



# Open Enrollment Guide County of Kankakee Retirees

01-01-2025 to 12-31-2025



**BlueCross BlueShield  
of Illinois**

## **GROUP HEALTH INSURANCE**

- **Same Vendor as 2024, but with 4 different plans. This requires an “active open enrollment” this year, which means that if you do must go into WebBenefits to enroll in one of the 4 new plans. If you do not enroll, you will lose your health insurance benefits on 1/1/2025.**
- **All four plans have a similar deductible for using BCBS BCO network and a slightly higher deductible for using the national PPO network.**
- **For out of state enrollees or dependents, if you choose the PPO network, the lower BCO network deductible and lower co-insurance rates apply.**
- **Register at Blue Access for Members to check the status of a claim, view Explanation of Benefits statements (EOBs), locate a in-network doctor or hospital or request or print a new ID card. Go to [bcbsil.com/member](http://bcbsil.com/member), click on Register Now and complete the registration process.**
- **Following the explanation of the networks are high level overviews of the four available plans. These overviews are very brief, so please see the BCBS Enrollment Guide for Summary of Benefits for a more complete description of each plan’s benefits available on the County’s website under Human Resources.**

# Illinois Local Tiered Networks

## Savings with Choice

1

Blue Choice OPT PPO<sup>SM</sup> Network

2

PPO Network

3

Out-of-Network

A tiered network offering uses benefit design to encourage members to use a network of more cost-effective providers, while still allowing access to the broad PPO network.

## Tier 1: Blue Choice OPT PPO<sup>SM</sup> Network



OVER  
**94K** PARTICIPATING  
PHYSICIANS

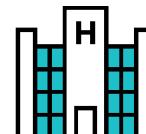


OVER  
**230** HOSPITALS

## Tier 2: Illinois PPO Network Offering



OVER  
**102K** PARTICIPATING  
PHYSICIANS



OVER  
**270** HOSPITALS

**STATEWIDE**

This network also encompasses a full range of ancillary services, such as home health care, hospice, private duty nursing, surgery centers and skilled nursing facilities.



## Blue Choice Options Highlights:

- Tier 1 (BCO network) providers will save you money
- No change in access—all providers within the Broad PPO network will still be available and in-network
- Blue Card claims are claims from employees/retirees/dependents that are outside the State of Illinois. These claims will be paid at their tier 1 benefit level as long as you are using the BCBS nationwide PPO network.
- Deductible and out-of-pocket accruals fill both tier 1 and tier 2 simultaneously
- Prescriptions and physician copays apply towards the out-of-pocket maximums—there is no separate drug out-of-pocket maximum
- Tier 1 doctors and hospitals can be found using Provider Finder on [bcbsil.com](http://bcbsil.com)



# BlueCross BlueShield of Illinois

Deductible - BCO Network  
Deductible - PPO Network  
Coinsurance  
Office Charges  
Emergency Room Charges  
Urgent Care Charges  
Max Out-Of-Pocket - BCO  
Max Out-Of-Pocket - PPO  
Pharmacy

Employee  
Employee + Spouse  
Employee + Child(ren)  
Employee + Family

<b>Option 1</b>	
MIBCO1201 BCO 1201	
HDHP Plan Can Add an HSA	
No HSA Contrib. from County	
<b>Network Single/Family</b>	
\$2,500/\$7,500 (Emb)	
\$4,000/12,000	
80%-BCO/60%-PPO	
Ded + 20%/40%/50% Coins	
Ded + 20%/40%/50% Coins	
Ded + 20%/40%/50% Coins	
\$4,500/\$13,500	
\$5,500/\$16,500	
\$0/\$10/\$50/\$100/\$150/\$250	
<b>Monthly Employee Cost</b>	
<b>2024 Cost**</b>	
\$706.55	
\$1,483.72	
\$1,215.24	
\$2,133.72	
<b>2025 Cost</b>	
\$770.57	
\$1,618.20	
\$1,325.39	
\$2,327.13	

## Option 1 – BlueChoice Options 1201\*

- BCO Network: \$2,500 individual deductible, \$7,500 for family
- PPO Network: \$4,000 individual deductible, \$12,000 for family
- You can add an HSA, but there is no contribution from the County – it is fully funded by the employee
- BCO Network - Maximum out of pocket is \$4,500 for individual, \$13,500 for family
- PPO Network – Maximum out of pocket is \$5,500 for individual, \$16,500 for family.
- This, as well as all four plans this year, includes the BCO Network with lower deductibles and the BCBS national network we've had in the past with slightly higher deductibles and maximum out of pocket. You should be able to find an in-network provider regardless of your location
- No flat rate Copays – Most charges are at 100% until your deductible is met and then 20% if you are utilizing the BCO network, 40% if you are utilizing the PPO network and 50% if you are out of network

This is a high level overview. Please see the SBC for your plan and/or the BCBS Summary of Benefits for a more complete description of the plan's benefits available on the County's website under Human Resources.

