDNH WR HQURROO LQ RU WR PDNH FKDQJHV WR \RXU EHQH \dot{z} W

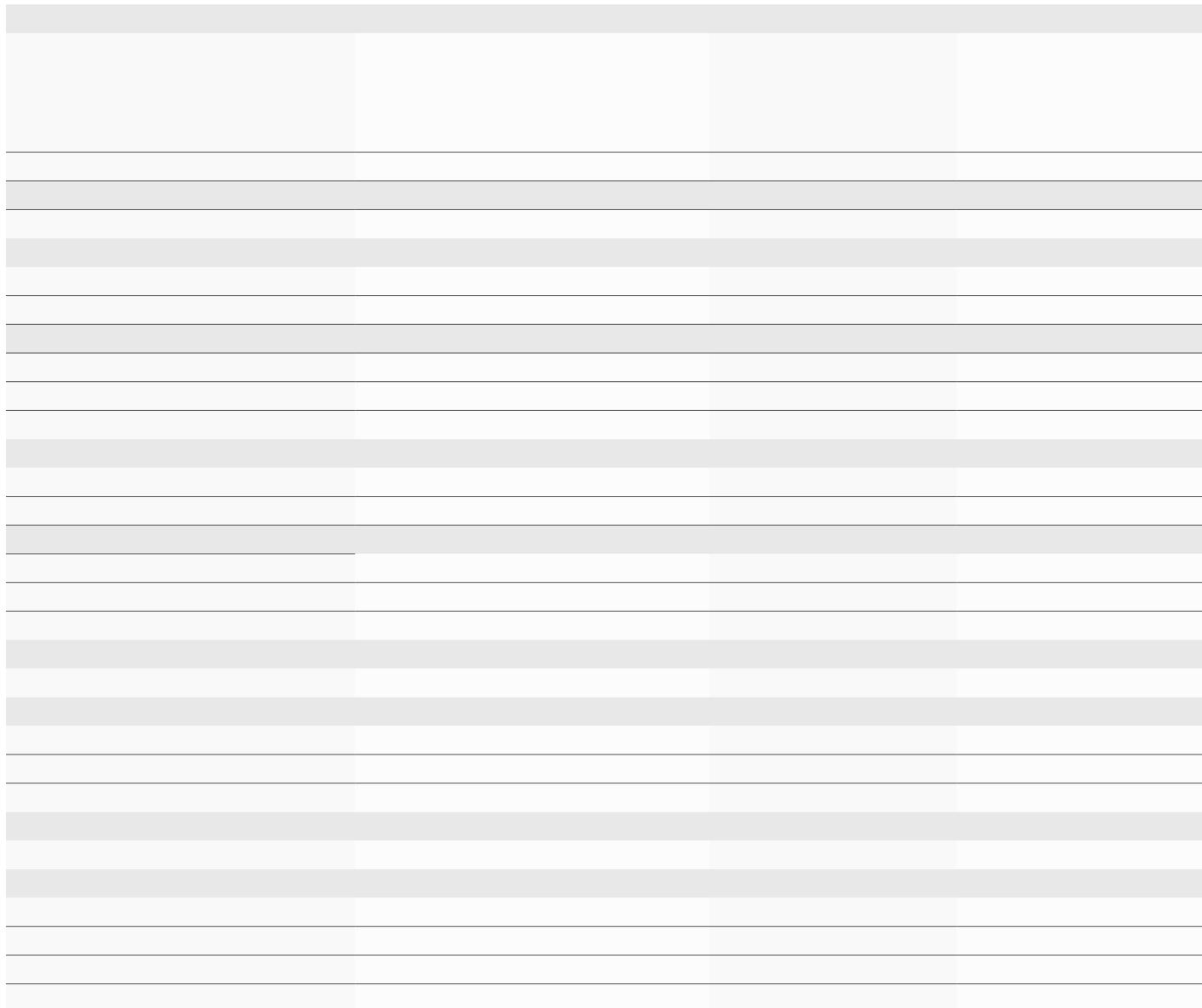
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This guide contains only highlights of Shirley Ryan AbilityLab. In the event of a discrepancy between this guide and the governing plan or policy, the governing plan document or policy will prevail.

Shirley Ryan AbilityLab retains the right to add, change, or delete information at any time without notice.

