



Open Enrollment Guide for the County of Kankakee General Employees

01-01-2023 to 12-31-2023



**BlueCross BlueShield
of Illinois**

GROUP HEALTH INSURANCE

- **Same Vendor/Same Plans as 2022 – we have a “passive open enrollment” again this year, which means that if you do not go into WebBenefits you will be automatically re-enrolled in the same plan as in 2022.**
- **While the plans remain the same, all rates increase 8.5%, so carefully consider which plan is right for you and your family.**
- **All four plans are PPO plans and include the same BlueCross BlueShield nationwide network**
- **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, click on Register Now and complete the registration process.**
- **The following are high level overviews only. 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.**



BlueCross BlueShield of Illinois

Option 1 – BlueEdge HSA 2061

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

Option 1	
MIEEE206 BlueEdge HSA 2061 HDHP Plan Can Add an HSA	
HSA Contribution from County	None
Network Single/Family	
Deductible	\$2,900/\$5,800 (Emb)
Coinsurance	80%
Office Copay (PCP/SPC)	Deductible + Coinsurance
Emergency Room Copay	Deductible + Coinsurance
Urgent Care Copay	Deductible + Coinsurance
Maximum Out-Of-Pocket	\$5,800/\$11,600
Pharmacy	10%/10%/20%/30%/40%/50%
Monthly Employee Cost	
2022 Cost	2023 Cost
Employee	\$144.21 \$156.41
Employee + Spouse	\$302.83 \$328.45
Employee + Child(ren)	\$248.03 \$269.20
Employee + Family	\$435.49 \$472.35

- \$2,900 individual deductible, \$5,800 for family
- You can add an HSA, but there is no contribution from the County – it is fully funded by the employee
- No copays – so you pay 100% of office visits, etc. (including prescriptions) **until your deductible is met**
- Coinsurance – once your deductible is met, the insurer pays 80% for billed charges, you pay 20%
- Maximum out of pocket is \$5,800 for individual, \$11,600 for family
- PPO – there are contracted rates for all in network services
- This, as well as all four plans this year, includes the BCBS national network, so you should be able to find an in-network provider regardless of your location
- Virtual visits 20% co-insurance - Access MDLIVE.com/bcbsil, call MDLIVE at 888-676-4204 or text BCBSIL to 635-483 for 24/7 access to board-certified doctors. E-prescriptions can be sent to your local pharmacy. See flyer at www.k3county/HumanResources/Benefits for more information

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.



BlueCross BlueShield of Illinois

Option 2 – BlueEdge HSA 208

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

Option 2	
MIEEE208 BlueEdge HSA 208	
HDHP Plan Can Add an HSA	
HSA Contribution from County	
\$500 Ind/\$1,000 Family	
Network Single/Family	
\$6,000/\$12,000 (Emb)	
100%	
Deductible + Coinsurance	
Deductible + Coinsurance	
Deductible + Coinsurance	
\$6,000/\$12,000	
Deductible + Coinsurance	
Monthly Employee Cost	
2022 Cost	2023 Cost
Employee	\$130.50 \$141.06
Employee + Spouse	\$273.10 \$296.22
Employee + Child(ren)	\$223.69 \$242.62
Employee + Family	\$392.75 \$425.99

- \$6,000 individual deductible, \$12,000 for family
- This is the highest deductible plan, but you'll note the deductible is also the maximum out of pocket – so once you reach your deductible, the plan covers 100% of the costs
- You can add an HSA and the County assists by contributing \$500 for individual or \$1,000 for + spouse, + children and family coverage per year
- No copays – so you pay 100% of office visits, etc. (including prescriptions) until your deductible is met
- Coinsurance – once your deductible is met, the insurer pays 100% for billed charges
- PPO – there are contracted rates for all in network services
- This, as well as all four plans this year, includes the BCBS national network, so you should be able to find an in-network provider regardless of your location
- Virtual visits – No charge after deductible - Access MDLIVE.com/bcbsil, call MDLIVE at 888-676-4204 or text BCBSIL to 635-483 for 24/7 access to board-certified doctors. E-prescriptions can be sent to your local pharmacy. See flyer at www.k3county/HumanResources/Benefits for more information

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.



