



Open Enrollment Guide for the County of Kankakee KanComm Employees

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

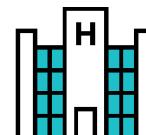


OVER
230 HOSPITALS

Tier 2: Illinois PPO Network Offering



OVER
102K PARTICIPATING
PHYSICIANS



OVER
270 HOSPITALS

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



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

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
\$141.31	\$154.11
\$296.74	\$323.64
\$243.05	\$265.08
\$426.74	\$465.43

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
\$127.44	\$120.76
\$267.62	\$253.60
\$219.19	\$207.71
\$384.86	\$364.69

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

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	
<u>2024 Cost**</u>	<u>2025 Cost</u>
\$164.98	\$176.98
\$346.45	\$371.66
\$283.76	\$304.41
\$498.23	\$534.49

- 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

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

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	
<u>2024 Cost**</u>	<u>2025 Cost</u>
\$149.22	\$150.69
\$313.37	\$316.44
\$256.65	\$259.18
\$450.63	\$455.08

- 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	\$154.11	\$120.76	\$176.98	\$150.69
Employee + Spouse	\$323.64	\$253.60	\$371.66	\$316.44
Employee + Child(ren)	\$265.08	\$207.71	\$304.41	\$259.18
Employee + Family	\$465.43	\$364.69	\$534.49	\$455.08

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
of Illinois

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
of Illinois

Blue365

Blue365 offers exclusive health & wellness discounts and is free to join.

- From any search engine, go to <https://www.blue365deals.com/BCBSIL>
- From the [About Blue365](#) page, click on Join Blue36, enter the County's Group #XOF (first 3 characters of the Member ID), and set up a username and password
- Savings examples:
 - 33% savings on QuitSmart Mindfully Smoking Cessation 7 week, 12 session Program
 - Save 50% off all Nutrisystem 4 week Auto-Delivery Program Orders
 - Save \$100 on a Nutrition, Activity & Lifestyle Coaching Plan
 - 20% off Philips Sonicare Oral Care Products
 - Save 68% off Burnalong Personalized Online Health & Wellness Classes
 - Plus many, many more offers



BlueCross BlueShield
of Illinois

Pharmacy Costs – All 4 plans have 4 Tiers of Coverage

Tiers are based on Prescription Type:

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



BlueCross BlueShield
of Illinois

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

HSA/FSA Choices

Health Savings Accounts (HSA) – Available with Option #1 and #2

- ▶ 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
 - Contributions to the account can be made by you, the County, or both
 - The money in your HSA account is pre-tax (reduces your taxable income)
 - Tax free when used for qualified expenses.
 - Unused money can grow through interest and investment earnings.
 - The money is always yours – from year to year or if you change jobs.
 - *For a complete list of HSA eligible expenses go to www.irs.gov.*

	2024	2025	CHANGE
Self-only coverage			
Maximum annual HSA contribution	\$4,150	\$4,300	+\$150
Minimum annual deductible for HDHP	\$1,600	\$1,650	+\$50
Maximum annual out-of-pocket expense limit for HDHP	\$8,050	\$8,300	+\$250
Family coverage			
Maximum annual HSA contribution	\$8,300	\$8,550	+\$250
Minimum annual deductible for HDHP	\$3,200	\$3,300	+\$100
Maximum annual out-of-pocket expense limit for HDHP	\$16,100	\$16,600	+\$500

Flexible Spending Accounts (FSA) - Available to all Benefit Eligible Employees

- ▶ **Healthcare FSA – (Flexible Spending Accounts)** Dollar amount must be selected every benefit year with an annual maximum of **\$3,300.00**. Provides a carryover up to **\$660** 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 Life Insurance Benefit Choices



BlueCross BlueShield
of Illinois

County Sponsored Life Insurance

- ▶ **Basic Life – BlueCross BlueShield** – \$10,000 policy, paid by the County for all benefit eligible employees.
- ▶ Be sure to add your beneficiary!

The following are only general descriptions.

Remember that each product has its own underwriting rules. The insurer will provide detailed product descriptions and policies.

Employee Voluntary Life Insurance

- ▶ **Voluntary Life AD&D – BlueCross BlueShield**–
 - ▶ 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 approved by BCBS). No EOI required to increase coverage by \$10,000. If completed EOI is not returned to Administration **within 30 days**, request converts to the Guaranteed Issuance amount (\$10,000) and charged accordingly
 - ▶ Spouse's coverage is limited to half of the employee's election
 - ▶ Children may be covered up to age 26 for \$10,000 for 88 cents/month
- ▶ **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 can reach as high as \$325,000 for employees under 25 and decrease as the employee ages to a minimum of \$7,500 for over 65
 - ▶ Enrollment and Beneficiary Form must be completed for this benefit coverage and returned to Administration

Employee Supplemental Insurance Benefit Choices

Employee Voluntary Supplemental Insurance

- ▶ **AFLAC Supplemental Insurance –**
 - ▶ Need to enroll, cancel or make changes? You must contact Carmen Eigenbauer at carmen_eigenbauer@us.aflac.com or at 217-394-2243. Carmen is available to meet with you individually to discuss the right plan for you and your family.
 - ▶ Five plans available for Accident Insurance, Cancer Insurance, Critical Illness Insurance, Disability Insurance and Hospital Indemnity
 - ▶ View information on the five AFLAC plans available to County employees at <https://www.aflacenrollment.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** - Enrollment forms are available from Carmen. She will assist in completing the form before coverage can take effect. Carmen will send payroll deduction amount information to payroll.
- ▶ **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 Administration.

Employee Benefit Choices

DO YOU HAVE A SPARE \$315,000?*

IMRF VOLUNTARY ADDITIONAL CONTRIBUTION (VAC)

- ▶ Contribute between 1% and 10% of your after-tax income
- ▶ Earns the IMRF interest rate (currently 7.25%) – added annually
- ▶ At retirement, take amount as a lump sum or monthly annuity

Empower 457(b) Deferred Compensation Plan

- ▶ Contributions are pre-tax – lowering your taxable income for the year
- ▶ \$25 a paycheck over 40 years at 10% = \$265,000
- ▶ Use a SmartAsset.com inflation calculator to determine how your investment can grow over time at <https://smartasset.com/investing/investment-calculator>
- ▶ Multiple investment plans available, including Roth post-tax option
- ▶ Contact Equitable Advisors/Tyler Engel at 630-575-5041 or e-mail tyler.engel@equitable.com. Equitable can help you determine the value of all retirement income (including IMRF & SS)
- ▶ Enrollment occurs through Equitable, who forwards the investment to Administration for a payroll deduction
- ▶ New account enrollment and contribution adjustments can occur throughout the year



In alliance with



*Expected cost of 65 year old retiree for medical costs over their lifetime (per Fidelity Retiree Healthcare Cost Estimate) excludes long-term care, over-the-counter medications, & most dental services



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

Benefit	Description	Copay	Frequency
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, 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:

- Everyone must select a new health insurance plan prior to **December 15, 2024**, or wait until next year.
- Retirees deadline is **December 10, 2024**, 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
- Joanne Langlois at 815-936-5515 or e-mail jlanglois@k3county.net