6KLUOH\ 5\ DQ \\$ELOLW\ /DE RIIHUV D FRPSUHKHQVLYH EHQHÀWV
LQ RXU JHRJUDSKLF ORFDWLRQV 6RPH EHQHÀWV DUH DXWRPD
DFWLHYHO\ HQUROO DQG WR SD\ \RXU VKDUH RI SUHPLXPV WKU



Health Insurance, HSA, FSAs, Voluntary Health Benefits, Disability Benefits, and Life and AD&D Insurance

<RX DUH HOLJLEOH IRU WKHVH EHQHÀWV LI \RX DUH
└ \$ IXOO WLRPHI HGPSÀQRHG DV DQ HPSOR\HH ZKR LV UHJXODUO\ VFKHGXOHG WR ZP
)XOO 7LPH (TXLYDOHQW RU)7(LV EHWZHHQ DQG R
└ \$ SWUWLPH HPSOR\HH GHÀQHG DV DQ HPSOR\HH ZKR LV UHJXODUO\ VFKHGXOHG WR ZP
KRXUV SHU ZHHN)7(LV EHWZHHQ DQG R
, I \RX DUH DQ HPSOR\HH ZKR LV UHJXODUO\ VFKHGXOHG WR ZP
\RX DUH D UHJLVWU\ RQ FDOO HPSOR\HH \RX FDQ EHFRPH HOLJLELOLW\ UHTXLUHPHQW RI ZRUNLQJ DQ D
ZHHN SHULRG DV GHÀQHG E\ 6KLUOH\ 5\DQ \$ELOLW\DE

* Regularly scheduled means the normal work schedule established for your position(s) on a regular basis. Picking up an extra shift on an ad hoc basis does not constitute regularly scheduled work.

401(k) Retirement Savings Plan

<RX DUH HOLJLEOH IRU N XQOHVV \RX DUH
└ \$ QRQUHVLGHQW DOLHQ ZLWK QRQHÀQHG V6WIDHWBWWLQRPRPH6
└ \$ OHDVHÀHPSOR

Commuter Benefits, Time-Off Benefits, and Additional Benefits

Loss of Employee Eligibility

, I \RX UHGXFH \RXU UHJXODUO\ VFKHGXOHG KRXUV WR EH XQG
RQ FDOO HPSOR\HH RU WHUPLQDWH HPSOR\PHQW ZLWK 6KLUC
└ \$W WKH WHQHG PRRQWK PHGLFDO GHQWDO DQG YLVLRQ
└ ,PPHGLDWHOYHDQOHRWKHU FR

Loss of Dependent Eligibility

, I \RXU FRYHUHG GHSHQGHQW ORVHV HOLJLELOLW\ WKHLU FR
└ \$W WKH WHQHG PRRQWK PHGLFDO GHQWDO DQG YLVLRQ
└ ,PPHGLDWHOYHDQOHRWKHU FR

Consolidated Omnibus Budget Reconciliation Act (COBRA)

:KHQ \RXU FRYHUDJH HQGV \RX PD\ EH DEOH WR FRQWHLQX\\$ \R
FRYHUDJH WKURXJK &2%5\$:KHQ \RXU FRYHUHG GHSHQGHQW\ FRQWLQXH WKHLU PHGLFDO GHQWDO YLVLRQ DQG RU +HDOW
, I \RX DQG RU \RXU FRYHUHG GHSHQGHQWV DUH HOLJLEOH IRU
:DJH:RUNV ZLOO PDLO D &2%5\$ SDFNHW WR \RXU SULPDU\ KRP
)RU PRUH LQIRUPDWLRQ DERXW &2%5\$ YLVLW WKH 'HSDUWPHC

7KHUH LV DQ 2SHQ (QUROOPHQW SHULRG HDFK IDOO IRU \RX WR HQUROO LQ RU PDNH FKDQJHV WR \RXU KHDOWK LQVXUDQFH +6\$)6\$V YROXQWDU\ KHDOWK EHQHÀWV DQG VXSSOOPHQWDO OLIH LQVXUDQFH FRYHUDJH IRU WKH XSFRPLQ \HDU <RX VKRXOG WDNH WKLV RSSRUWXQLW\ WR UHYLHZ \RXU EHQHÀWV QHHGV DQG PDNH \RXU EHQHÀWV HOHFWLRQV LQ :RUNGD\ 2SHQ (QUROOPHQW HOHFWLRQV WDNH HIIHFW RQ -DQXDU\ RI WKH IROORZLQJ \HDU \$IWHU WKH 2SHQ (QUROOPHQW SHULRG HQGV \RX ZLOO QRW EH DEOH WR PDNH FKDQJHV LQFOXGLQJ DGGLQJ DQG GURSSLQJ GHSHQGHQWV XQOHVV \RX H[SHULHQFH D 4XDOLI\LQJ /LIH (YHQW 5HIHU WR WKH 4XDOLI\LQJ /LIH (YHQW VHFWLRQ RI WKLV *XLGH IRU PRUH LQIRUPDWLRQ

