



Open Enrollment Guide for the County of Kankakee COBRA Participants

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, 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 PPOSM 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 PPOSM Network



OVER

94K

PARTICIPATING
PHYSICIANS



OVER

230

HOSPITALS

Tier 2: Illinois PPO Network Offering



OVER

102K

PARTICIPATING
PHYSICIANS



OVER

270

HOSPITALS

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.

STATEWIDE



BlueCross BlueShield
of Illinois

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



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Option 1 – BlueChoice Options 1201*

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

Option 1		
MIBCO1201 BCO 1201		
HDHP Plan Can Add an HSA		
No HSA Contrib. from County		
Network Single/Family		
\$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		
Monthly Employee Cost		
2024 Cost**	2025 Cost	
Employee	\$720.68	\$785.98
Employee + Spouse	\$1,513.39	\$1,650.56
Employee + Child(ren)	\$1,239.54	\$1,351.90
Employee + Family	\$2,176.39	\$2,373.67

- 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 4046



BlueCross BlueShield of Illinois

Option 2 – BlueChoice Options 3013*

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

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	
Employee	\$649.94	\$615.88
Employee + Spouse	\$1,364.85	\$1,293.34
Employee + Child(ren)	\$1,117.88	\$1,059.31
Employee + Family	\$1,962.80	\$1,859.94

- 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

Option 3		
MIBCO2030 BlueChoice		
BCO 2030		
No HSA		
Network Single/Family		
\$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		
Monthly Employee Cost		
2024 Cost**	2025 Cost	
Employee	\$841.40	\$902.62
Employee + Spouse	\$1,766.91	\$1,895.49
Employee + Child(ren)	\$1,447.20	\$1,552.49
Employee + Family	\$2,540.99	\$2,725.90

- 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*

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

Option 4		
MIBCO2050 BlueChoice Options BCO 2050		
No HSA		
Network Single/Family		
\$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		
Monthly Employee Cost		
2024 Cost**	2025 Cost	
Employee	\$761.01	
Employee + Spouse	\$1,598.19	
Employee + Child(ren)	\$1,308.94	
Employee + Family	\$2,298.23	
	\$768.51	
	\$1,613.86	
	\$1,321.84	
	\$2,320.90	

- 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
\$2,500/\$7,500 (Emb)	\$6,000/\$12,000 (Emb)	\$1,000/\$3,000 (Emb)	\$4,000/\$12,200 (Emb)
\$4,000/\$12,000	\$7,000/\$14,000	\$2,500/\$7,500	\$5,000/\$10,200
Deductible + 20% Coins.	Deductible + 20% Coins.	\$25/\$50	\$35/\$55
Deductible + 40% Coins.	Deductible + 40% Coins.	\$50/\$100	\$60/\$120
\$4,500/\$13,500	\$7,000/\$14,000	\$2,500/\$7,000	\$5,600/\$10,200
\$5,500/\$16,500	\$7,500/\$15,000	\$6,500/\$10,200	\$5,600/\$10,200
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
\$785.98	\$615.88	\$902.62	\$768.51
\$1,650.56	\$1,293.34	\$1,895.49	\$1,613.86
\$1,351.90	\$1,059.31	\$1,552.49	\$1,321.84
\$2,373.67	\$1,859.94	\$2,725.90	\$2,320.90

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.

Mental Health Resources



BlueCross BlueShield
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1. If you need help, call your primary care doctor All County health plans cover mental health services, including counseling. Co-pay and deductible amounts apply the same as other health services.
2. Search for a mental health provider in the BCBS network using the 2024 BCBS Provider Finder Instructions on the County website, Benefits page. Log into www.bcbsil.com and choose “Find Care” from the top of the page and “Behavioral Health” from the drop down list.
3. Telehealth services available via MDLive at 1-800-581-0368 or online at [Mental Health | MDLIVE \(https://www.mdlive.com/mental-health\)](https://www.mdlive.com/mental-health)
4. Online programs are available through Digital Mental Health. Log in to Blue Access for Members at bsbsil.com/member, choose “Getting Care” from the drop down box at the top and then choose Health and Wellness then find Digital Mental Health



The County’s Employee Assistance Program (EAP) is available to you and all members of your family at no charge. All Master’s or PHD level counselors answering the phone. Services include up to 6 counseling sessions or a referral to services under our BCBS plan for additional services

Website: perspectivesltd.com

USERNAME: k3county

PASSWORD: perspectives

Phone: 800.456.6327



BlueCross BlueShield
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Pharmacy Costs – All 4 plans have 4 Tiers of Coverage

Tiers are based on Perscription Type:

- Preferred Generic
- Non Preferred Generic
- Preferred Brand
- Non-Preferred Brand
- Preferred Specialty
- Non Preferred Specialty



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In Network Pharmacy Lists

National Network of Preferred (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 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:	\$24.67
Emp + Sp:	\$49.33
Emp + Child:	\$60.06
Family:	\$98.67

Voluntary Dental Plan



**BlueCross BlueShield
of Illinois**

using the



provider network

Benefit

Well Vision Exam
Frames
Lenses
Lens Options

Contacts
Laser Correction
Hearing Discount

Description

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

Copay

\$10

\$25
\$90
\$90 - \$135
\$15 - \$75
Up to \$104

Frequency

Every Plan Year
Every Other Plan Year
Every Plan Year
Every Plan Year
Every Plan Year
Every Plan Year
Every Plan Year

Monthly Premiums

Single	Emp/SP	Emp/Ch	Family
\$6.93	\$13.16	\$13.85	\$20.36

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

Don't Miss the
DEADLINE!

KEY INFORMATION:

- Everyone must select a new health insurance plan prior to **December 15, 2024**, or wait until next year.
- 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/>
- For more information:
 - Benefit summaries for each BCBS plan are available on the County Website under the Human Resources tab
 - Joanne Langlois is available at 815-936-5515 or e-mail jlangois@k3county.net