



# Open Enrollment Guide for the County of Kankakee Retirees

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](https://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	\$576.83
Employee + Spouse	\$1,211.30
Employee + Child(ren)	\$992.12
Employee + Family	\$1,741.96

- \$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](http://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	\$520.20   \$564.23
Employee + Spouse	\$1,092.41   \$1,184.86
Employee + Child(ren)	\$894.74   \$970.46
Employee + Family	\$1,571.00   \$1,703.95

- \$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](http://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	\$673.44	\$730.44
Employee + Spouse	\$1,414.21	\$1,533.89
Employee + Child(ren)	\$1,158.32	\$1,256.34
Employee + Family	\$2,033.78	\$2,205.89

- \$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](http://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	
<b>Network Single/Family</b>	
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	\$609.10
Employee + Spouse	\$1,279.11
Employee + Child(ren)	\$1,047.66
Employee + Family	\$1,839.49

- \$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](http://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 HSA Contribution from County None	MIEEE208 BlueEdge HSA 208 HDHP Plan Can Add an HSA HSA Contribution from County \$500 Ind/\$1,000 Family	MIBPP206 BluePrint PPO 206 No HSA	MIBPP217 BluePrint PPO 217 No HSA
	<b>Network Single/Family</b>	<b>Network Single/Family</b>	<b>Network Single/Family</b>	<b>Network Single/Family</b>
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.
	<b>Monthly Employee Cost</b>	<b>Monthly Employee Cost</b>	<b>Monthly Employee Cost</b>	<b>Monthly Employee Cost</b>
Employee	\$625.64	\$564.23	\$730.44	\$660.65
Employee + Spouse	\$1,313.81	\$1,184.86	\$1,533.89	\$1,387.42
Employee + Child(ren)	\$1,076.80	\$970.46	\$1,256.34	\$1,136.32
Employee + Family	\$1,889.38	\$1,703.95	\$2,205.89	\$1,995.15

## 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





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**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](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 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



## Dental Benefit

	<b>PPO</b>	<b>Premier</b>	<b>Out Netw</b>
➤ 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
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Monthly Premiums			
Single	Emp/SP	Emp/Ch	Family
\$6.79	\$12.90	\$13.58	\$19.96

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

Don't Miss the  
**DEADLINE!**

**KEY INFORMATION:**

- Retirees deadline is **December 10, 2022**, to meet the IMRF deadline

**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](mailto:kbylak@k3county.net)