BlueCross BlueShield of Illinois

Option 3 – BluePrint PPO 206

Option 3		
MIBPP206 BluePrint PPO 206		
No HSA		
Network Single/Family		
Deductible	\$1,000/\$3,000 (Emb)	
Coinsurance	80%	
Office Copay (PCP/SPC)	\$30/\$50	
Emergency Room Copay	\$150	
Urgent Care Copay	\$30 or 80%	
Maximum Out-Of-Pocket	\$4,000/\$12,000	
Pharmacy	\$0/\$10/\$50/\$100/\$150/\$250	
Monthly Employee Cost		
2022 Cost	2023 Cost	
Employee	\$168.36	\$182.61
Employee + Spouse	\$353.55	\$383.47
Employee + Child(ren)	\$289.58	\$314.09
Employee + Family	\$508.45	\$551.47

- \$1,000 individual deductible, \$3,000 for family – the lowest deductible of the four plans offered
- No HSA as this is not a “high deductible health plan”
- Copays – so you pay \$30 office visits, etc. 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 \$4,000 for individual, \$12,000 for family
- PPO – there are contracted rates for all in network services
- This, as well as all four plans this year, includes the BCBS national network, so you should be able to find an in-network provider regardless of your location
- Virtual visits – No Charge - Access MDLIVE.com/bcbsil, call MDLIVE at 888-676-4204 or text BCBSIL to 635-483 for 24/7 access to board-certified doctors. E-prescriptions can be sent to your local pharmacy. See flyer at www.k3county/HumanResources/Benefits for more information

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.



BlueCross BlueShield of Illinois

Option 4 – Blueprint PPO 217

Option 4	
MIBPP217 BluePrint PPO 217	
No HSA	
Network Single/Family	
Deductible	\$5,000/\$12,000 (Emb)
Coinsurance	80%
Office Copay (PCP/SPC)	\$40/\$60
Emergency Room Copay	\$250
Urgent Care Copay	\$40 or 80%
Maximum Out-Of-Pocket	\$5,600/\$12,000
Pharmacy	\$0/\$10/\$50/\$100/\$150/\$250
Monthly Employee Cost	
2022 Cost	2023 Cost
Employee	\$152.28 \$165.16
Employee + Spouse	\$319.78 \$346.86
Employee + Child(ren)	\$261.92 \$284.08
Employee + Family	\$459.87 \$498.79

- \$5,000 individual deductible, \$12,000 for family
- Not eligible for an HSA as it includes office and drug copays
- Copays – so you pay \$40 office visits, etc. 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, \$12,000 for family
- PPO – there are contracted rates for all in network services
- This, as well as all four plans this year, includes the BCBS national network, so you should be able to find an in-network provider regardless of your location
- Virtual visits – No Charge (Deductible does not apply) - Access MDLIVE.com/bcbsil, call MDLIVE at 888-676-4204 or text BCBSIL to 635-483 for 24/7 access to board-certified doctors. E-prescriptions can be sent to your local pharmacy. See flyer at www.k3county/HumanResources/Benefits for more information

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.