,I \RX GR QRW WDNH DQ\ DFWLRQ GXULQJ WKH 2SHQ (QUROOPHQW SHULRG \RXU FRYHUDJH LQ HIIHFW DW WKH HQG RI WKH \HDU ZLOO FDUU\ RYHU LQWR WKH IROORZLQJ \HDU ZLV WKH H[FHSWLRQV RI +6\$ DQG)6\$V)RU WKH VHFWLRQ RI WKH 2SHQ \RX ZLOO GHIDXOW WR 'ZDLYHµ IRU WKH IROORZLQJ \HDU

,I \RX DUH HQUROOHG LQ KHDOWK LQVXUDQFH YROXQWDU\ KHDOWK EHQHÀWV DQG RU VXSSOOPHQWDO OLIH LQVXUDQFH DQG ZLVK WR GURS \RXU FRYHUDJH IRU WKH XSFRPLQJ \HDU \RX PXVW ZDLYH WKH FRYHUDJH \RX ZLVK WR GURS DQG VXEPLW \RXU HOHFWLRQV GXULQJ WKH 2SHQ (QUROOPHQW SHULRG

- 6 LJQLÀFDQW & RHQHÀWV FDQJYH(Y
GD\V IURP WKH GDWH RI \RXU 6 LJQLÀFDQW & RVW
& KDQJH (YHQW WR UHSRUW \RXU HYHQW DQG PDNH
FKDQJHV WR \RXU EHQHÀWV LQ :RUNGD\ <RXU FKDQJHV
ZLOO EH UHYLHZHG E\ +5 6 LJQLÀFDQW & RVW & KDQJH
(YHQWV LQFOXGH
 - 6 LJQLÀKFDDQQJW VF WR WKH FRVW RI \RXU RU \RXU
GHSHQGHQWV· EHQHÀW FRYHUDJH
 - 6 LJQLÀKFDDQQJW VF WR WKH FRVW RI \RXU
GHSHQGHQW FDUH
- Change in Coverage Under Another Employer
Plan: <RX KDYH GD\V IURP WKH GDWH RI \RXU
FKDQJH LQ FRYHUDJH XQGHU DQRWKHU HPSOR\HU
SODQ WR UHSRUW \RXU HYHQW DQG PDNH FKDQJHV WR
\RXU EHQHÀWV LQ :RUNGD\ <RXU FKDQJHV ZLOO EH
FKDQJ@H GQH XQGHU DQRWKHU H 0 ð p...P
SFOXGH

Medical Insurance

<RXU PHGLFDO LQVXUDQFH KHOS \RX DQG \RXU HOLJLEOH GH
FDUH³DQG SUHVFULSWLRQ GUXJ :H RIIHU WKUHH PHGLFDO SO
% & % 6 , / 3UHVFULSWLRQ GUXJ FRYHUDJH XQGHU DOO WKUHH
2XU WKUHH PHGLFDO SODQV DUH
◦ 3UHIHUV\HGHSUURUJDQL]DWLRQ 332
◦ +HDOWK 0DLQWHQDQFH 2UJDQL]DWLRQ +02
◦ +LJK 'HGXFWLEOH +HDOWK 3ODQ +'3
7KH 332 DQG +'3 SODQV DUH D

BCBSIL Resources

:LWK D %OXH \$FFHVV IRU OHPEHUV DFFRXQW \RX OO KDYH



2024 Benefits Guide—Employees

Calendar Year Deductible (Embedded)			
Medical			
Individual	\$3,200	\$6,400	
Family	\$6,400	\$12,800	
Calendar Year Out-of-Pocket Maximum (Embedded)			
Individual	\$3,200	\$6,400	
Family	\$6,400	\$12,800	
Coinurance			
Plan Covers	100%	50%	
Hospital Charges			
Urgent Care	100% after deductible	No charge	
Emergency Room	100% after deductible		
Outpatient	100% after deductible	No charge	
Inpatient	100% after deductible	No charge	
, I S U H F H U W L , F D W L R Q , L V , Q R W , U H F H L Y H G , V H H , E H O R Z , I R U , G H W D L O V , E H Q H , W V , Z L C			
Physician Charges			
Wellness Screenings and Care	100%, no deductible	No charge	
3 U L P D U \ & D U H 2 å F H 9 L V L W	100% after deductible	No charge	
Virtual Visit	100% after deductible	No charge	
6 S H F L D O L V W 2 å F H 9 L V L W	100% after deductible	No charge	
Prescription Drugs			
Generic (Mandatory)			
Retail	100% after deductible	No charge	
Mail Order	100% after deductible		
Brand Formulary			
Retail	100% after deductible	No charge	
Mail Order	100% after deductible		
Brand Non-Formulary			
Retail	100% after deductible	No charge	
Mail Order	100% after deductible		
Prescription medications can be mail-ordered for home delivery to treat chronic conditions or diseases for which you take maintenance medications. You may only obtain medication amounts authorized by your doctor, but may be able to save money by ordering a 90-day supply.			

