

2026

BENEFITS GUIDE



LASALLE COUNTY, ILLINOIS
Working for you!

HORTON

A Marsh & McLennan Agency LLC Company

County of LaSalle Benefits Guide

Our Promise

We are committed to providing our greatest assets – our people – with comprehensive and affordable benefits. Our 2026 Employee Benefits offerings deliver maximum options and flexibility. This guide will help you understand the full range of health and wellness benefits that will be available. After reading through the enclosed information, be sure to use this guide as a benefits resource you can reference throughout the year.

This guide includes a quick reference directory of telephone numbers and websites for all of our providers. We encourage you to access these sites to learn more about the plans and make the best choices possible.

Protect your Health, Life & Well-Being

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Medical Insurance



About the Medical Insurance

Choosing the right health insurance plan is important for you and your family. The following are some of the basic reasons you should obtain health coverage.

- Health insurance gives you a sense of security knowing that a sudden illness or serious injury will not drain your bank account, or worse, your retirement savings. Health insurance protects your financial future by helping pay for expensive doctor visits and treatments.
- Seeing doctors who are in-network with your health insurance plan also gives you the advantage of receiving care with lowered costs. When doctors are in-network, you have access to lower rates negotiated by the insurance company, meaning you owe less than if you did not have insurance.
- Health insurance covers many preventative services without you having to pay a deductible or copayment. Preventative care is intended to prevent or catch diseases and other health problems before they become serious. Preventative services that are covered in full include various health screening and immunizations
- Having health insurance will also help you pay for prescription drugs through reduced fees or copays.

Who is Eligible?

Full-time employees who work a minimum of 30 hours and their family members are eligible to enroll in the benefits described in this guide. *Children can remain covered up to age 26 for all lines of coverage.* You will need to submit proof of dependency to the Human Resources Department prior to your effective date. If proper documents (birth certificates/marriage license) are not received, your dependents will not be enrolled in the elected lines of coverage.

When are you Eligible?

Newly Eligible Employees:

Medical & Employee Life and AD&D: Benefits are effective the 90th day of full-time employment.

Dental & Vision: Benefits are effective the first day of the month following 90 days of full-time employment.

Note: Employees who are interested in enrolling in benefits must notify HR within 90 days of their date of hire.

Annual Open Enrollment:

You may make changes to your benefit elections during your open enrollment period for an effective date of January 1st.

Qualified Change in Status:

You may make benefit changes (add or remove coverage) within 30 days of a qualified event. Qualified events include marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death, and change in residence due to an employment transfer for you or your spouse or changed in spouse's benefits, or employment status.

Note: Employee is responsible for notifying Human Resources of any changes within 30 days.

Medical Insurance—Grandfathered Employees*

BlueCross BlueShield of IL

*MAP and FOP Members, AFSCME General & Elected Officials Members hired prior to 2/13/20, AFSCME Circuit Clerk Members hired prior to 5/26/22, AFSCME Judicial Members hired prior to 10/1/22 and all Non Union hired prior to 8/1/19.

COVERAGE	P92976 \$250 Ded. PPO		PE0601 \$1,500 Ded. PPO		PE0602 \$3,400 Ded. HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	PPO		PPO		PPO	
Annual Deductible				Embedded		
Individual	\$250		\$1,500	\$3,000	\$3,400	\$6,000
Family	\$500		\$3,000	\$6,000	\$6,800	\$12,000
Out-of-Pocket Maximum						
Individual	\$2,000		\$4,000	\$8,000	\$4,000	\$12,000
Family	\$4,000		\$8,000	\$16,000	\$8,000	\$24,000
Coinsurance	20%	40%	20%	40%	0%	20%
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Physician & Services						
Primary Care Physician	\$20 Copay	40% after Ded.	\$30 Copay	40% after Ded.	No Charge after Ded.	20% after Ded.
Specialist Care Physician	\$40 Copay	40% after Ded.	\$50 Copay	40% after Ded.	No Charge after Ded.	20% after Ded.
Preventative Care	No Charge	No Charge	No Charge	40% after Ded.	No Charge	20% after Ded.
Urgent Care	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.	No Charge after Ded.	20% after Ded.
Hospital Services						
Inpatient	20% after Ded.	\$300 Copay; then 40% after Ded.	20% after Ded.	\$300 Copay; then 40% after Ded.	No Charge after Ded.	\$300 Copay; then 20% after Ded.
Outpatient	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.	No Charge after Ded.	20% after Ded.
Emergency Room	\$150 Copay/Visit (Copay waived if admitted)		\$150 Copay/Visit (Copay waived if admitted)		Ded. then, \$150 Copay/Visit	
Prescription Drugs (In-Network Only)						
Retail**	20% after Ded.		20% after Ded.		\$10 / \$40 / \$60 / \$120 after Ded.	
Mail Order	20% after Ded.		20% after Ded.		\$20 / \$80 / \$120 after Ded.	
International Brand Medication Program	\$0 Copay		\$0 Copay		Available to HSA members at a cost***	
Check list of available medications through Rx Manage. Additional details are found on page 7.						