BlueCross BlueShield of Illinois

	Option 1	Option 2	Option 3	Option 4
	MIEEE206 BlueEdge HSA 2061 HDHP Plan Can Add an HSA	MIEEE208 BlueEdge HSA 208 HDHP Plan Can Add an HSA	MIBPP206 BluePrint PPO 206 No HSA	MIBPP217 BluePrint PPO 217 No HSA
	HSA Contribution from County None	HSA Contribution from County \$500 Ind/\$1,000 Family		
	Network Single/Family	Network Single/Family	Network Single/Family	Network Single/Family
Deductible	\$2,900/\$5,800 (Emb)	\$6,000/\$12,000 (Emb)	\$1,000/\$3,000 (Emb)	\$5,000/\$12,000 (Emb)
Coinsurance	80%	100%	80%	80%
Office Copay (PCP/SPC)	Deductible + Coinsurance	Deductible + Coinsurance	\$30/\$50	\$40/\$60
Emergency Room Copay	Deductible + Coinsurance	Deductible + Coinsurance	\$150	\$250
Urgent Care Copay	Deductible + Coinsurance	Deductible + Coinsurance	\$30 or 80%	\$40 or 80%
Maximum Out-Of-Pocket	\$5,800/\$11,600	\$6,000/\$12,000	\$4,000/\$12,000	\$5,600/\$12,000
Pharmacy	10%/10%/20%/30%/40%/50%	Deductible + Coinsurance	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
Pharmacy	\$10/35/60 after Ded	\$10/35/60 after Ded	\$10/40/75/125; 2.5 M.O.	\$10/40/75/125; 2.5 M.O.
	Monthly Employee Cost	Monthly Employee Cost	Monthly Employee Cost	Monthly Employee Cost
Employee	\$156.41	\$141.06	\$182.61	\$165.16
Employee + Spouse	\$328.45	\$296.22	\$383.47	\$346.86
Employee + Child(ren)	\$269.20	\$242.62	\$314.09	\$284.08
Employee + Family	\$472.35	\$425.99	\$551.47	\$498.79

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.



**BlueCross BlueShield
of Illinois**

**Pharmacy Costs – HSA Plans (Options 1 & 2)
BlueEdge HSA 206 & BlueEdge HSA 208**

	<u>Preferred Pharmacy</u>	<u>Non Preferred Pharmacy</u>
Preferred Generic	10%	20%
Non Preferred Generic	10%	20%
Preferred Brand	20%	30%
Non-Preferred Brand	30%	40%
Preferred Specialty	40%	40%
Non Preferred Specialty	50%	50%

Out of network benefits are available at 50% after the applicable copay or coinsurance



BlueCross BlueShield
of Illinois

**Pharmacy Costs – PPO Plans (Options 3 & 4)
BluePrint PPO 206 & BluePrint PPO 217**

Preferred Pharmacy Non Preferred Pharmacy

Preferred Generic	no charge	\$10 copay
Non Preferred Generic	\$10 copay	\$20 copay
Preferred Brand	\$50 copay	\$70 copay
Non-Preferred Brand	\$100 copay	\$120 copay
Preferred Specialty	\$150 copay	\$150 copay
Non Preferred Specialty	\$250 copay	\$250 copay

90-day supply = 2 x copay

Out of network benefits are available at 50% after the applicable copay or coinsurance



**BlueCross BlueShield
of Illinois**

In Network Pharmacy Lists

National Network of IN-NETWORK Pharmacies:

- Walgreens Pharmacy
- Riverside Family Pharmacy
- Osco Drug

NON Preferred:

- Kankakee Area Pharmacy
- Sam's
- Meijer Pharmacy
- Kroger Pharmacy

NOTE: CVS and Target are not contracted - THEY ARE OUT OF NETWORK

- 800-400-6354
- 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

- 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 Enrollment Guide - a more extensive guide to the four plans including a Summary of Benefits and Coverage for each plan
- BCBS Provider Finder instructions - use this guide to find a in-network physician, clinic or hospital
- BCBS Medication Search Instructions - detailed instructions on how to search for costs by medication

Employee Benefit Choices

OTHER CORE BENEFITS

- ▶ **HSA – Midland Bank** (see them at one of their locations)
- ▶ **Dental – Delta Dental**
- ▶ **Vision – BlueCross BlueShield**
- ▶ **Basic Life – Dearborn National** – \$10,000 policy, paid by the County for you, as a full time employee. Be sure to add your beneficiary!
- ▶ **Voluntary Life Ad&D – Dearborn National** – Supplemental plans up to \$500,000 available for the employee. You may increase coverage up to \$200,000 with an approved EOI (Eligibility of Insurance form you must submit and approved by Dearborn. No EOI required to increase coverage by \$10,000. Spouse's coverage is limited to half of the employee's election. Children may be covered up to age 26 for \$10,000.