• 3 U H F H U W L , F D W L R Q , L V , U H T X L U H G , S U L R U , W R , D O O , H O H F W L Y H , L Q S D W L H Q W , D G P L V
 • (P H U J H Q F \ D Q G , R E V W H W U L F , D G P L V V L R Q , Q R W L , F D W L R Q , U H T X L U H G , Z L W K L Q , W Z R ,
 •

ÀRX FDQ5HhH \RXU +6\$ W(SD\ IRU BXHOL !nP0PBåLhHO
H[HQd!o \RX HQURGD•LQ WKH +'3 SODQ \RX PD\ EH
H[HQd!o LQFOåH \RXU DQ HQåHW HøåLEOILP
HOLJEOH IRUD +HDQWK 6DYLQJV \$FFRXQW +6\$ 7KLV
FRLQgH LQFOE D P0 €P0 €P0 • 0 ÅäHW FRQåRX pPÀPT€p€0
WULSOH WD[DGYDQWDA !nP0@ €P0 €P0 ARX FR pPÀPT€p€0
R €000Uð€ p@°ð0#)UT \RXU R €00p@° 0Uð€€0p°P € €0
LQWH_Hoå D P0À@•å SD\ IRU BXHOL !nP0PBåLhHO
„[HQd!o WD[„_H@WULEHWÆR `0
DPH bXPßHoå W(b{DtH LQFR H WD[LQ hHOLIRW,, LO D P01H!
Đ
DPH bXPßHoå W(b{DtH LQFR H WD[LQ €`0°0`0 °À €0@ å 7V4XQ !

Funding Your HSA

31& %HQH) LW 3OXV LV UHTXLL
 EHIRUH WKH\ FDQ RSHQ \RXU
 WR YHULI\ \RXU LGHQWLW\ \R
 31& %HQH) LW 3OXV WR FRUUH
 \RXU LGHQWLW\ 2QFH \RXU +€
 FRQWULEXWH PRQH\ LQWR \RX
 SD\UROO GHGXFWLRQV XS WR
 PD[LPXPV VHW E\ WKH ,56

You control when, where, and how you use your HSA money.

You Only	\$4,150
You + Spouse/Partner	\$8,300
You + Child(ren)	\$8,300
You + Spouse/Partner + Child(ren)	\$8,300

- If you have enough money in your HSA, you can use \RXU PRQH\ WR SD\ IRU TXDOL*z*HGPHG directly
- If you do not have enough money in your HSA, you can pay out-of-pocket and then reimburse yourself when you have enough money in your HSA
- <RX FDQ XVH \RXU +6\$ PRQH\ WR SD\ IR medical expenses for eligible tax dependents, as GH*z*QHG E\ WKH ,56 HYHQ LI WKH\ DUH under your BCBSIL HDHP coverage
- You cannot use your HSA money to pay for family members who do not meet the IRS tax dependent GH*z*QLWLRQ VXFK DV FKLOGUHQ RYHU full-time students), domestic/civil union partners, and partner child(ren). However, they can open up their RZQ +6\$ WKURXJK DQ\ *z*QDQFLDO LQVW