**Plan includes Extended Supply Network (ESN) benefits—90 day supply can be filled at select in-network retail pharmacies.

***Program runs outside the BCBS health plan, medications typically cost 60%-70% lower than U.S. drug costs.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.bcbsil.com.

2026 Grandfathered Employees Monthly Contributions***

Medical Plan	P92976 \$250 Ded. PPO	PE0601 \$1,500 Ded. PPO	PE0602 \$3,400 Ded. HSA
Employee	\$283.44	\$192.16	\$120.46
Employee + Spouse	\$595.22	\$403.56	\$252.98
Employee + Child(ren)	\$538.54	\$365.12	\$228.88
Family	\$892.84	\$605.36	\$379.46

****The health premium is divided into 2 equal amounts and deducted from the 1st and 2nd payrolls of the month.

Medical Insurance—Non-Grandfathered Employees

BlueCross BlueShield of IL

Coverage	PE0601 \$1,500 Ded. PPO		PE0602 \$3,400 Ded. HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	PPO		PPO	
Annual Deductible				
Individual	\$1,500	\$3,000	\$3,400	\$6,000
Family	\$3,000	\$6,000	\$6,800	\$12,000
Out-of-Pocket Maximum				
Individual	\$4,000	\$8,000	\$4,000	\$12,000
Family	\$8,000	\$16,000	\$8,000	\$24,000
Coinsurance	20%	40%	0%	20%
Lifetime Maximum	Unlimited		Unlimited	
Physician & Services				
Primary Care Physician	\$30 Copay	40% after Ded.	No Charge after Ded.	20% after Ded.
Specialist Care Physician	\$50 Copay	40% after Ded.	No Charge after Ded.	20% after Ded.
Preventative Care	No Charge	40% after Ded.	No Charge	20% after Ded.
Urgent Care	20% after Ded.	40% after Ded.	No Charge after Ded.	20% after Ded.
Hospital Services				
Inpatient	20% after Ded.	\$300 Copay; then 40% after Ded.	No Charge after Ded.	\$300 Copay; then 20% after Ded.
Outpatient	20% after Ded.	40% after Ded.	No Charge after Ded.	20% after Ded.
Emergency Room	\$150 Copay/Visit (Copay waived if admitted)		Ded. then, \$150 Copay/Visit	
Prescription Drugs (In-Network Only)				
Retail*	20% after Ded.		\$10 / \$40 / \$60 / \$120 after Ded.	
Mail Order	20% after Ded.		\$20 / \$80 / \$120 after Ded.	
International Brand Medication Program	\$0 Copay		Available to HSA members at a cost**	
Check list of available medications through Rx Manager. Additional details are found on page 7.				

*Plan includes Extended Supply Network (ESN) benefits—90 day supply can be filled at select in-network retail pharmacies.

**Program runs outside the BCBS health plan, medications typically cost 60%-70% lower than U.S. drug costs.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.bcbsil.com.

2026 Non-Grandfathered Employees Monthly Contributions***

Medical Plan	PE0601 \$1,500 Ded. PPO	PE0602 \$3,400 Ded. HSA
Employee	\$256.22	\$240.92
Employee + Spouse	\$538.08	\$505.94
Employee + Child(ren)	\$486.84	\$457.76
Family	\$807.14	\$758.92

***The health premium is divided into 2 equal amounts and deducted from the 1st and 2nd payrolls of the month.

Health Savings Account—First National Bank of Ottawa



First National Bank of Ottawa

A Health Savings Account (HSA) is a type of tax-free savings account that lets you save for current and future qualified medical expenses while reducing your pretax dollars. Using an HSA to pay for deductibles, copayments/coinsurance and other qualified medical expenses is another way to lower your overall health care costs. Specific requirements must be met to have an HSA. Any unused funds at the end of the calendar year will be rolled into the next calendar year.

Some details to keep in mind:

- In order to establish an HSA, you have to be covered by a High Deductible Health Plan. These types of plans have no co pays.
- The IRS sets an annual maximum amount that can be deposited into the account. Any unused funds will earn interest and roll over from year to year. These funds belong to you — if you leave your job, you take the money in the account with you.
- As long as funds are withdrawn for qualified medical expenses, they will be tax-free. If funds are taken for other expenses, you will pay income tax and a 20% penalty on the withdrawal.
- The owner of the HSA account is responsible to keep records on all withdrawals. Keep all receipts for medical expenses paid for with HSA money in case you are audited.