This is only a general description. Remember that each product has it's own underwriting rules. The insurer will provide detailed product descriptions and policies.

ADDITIONAL VOLUNTARY BENEFITS FOR YOU TO CHOOSE FROM

- ▶ **Healthcare FSA – (Flexible Spending Accounts)** Dollar amount must be selected every benefit year with an annual maximum of **\$3,050.00**. Provides a carryover up to **\$610** of any remaining unused funds. Carryover funds may be used to pay or reimburse medical expenses incurred during the benefit year it was carried into. Claims can be submitted through the run-out period of 90 days or until March 30th to be considered for the prior benefit year.
 - ▶ If you terminate employment prior to the end of a benefit year, expenses can no longer be incurred after your termination date. You will have 90 days from the termination date to submit all claims for reimbursement.
- ▶ **Dependent Care FSA*** – Dollar amount must be selected every benefit year. Dependent Care Account up to an annual maximum of \$5,000.00. There is a grace period of 45 days until February 14th to incur expenses and a run out period of 90 days after the end of the benefits year until March 30th to submit all claims for reimbursement. You will lose any remaining funds if you miss the above timeframe!

Employee Benefit Choices

- ▶ **Voluntary Employee Life #2 – Prudential** - (N.C.P.E.R.S.) Voluntary Life offered by IMRF for coverage on the Employee, Spouse and Children for only \$16.00 per month. Benefits decrease as the employee ages. Enrollment and Beneficiary Form must be completed for this benefit coverage and returned to the Human Resources Department.
- ▶ **Deferred Comp – Nationwide Retirement Solutions** – Call Tom Bussard at 888-401-5272, sign the required forms with them before coverage can take effect. They will send payroll deduction amount information to payroll. **You will not input anything into Paylocity.**
- ▶ **Deferred Comp 2 – Edward Jones** – Need to enroll or make changes? You must call Pamela Regel at 815-939-1175, sign the required forms with them before coverage can take effect. They will send payroll deduction amount information to payroll. **You will not input anything into Paylocity.**
- ▶ **Supplemental Insurance – AFLAC** – Need to enroll, cancel or make changes? You must contact Carmen Eigenbauer at carmen_eigenbauer@us.aflac.com or at 217-394-2243, sign the required forms with them before coverage can take effect. They will send payroll deduction amount information to payroll. View information on the five AFLAC plans available to County employees at <https://www.aflacrollment.com/KankakeeCountyEmployees/0G9535540289>. The link is available on the County website under Human Resources and the Benefits page. **You will not input anything into Paylocity.**
- ▶ **Supplemental Insurance – COLONIAL** - Need to enroll, cancel or make changes? You must call Russell Dixon 630-688-8015, or Colonial enrollment at 1-888-510-7568, sign the required forms with them before coverage can take effect. They will send payroll deduction amount information to payroll. **You will not input anything into Paylocity.**
- ▶ **Charitable Donation – UNITED WAY** – Make a donation and it will be deducted out of your payroll check each pay period. View the United Way Presentation available on the County Website/Human Resources/Benefits webpage. Then go to the Library Tab in WebBenefits and print out and complete the United way Donation Form and turn it into Human Resources.

HSA

- **HSA** – a Health Savings Account is an optional bank account that allows people to set gross income aside without income taxes taken out, to save and pay for healthcare expenses as defined by the IRS.
 - Accounts **must** be set up within 2 weeks of enrollment through:
 - **Midland States Bank:** 255 E. Station St. Kankakee, IL 60901
 - You can contribute to the account, your employer can contribute to the account or both can contribute to the account.
 - The money in your HSA account is tax advantaged:
 - Pre-tax deposit
(This means the money put into your account is not counted as taxable income.)
 - Tax free when used for qualified expenses.
(This means the money is not taxed when used for HSA eligible expenses)
 - Unused money can grow through interest and investment earnings. Use it or Keep it!
 - The money is always yours – from year to year or if you change jobs.