<RX FDQ HOHFW RU FKDQJH \R
 FRQWULEXWLRQV GXULQJ RSH
 :RUNGD\

,I \RX DUH DJH RU ROGHU E
 \HDU \RX PD\ PDNH DQ DGGLW
 FRQWULEXWLRQ RI

,I \RX DUH QRW DQ +6\$ HOLJL
 FDOHQGDU \HDU WKH OLPLW
 +RZHYHU \RX PD\ VWLOO EH C
 IXOO DQQXDO OLPLW LI \RX PI

,I \RX FKDQJH FRYHUDJH OHYI
 H[DPSOH IURP '
 3DUWQHUμ RU '
 3DUWQHU &KLOG UHQ \RXU
 SURUDWHG E\ PRQWK

)RU GHWDLOV DERXW SURUDW
 OLPLWV UHIHU WR ,56 3XEOLFDWLRQ DW

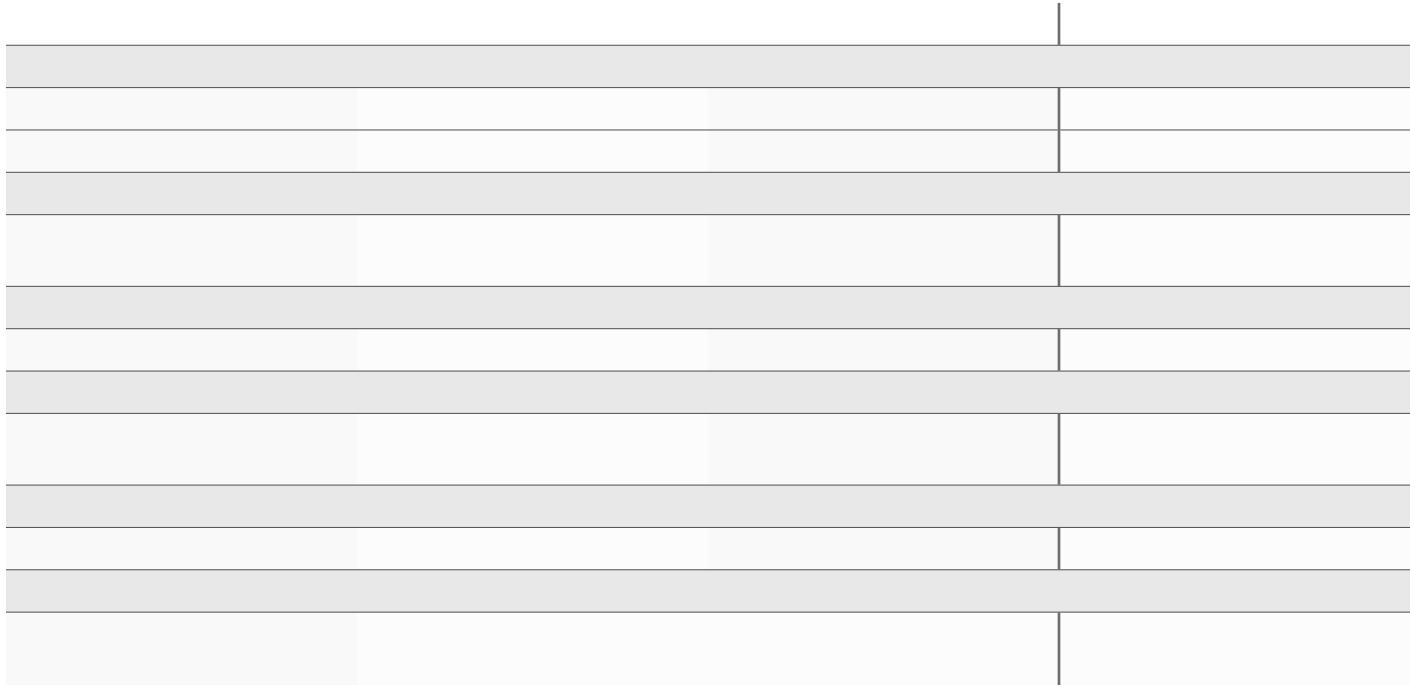
Dental Insurance

<RXU GHQWDO LQVXUDQFH KHOS \RX DQG \RXU HOLJLEOH GHSH
VHUYLHV DQG PDMRU VHUYLFHV :H RIIHU WZR GHQWDO SODC
*XDUGLDQ)LUVW &RPPRQZH DOWK

2XU WZR GHQWDO SODQV DUH

⟨ % & % 6 , / ' 3 3 2

⟨



Vision Insurance

<RXU YLVLRQ LQVXUDQFH KHOS \RX DQG \RXU HOLJLEOH GHSHOL
SUHVFULSWLRQ JODVVHV DQG FRQWDFWV :H RIIHU RQH YLVLR

)OH[LEOH 6SHQGLQJ \$FFRXQWV)6\$V KHOS \RX VDYH PRQH\ R
DQG GHSHQGHQW FDUH H[SHQVHV RQ D SUH WD[EDVLV WKURX
ZDQW WR FRQWULEXWH GXULQJ WKH 2SHQ (QUROOPHQW SHULI
WR SDUWLFLSDWH <RX FDQ RQO\ FKDQJH \RXU HOHFWLRQ LI \R
RYHU \HDU DIWHU \HDU)6\$V DUH 'XVH LW RU ORVH LWµ DFFR
\HDU