\* Comparable to 2024 Option #1 - BlueEdge HSA 4064

\*\*2024 Rates for BlueEdge HSA 4064



# BlueCross BlueShield of Illinois

Deductible - BCO Network  
Deductible - PPO Network  
Office Copay (PCP/SPC)  
Emergency Room Copay  
Urgent Care Copay  
Maximum Out-Of-Pocket-BCO  
Maximum Out-Of-Pocket-PPO  
Pharmacy

Employee  
Employee + Spouse  
Employee + Child(ren)  
Employee + Family

Option 2	
MICOE3013 BCO 3013	
HDHP Plan Can Add an HSA	
HSA Contribution from County	
\$500 Ind/\$1,000 Family	
Network Single/Family	
\$6,000/\$12,000 (Emb)	
\$7,000/\$14,000	
Ded + 20%/40%/50% Coins	
Ded + 20%/40%/50% Coins	
Ded + 20%/40%/50% Coins	
\$7,000/\$14,000	
\$7,500/\$15,000	
10%/10%/20%/30%/40%/50%	
Monthly Employee Cost	
2024 Cost**	2025 Cost
\$637.20	\$603.80
\$1,338.09	\$1,267.98
\$1,095.96	\$1,038.54
\$1,924.31	\$1,823.47

## Option 2 – BlueChoice Options 3013\*

- BCO Network: \$6,000 individual deductible, \$12,000 for family
- PPO Network: \$7,000 individual deductible, \$14,000 for family
- This is the highest deductible plan, assists by contributing to an HSA: \$500 for individual or \$1,000 for + spouse, + children and family coverage per year
- BCO Network - Maximum out of pocket is \$7,000 for individual, \$14,000 for family
- PPO Network – Maximum out of pocket is \$7,500 for individual, \$15,000 for family.
- This, as well as all four plans this year, includes the BCO Network with lower deductibles and the BCBS national network we've had in the past with slightly higher deductibles and maximum out of pocket. You should be able to find an in-network provider regardless of your location
- No flat rate Copays – Most charges are at 100% until your deductible is met and then 20% if you are utilizing the BCO network, 40% if you are utilizing the PPO network and 50% if you are out of network

This is a high level overview. Please see the SBC for your plan and/or the BCBS Summary of Benefits for a more complete description of the plan's benefits available on the County's website under Human Resources.

\* Comparable to 2024 Option #2 - BlueEdge HSA 3083

\*\*2024 Rates for BlueEdge HSA 3083



# BlueCross BlueShield of Illinois

## Option 3 – BlueChoice Options 2030\*

Deductible - BCO Network  
Deductible - PPO Network  
Office Copay-BCO (PCP/SPC)  
Office Copay-PPO (PCP/SPC)  
Maximum Out-Of-Pocket-BCO  
Maximum Out-Of-Pocket-PPO  
Pharmacy

Employee  
Employee + Spouse  
Employee + Child(ren)  
Employee + Family

<b>Option 3</b>	
MIBCO2030 BlueChoice	BCO 2030
No HSA	
<b>Network Single/Family</b>	
\$1,000/\$3,000 (Emb)	
\$2,500/\$7,500	
\$25/\$50	
\$50/\$100	
\$2,500/\$7,500	
\$5,500/\$10,200	
\$0/\$10/\$35/\$75/\$150/\$250	
<b>Monthly Employee Cost</b>	
<u>2024 Cost**</u>	<u>2025 Cost</u>
\$824.90	\$884.92
\$1,732.26	\$1,858.32
\$1,418.82	\$1,522.05
\$2,491.17	\$2,672.45

- BCO Network: \$1,000 individual deductible, \$3,000 for family – the lowest deductible of the four plans offered
- PPO Network: \$2,500 individual deductible, \$7,500 for family
- No HSA as this is not a “high deductible health plan”
- Copays – so you pay \$25 office visits in the BCO network and \$50 in the PPO network. until your maximum out of pocket is met
- Coinsurance – once your deductible is met, the insurer pays 80% for billed charges, you pay 20%
- BCO Network - Maximum out of pocket is \$2,500 for individual, \$7,500 for family
- PPO Network – Maximum out of pocket is \$5,500 for individual, \$10,200 for family.
- BCO & PPO – there are contracted rates for all in network services
- This, as well as all four plans this year, includes the BCO Network with lower deductibles and the BCBS national network we've had in the past with slightly higher deductibles and maximum out of pocket. You should be able to find an in-network provider regardless of your location

This is a high level overview. Please see the SBC for your plan and/or the BCBS Summary of Benefits for a more complete description of the plan's benefits available on the County's website under Human Resources.