	2022	2023	CHANGE
Self-only coverage			
Maximum annual HSA contribution	\$3,650	\$3,850	+\$200
Minimum annual deductible for HDHP	\$1,400	\$1,500	+\$100
Maximum annual out-of-pocket expense limit for HDHP	\$7,050	\$7,500	+\$450
Family coverage			
Maximum annual HSA contribution	\$7,300	\$7,750	+\$450
Minimum annual deductible for HDHP	\$2,800	\$3,000	+\$200
Maximum annual out-of-pocket expense limit for HDHP	\$14,100	\$15,000	+\$900

For a complete list of expenses that may be paid via an HSA go to www.irs.gov.



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:	\$25.51
Emp + Sp:	\$50.99
Emp + Child:	\$62.07
Family:	\$96.79

Voluntary Dental Plan



**BlueCross BlueShield
of Illinois**



Benefit

Description

Copay

Frequency

Well Vision Exam	Focuses on overall eye wellness
Frames	\$130 allowance & 20% disc on over \$150
Lenses	Single vision, Lined bifocal & trifocal lenses
Lens Options	* Standard progressive lenses
	* Premium Progressive lenses
	* Other: Anti Reflective/Photochromic
Contacts	\$130 allowance for contacts, no copay
Laser Correction	Average 15% off the regular price
Hearing Discount	40% off exam and low price guarantee

\$10	Every Plan Year
-----	Every Other Plan Year
\$25	Every Plan Year
\$90	Every Plan Year
\$90 - \$135	Every Plan Year
\$15 - \$75	Every Plan Year
Up to \$104	Every Plan Year

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

Log in to eyemedvisioncare.com/bcbsilvis, and then select "Click here to find a provider."



BlueCross BlueShield
of Illinois

Supplemental (Voluntary) Life

Voluntary Life Insurance

- Fully portable coverage, you own your policy.
- Cost is based on age when you apply.

Example:

- 25-29 year old employee, \$50,000 benefit = \$1.98 bi-weekly premium cost.
 - \$5,000 Dependent Life = \$1.54 monthly
 - \$10,000 Dependent Life = \$3.08 monthly
- Guarantee Issue for Open Enrollment, employees up to \$10,000 (without EOI)
 - Amounts above \$10,000 require Evidence of Insurability-Maximum Purchase Amount \$200,000.
 - If EOI form is not completed and returned to Human Resources **within 30 days**, your request will be converted to the Guaranteed Issuance amount and you will be charged accordingly
 - Human Resources will not follow up with you to ensure you complete the EOI

Employee Assistance Program



EAP

Anger
Depression
Grief/Loss
Child Custody
Addictions/Alcohol/Abuse
Family Issues
Parenting
Stress
Budgeting
Work-Life Balance
Mood Swings

WorkLifeOnline

Financial Calculators
Career Development/Training
Elder Care
Child Care
Legal Forms

WorkLife Online

Day Care
Adoption
Summer Camps
Nursing Home Care
Pet Services

Legal Financial Services

Will Preparation
College Planning
Debt Counseling
Retirement Planning
Tax Consultation

800.456.6327 | perspectivesltd.com

USERNAME: k3county
PASSWORD: perspectives

Don't Miss the
DEADLINE!

KEY INFORMATION:

- You must select any changes prior to **December 15, 2022**, or wait until next year.
- Retirees deadline is **December 10, 2022**, to meet the IMRF deadline
- Human Resources will not remind you to update your selections.
- 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/>
 - Health Department & Schools Employees & Retirees: <http://www.kankakeebenefits.bswift.com/>



Additional Questions?

- Benefit summaries for each BCBS plan are available on the County Website under the Human Resources tab
- Kelly Bylak at 815-936-5514 or e-mail kbylak@k3county.net