:H RIIHU WZR GLIIHUHQW)6\$V

‘ * HQHUDO 3XUSRVH +HDOWK &DUH)6\$

IC01fishatthAcademyPS007 C.042 lot cont5 268n

2024 Maximum Contribution*	\$3,	LI PDUULHG DQG
Eligibility	If you and your spouse, if married, do not contribute (and do not receive Company contributions) to an	

5HFRYHULQJ IURP D FULWLF DQ\$ IKRQVSH WWD Q WWDIVÀ F Q WF DHQVRHK JK
 ZLWKRXW KDYLQJ WR ZRUU\ REXQURGVHQ LQFRQRQWDRP QRWS LWD O
 EHLQJ DEOH WR ZRUN 9ROXQWDU\ RXU IDWFLFVIO E@QQA WVVIKR X OG
 GHVLJQHG WR SD\ \RX D FDVK GEHHQHÀGMHQ K\K R K\O G GRX VRWHG WR D
 \RXU FRYHUHG GHSHQGHQW H[ESHHQHÀW FLH DWIDR YH HGD QGLVRLXF D
 LOOQHV V LQFOXGLQJ KHDUW DWWKDFN VWURNH DQG SDUDOV
 7KLV FDVK EHQHÀW LV WD[IUHH DQG \RX FDQ XVH WKH
 PRQH\ DV \RX ZLVK 25%H IROOR

7KH IROORZLQJ WDEOH OLVWV H[DPSOHV RI FRYHUHG FULWLF
 LOOQHV VH V IRU DGXOWV DQG FKLOGUHQ DQG WKH FDVK EHQH
 HDFK GLDJQRVLV SD\ V DV D SHUFHQWDJH RI \RXU FRYHUDJH
 DPRXQW RI

Adult	
Carcinoma In Situ	25%
Coma	100%
Hear W Attack	100%
Multiple Sclerosis	100%
Skin Cancer	15%
Child	
Cerebral Palsy	100%
Cystic Fibrosis	100%
Type 1 Diabetes	100%

Life and Accidental Death & Dismemberment (AD&D) Insurance

Guarantee Issue and Evidence of Insurability (EOI)

*XDUDQWHHG LVVXH LV WKH DPRXQW RI 6XSSOHPHQWDO (PSOR
,QVXUDQFH WKDW \RX PD\ HOHFW DQG EH DSSURYHG IRU ZLWK
NQRZQ DV PHGLFDO XQGHUZULWLQJ RU SURRI RI JRRG KHDOWI
LQIRUPDWLRQ DERXW \RXUVHOI RU DERXW \RXU VS RXVH RU SD
DERYH WKH JXDUDQWHHG LVVXH (2, LV QRW UHTXLUHG IRU 6X
7KH JXDUDQWHHG LVVXH DPRXQWV DUH
◦ 6XSSOHPHQWIDOL(PIS,QRVXUDQFH
◦ 6XSSOHPHQWDDUOVQ\$HRUXMLHH3,QVXUDQFH

Beneficiary Designation

<RX PD\ GHVLJQDWH SULPDU\ DQG VHFRQGDU\ EHQHÀFLDULHV
HQURROOPHQW RU DW DQ\WLPW WKHUHDIWHU LQ :RUNGD\ <RXU
\RXU %DVLF \$' ' DQG LI HOHFWHG \RXU 6XSSOHPHQWDO (PSOR

Commuter Benefits

<RXU &RPPXWHU %HQHÀWV KHOS \RX VDYH PRQH\ E\ OHWWLQJ \RX SD\ IRU HOLJLEOH PDVV WUDQVLW DQG SDUNLQJ H[SHQVHV ZLWK SUH WD[GROODUV :H KDYH SDUWQHUHG ZLWK 31& %HQH)LW 3OXV WR RIIHU WZR W\SHV RI 4XDOLÀHG 7UDQVSRUWDWLRQ \$FFRXQWV 47\$V 47\$V DOORZ \RX WR VHW VLGH SUH WD[GROODUV IURP \RXU ELZHHNO\ SD\ V WR SD\ IRU HOLJLEOH PDVV WUDQVLW DQG SDUNLQJ H[SHQVHV WKDW DUH QHFHVVDU\ IRU \RX WR FRPPXWHU WR DQG IURP ZRUN 3D\UROO GHGXFWLRQV ZLOO RQO\ EH WDNHQ IURP \RXU SD\V WZLFH D PRQWK QR GHGXFWLRQV ZLOO EH WDNHQ RQ WKH WKlug SD\ LQ WKH WZR PRQWKV SHU \HDU LQ ZKLFK \RX UHFHLYH WKT°`4 SH °K p0X SD\V WZLÀ0•7ZLÀ WKWW ` ÀZ-®rXUîõ X™E P,°
<RX Rîõ 0RÒ X¥P 0`P0RÒKH Z\$V ðð À•p 0@ p7J H[QWV 47\$V V @X DQCSDUNLQJ H[SHQUN ZD\I