\* Comparable to 2024 Option #3 - BluePrint PPO 2060

\*\*2024 Rates for BluePrint PPO 2060



# BlueCross BlueShield of Illinois

## Option 4 – BlueChoice Options 2050\*

Option 4	
MIBCO2050 BlueChoice Options BCO 2050	No HSA
<b>Network Single/Family</b>	
\$4,000/\$10,200 (Emb)	
\$5,000/\$10,200	
\$35/\$55	
\$60/\$120	
\$5,600/\$10,200	
\$5,600/\$10,200	
\$0/\$10/\$35/\$75/\$150/\$250	
<b>Monthly Employee Cost</b>	
<b>2024 Cost**</b>	<b>2025 Cost</b>
\$746.09	\$753.44
\$1,566.85	\$1,582.22
\$1,283.27	\$1,295.92
\$2,253.17	\$2,275.39

- BCO Network - \$4,000 individual deductible, \$10,200 for family
- PPO Network - \$5,000 individual deductible, \$10,200 for family
- Not eligible for an HSA as it includes office and drug copays
- Copays – so you pay \$35 for office visits in the BCO network and \$60 in the PPO network until your maximum out of pocket is met
- Coinsurance – once your deductible is met, the insurer pays 80% for billed charges, you pay 20%
- Maximum out of pocket is \$5,600 for individual, \$10,200 for family in both the BCO and PPO networks
- PPO – there are contracted rates for all in network services
- This, as well as all four plans this year, includes the BCO Network with lower deductibles and the BCBS national network we've had in the past with slightly higher deductibles and maximum out of pocket. You should be able to find an in-network provider regardless of your location

This is a high level overview. Please see the SBC for your plan and/or the BCBS Summary of Benefits for a more complete description of the plan's benefits available on the County's website under Human Resources.

\* Comparable to 2024 Option #4 - BluePrint PPO 2170

\*\*2024 Rates for BluePrint PPO 2170



# BlueCross BlueShield of Illinois

Deductible - BCO Network  
 Deductible - PPO Network  
 Office Copay-BCO (PCP/SPC)  
 Office Copay - PPO (PCP/SPC)  
 Maximum Out-of-Pocket-BCO  
 Maximum Out-Of-Pocket-PPO  
 Pharmacy  
 Employee  
 Employee + Spouse  
 Employee + Child(ren)  
 Employee + Family

	Option 1	Option 2	Option 3	Option 4
MIBCO1201 BCO 1201	MICO3013 BCO 3013	MIBCO2030 BlueChoice BCO 2030	MIBCO2170 BlueChoice BCO 2050	
HDHP Plan Can Add an HSA	HDHP Plan Can Add an HSA	No HSA	No HSA	
No HSA Contrib. From County	HSA Contribution from County \$500 Ind/\$1,000 Family			
	Network Single/Family	Network Single/Family	Network Single/Family	Network Single/Family
Deductible - BCO Network	\$2,500/\$7,500 (Emb)	\$6,000/\$12,000 (Emb)	\$1,000/\$3,000 (Emb)	\$4,000/\$12,200 (Emb)
Deductible - PPO Network	\$4,000/\$12,000	\$7,000/\$14,000	\$2,500/\$7,500	\$5,000/\$10,200
Office Copay-BCO (PCP/SPC)	Deductible + 20% Coins.	Deductible + 20% Coins.	\$25/\$50	\$35/\$55
Office Copay - PPO (PCP/SPC)	Deductible + 40% Coins.	Deductible + 40% Coins.	\$50/\$100	\$60/\$120
Maximum Out-of-Pocket-BCO	\$4,500/\$13,500	\$7,000/\$14,000	\$2,500/F7,000	\$5,600/\$10,200
Maximum Out-Of-Pocket-PPO	\$5,500/\$16,500	\$7,500/\$15,000	\$6,500/\$10,200	\$5,600/\$10,200
Pharmacy	0%/\$10/\$50/\$100/\$150/\$250	10%/10%/20%/30%/40%/50%	\$0/\$10/\$35/\$75/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250
	Monthly Employee Cost	Monthly Employee Cost	Monthly Employee Cost	Monthly Employee Cost
Employee	\$770.57	\$603.80	\$884.92	\$753.44
Employee + Spouse	\$1,618.20	\$1,267.98	\$1,858.32	\$1,582.22
Employee + Child(ren)	\$1,325.39	\$1,038.54	\$1,522.05	\$1,295.92
Employee + Family	\$2,327.13	\$1,823.47	\$2,672.45	\$2,275.39

## You have four medical plans to choose from!

Please see the SBC for your plan and/or the BCBS Summary of Benefits for a more complete description of the plan's benefits you wish to choose.