Time-Off Benefits

7DNLQJ WLPH RII IURP ZRUN LV DQ LPSRUWDQW SDUW RI \RXU
IDPL\ DQG IULHQGV DQG WR UHQHZ *R RQ D WULS RU HQMR\
\RXU SHUVRQDO OLIH VR WKDW \RX FDQ EH \RXU EHVW DW ZRU

)XOO WLPH DQG SDUW WLPH H[HPSW DQG QRQ H[HPSW HPSOR\
SHU ZHHN ZLOO EH HOLJLEOH WR DFFUXH 372 DV QRWHG EHOR
SUREDWLRQDU\ SHULRG (PSOR\HHV ZRUNLQJ OHVV WKDQ)

Additional Benefits

PNC Workplace Banking

31& :RUNSODFH %DQNLQJ KHOSV PDNH \RXU ÀQDQFLDO
 OLIH HDV\ <RX PD\ HDUQ FHUWDLQ RIHUV RQ EDQNLQJ
 SURGXFWV DQG VHUYLFHV ZKHQ \RX KROG D TXDOLI\LQJ
 FKHFNLQJ DFFRXQW DQG \RX J,DLQ DFFHVV WR WKH LQVLJKW
 DQG H[SHULHQFH RI 31& ÀQDQ'FLDO VSHFLDOLVWV 5HZDUGV
 DQG SURJUDPV LQFOXGH HDV\ LVRQHQW RDQLDWHPRXQWV ZLWK HPS
 9LUWXDO :DOOHW +RPH /HQGLQJ 5HZDUGV &UHGLW &DUG
 5HZDUGV DQG PRUH /HDUQ PRUH DW

Are you looking for a new option for childcare or before- or after-school learning for your child? Employees can receive a 10% tuition discount on childcare and early education centers in the Knowledge Universe family, including KinderCare, Champions and CCLC

With more than 2,000 education centers across the United States, hands-on learning and trained teachers. Many convenient locations can be found across the city of Chicago and throughout the Chicagoland area.

The discount can be used for full- or part-time childcare, before- or after-school care or drop-in care, and will be applied as a 10% discount toward standard weekly tuition rates, which vary by center.

To identify participating centers and learn more about VSHFLQF SURJUDPLQIRUPDWLRQ VSDFH DQ and tours, please call _____ or visit _____ . To sign up, you will need to provide a current paystub to center of your choice . For more information, please contact HR Help Desk at _____ .

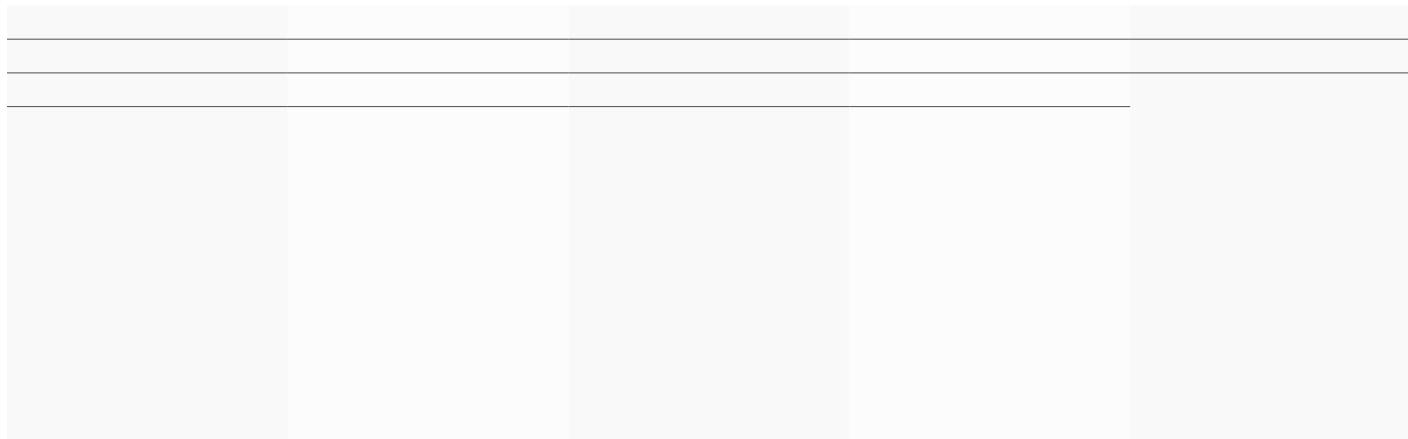
ORFDWLQRQ RÄHUV DSURYHQ Shirley Ryan AbilityLab does not warrant or endorse any goods or services provided by Knowledge Universe Education LLC, doing business as CCLC ("CCLC"). Employees who choose to take advantage of the CCLC discount are subject to the terms and conditions of CCLC and further acknowledge and agree that Shirley Ryan AbilityLab will not be responsible or liable for any injuries or loss or damage of any kind, whatsoever, as the result of any of CCLC's services and/or products.