- 800-400-6354
- [www.mdlive.com](http://www.mdlive.com)
- MDLIVE Mobile App

# Virtual Visits

## ► What are Virtual Visits?

- Virtual Visits lets your employees engage with a physician via telephone, online, or mobile app for simple, non-emergency medical and behavioral health conditions.
- If appropriate, members can have an electronic prescription sent to the pharmacy of their choice and ultimately save costs for themselves and you, the employer.

## How does it work?



## ► When to use virtual visits?

### **Non-Emergent Medical Conditions**

- Allergies
- Cold and flu
- Diarrhea
- Ear ache
- Fever
- Headache
- Insect bites
- Nausea
- Pink eye
- Sore throat

### **Pediatric Care**

- Cold and flu
- Ear ache
- Nausea

### **Behavioral Health**

- Marital problems
- Child behavior and learning issues
- Financial hardship
- Coping with loss and grief
- Parenting counseling and advice
- Problems at work
- Stresses and challenges of everyday life



## **Kankakee County Website Reference Materials Available**

County website: [www.k3county.net](http://www.k3county.net)

- Select Human Resources from the left column
- Select Benefits Information from the Human Resources page

Reference Materials Available:

- Open Enrollment Guides - separate guides for general employees, retirees, KanComm, ROE and COBRA participants
- Cost sheet that list costs for each of the above groups
- BCBS Provider Finder instructions - use this guide to find BCO and PPO in-network physicians, clinics or hospitals
- BCBS Medication Search Instructions - detailed instructions on how to search for costs by medication



## Dental Benefit

	PPO	Premier	Out Netw
➤ Preventative Care (e.g. cleanings)	100%	100%	100%
➤ Basic Care (e.g. fillings)	100%	80%	80%
➤ Major Care (e.g. crowns, dentures)	60%	50%	50%
➤ Orthodontics (eligible for <19)	50%	50%	50%

## Calendar Year Deductible

➤ Individual	\$50.00 PPO / \$75 Premier & OON
➤ Family Limit	3 per family \$150 / \$225
➤ Annual Maximum Benefit	\$1,500.00/person
➤ Waived for Preventative Care	
➤ Orthodontia Lifetime Max (Ortho elig <19)	\$1,500.00/dependent

Monthly Premiums	
Single:	\$24.19
Emp + Sp:	\$48.36
Emp + Child:	\$58.88
Family:	\$96.74

## Voluntary Dental Plan



**BlueCross BlueShield  
of Illinois**

using the  
**eyemed**  
provider network

<b>Benefit</b>	<b>Description</b>	<b>Copay</b>	<b>Frequency</b>
Well Vision Exam	Focuses on overall eye wellness	\$10	Every Plan Year
Frames	\$130 allowance & 20% disc on over \$150	-----	Every Other Plan Year
Lenses	Single vision, Lined bifocal & trifocal lenses	\$25	Every Plan Year
Lens Options	* Standard progressive lenses * Premium Progressive lenses * Other: Anti Reflective/Photochromic	\$90 \$90 - \$135 \$15 - \$75	Every Plan Year Every Plan Year Every Plan Year
Contacts	\$130 allowance for contacts, no copay	Up to \$104	Every Plan Year
Laser Correction	Average 15% off the regular price	-----	Every Plan Year
Hearing Discount	40% off exam and low price guarantee	-----	Every Plan Year

Log in to [eyemedvisioncare.com/bcbsilvis](http://eyemedvisioncare.com/bcbsilvis), and then select "Click here to find a provider."

Monthly Premiums			
Single \$6.79	Emp/SP \$12.90	Emp/Ch \$13.58	Family \$19.96



Don't Miss the  
**DEADLINE!**

### **KEY INFORMATION:**

- All retirees must select a new health insurance plan prior to **December 10, 2024**, to continue your health insurance coverage
- Log into WebBenefits and enter your selections online. The WebBenefits system electronically feeds the changes to the vendors, so they must be in the system to be updated.
  - Access to online enrollment: <http://www.paylocity.com/>
- Benefit summaries for each BCBS plan are available on the County Website under the Human Resources tab
- Call Anita Speckman at 815-936-5516 or e-mail [aspeckman@k3county.net](mailto:aspeckman@k3county.net) with additional questions