Rate Sheet

Medical

	BCBSIL PPO	\$101.54	\$210.00	\$201.69	\$305.08
Full-time Employee (<\$85K/year)	BCBSIL HSA	\$64.62	\$133.85	\$128.31	\$204.00
	BCBSIL HMO	\$64.62	\$133.85	\$128.31	\$204.00
Full-time Employee (> \$85K/year)	BCBSIL PPO	\$115.38	\$231.23	\$221.54	\$336.46
	BCBSIL HSA	\$73.38	\$147.69	\$141.69	\$225.23
	BCBSIL HMO	\$73.38	\$147.69	\$141.69	\$225.23
	BCBSIL PPO	\$168.92	\$338.77	\$324.92	\$492.00
Part-time Employee	BCBSIL HSA	\$108.00	\$216.92	\$207	

Voluntary Critical Illness



Supplemental Employee and Spouse/Partner Life Insurance (Per \$1,000 of Coverage)

Under 30	\$0.027692
30-34	\$0.036923
35-39	\$0.055385
40-44	\$0.092308
45-49	\$0.138462
50-54	\$0.216923
55-59	\$0.396923
60-64	\$0.595385
65-69	\$0.890769
70-74	\$1.527692
75-79	\$4.038462
80-84	\$6.323077
85-89	\$9.978462
90-94	\$18.216923
95 and Over	\$20.201538

Supplemental Child Life Insurance (Per \$1,000 of Coverage)

Child	\$0.092308
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2024 Payroll Calendar

1	12/17/23	12/30/23	01/05/24
2	12/31/23	01/13/24	01/19/24
3	01/14/24	01/27/24	02/02/24
4	01/28/24	02/10/24	02/16/24
5	02/11/24	02/24/24	03/01/24
6	02/25/24	03/09/24	03/15/24
7	03/10/24	03/23/24	03/29/24
8	03/24/24	04/06/24	04/12/24
9	04/07/24	04/20/24	04/26/24
10	04/21/24	05/04/24	05/10/24
11	05/05/24	05/18/24	05/24/24
12	05/19/24	06/01/24	06/07/24
13	06/02/24	06/15/24	06/21/24
14	06/16/24	06/29/24	07/05/24
15	06/30/24	07/13/24	07/19/24
16	07/14/24	07/27/24	08/02/24
17	07/28/24	08/10/24	08/16/24
18	08/11/24	08/24/24	08/30/24
19	08/25/24	09/07/24	09/13/24
20	09/08/24	09/21/24	09/27/24
21	09/22/24	10/05/24	10/11/24
22	10/06/24	10/19/24	10/25/24
23	10/20/24	11/02/24	11/08/24
24	11/03/24	11/16/24	11/22/24
25	11/17/24	11/30/24	12/06/24
26	12/01/24	12/14/24	12/20/24

\$OO EH QH ; WV GH GX FW LR QV ZLOO EH WD NHQ IURP HDFK SD\ RQ D EL ZHHNO\ ED VLV ZL WK WK
 & R P P X W H U % H Q H ; WV ZLOO R Q O\ EH GH GX FW HG [SHU PR QW K , Q WK H W ZR PR QW KV Z KHUH W
 taken on the third pay of the month.

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7KLV %HQH₂WV *X
FRQWDLQV RQO\ KLJK
RI 6KLUOH\ 5\DQ \$ELOLW\ /D
SODQV DQG SROLFLHV ,I WKHUH
EHWZHHQ WKLV JXLGH DQG WKH JRYHU
WKH JRYHUQLQJ SODQ GRFXPHQW RU SROLF\
\$ELOLW\ /DE UHWDLQV WKH ULJKW WR DGG F
SODQ RU SROLF\ DW DQ\ WLPH

Sh
Ability