Who is eligible for a HSA?

- Must be enrolled in a high-deductible health insurance plan (HDHP).
- Do not have another first-dollar medical coverage, or enrolled in Medicare, or Tricare.
- Is not covered by another health plan that is not a HDHP.
- Cannot be claimed as a dependent on someone else's tax return.

Plan Feature	Annual Amount Deposited
HSA Employer Contribution to the Account	\$1,000—Single \$2,000—Family

*Prorated Schedule		
Month	Single	Family
January	\$1,000.00	\$2,000.00
February	\$916.63	\$1,833.37
March	\$833.30	\$1,666.70
April	\$749.97	\$1,500.03
May	\$666.64	\$1,333.36
June	\$583.31	\$1,166.69
July	\$499.98	\$1,000.02
August	\$416.65	\$833.35
September	\$333.32	\$666.68
October	\$249.99	\$500.01
November	\$166.66	\$333.34
December	\$83.33	\$166.67

Contributions and Out-of-Pocket Limits for Health Savings Accounts and HDHPs*

	2026	2025	Change
Annual HSA Limit* (Employer + Employee)	Self-only: \$4,400 Family: \$8,750	Self-only: \$4,300 Family: \$8,550	Self-only: +\$100 Family: +\$200
Annual Employer Seed Amount	Self-only: \$1,000 Family: \$2,000	Self-only: \$1,000 Family: \$2,000	No change
Annual Employee Contribution	Self-only: \$3,400 Family: \$6,750	Self-only: \$3,300 Family: \$6,550	Self-only: +100 Family: +200
HSA Catch-up Contributions* (Age 55 or older)	\$1,000	\$1,000	No change

Source: IRS, Revenue Procedure 2021 - 25.

*Please visit www.thehortongroup.com/limits for the most current IRS approved limits.



International Pharmacy Program

The International Program allows you to order from a formulary of over 250 medications. Have a 30-day supply of each medication before placing your first order. Receive your order 10-15 working days after the order has shipped.

About RxManage

RxManage removes the borders and barriers to medications. We source from dispensing pharmacies in New Zealand, Australia, United Kingdom, and Canada.

Using the QR code below, you can easily order brand-name medications. They will be delivered to your home and dispensed safely and accurately by our international network of doctors and pharmacists in Tier 1 countries. We also offer automatic refills, so you'll never run out.

90

90-day supply



Email us at

inquiries@rxmanage.com



Order online

Use QR code



Order by phone

1-800-883-8841

Ordering is easy!

Submit your order using the QR code below or via our call center.

The RxManage call center is open 9am - 9pm Monday to Friday (EST) and 9am - 4pm Saturday and Sunday to answer simple questions or take your orders.



Scan this QR code for a
NEW ACCOUNT ACTIVATION

Dental Insurance



Delta Dental of IL

Dental care plans provide services or payments for restorative care and related dental services.

Coverage	Delta Dental High Plan			Delta Dental Low Plan		
Network	PPO Network Dentist	Premier Network Dentist	Non-Network Dentist	PPO Network Dentist	Premier Network Dentist	Non-Network Dentist
Annual Deductible—Does Not Apply to Preventive Services						
Individual	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150	\$150	\$150
Calendar Year Maximum	\$1,500			\$1,000		
Preventive Care Services						
Oral Exams	No Charge*	No Charge**	No Charge***	No Charge*	20%**	20%***
Cleanings	No Charge*	No Charge**	No Charge***	No Charge*	20%**	20%***
X-Rays	No Charge*	No Charge**	No Charge***	No Charge*	20%**	20%***
Fluoride Treatments	No Charge*	No Charge**	No Charge***	No Charge*	20%**	20%***
Basic Services						
Endodontics	20%*	20%**	20%***	20%*	40%**	40%***
Oral Surgery	20%*	20%**	20%***	20%*	40%**	40%***
Periodontics	20%*	20%**	20%***	20%*	40%**	40%***
General Anesthesia	20%*	20%**	20%***	20%*	40%**	40%***
Major Services						
Dentures	50%*	50%**	50%***	50%*	50%**	50%***
Crowns / Onlays	50%*	50%**	50%***	50%*	50%**	50%***
Implants	50%*	50%**	50%***	50%*	50%**	50%***
Orthodontia Lifetime Maximum (up to age 19)	50% up to a lifetime Max \$1,000 / dependent			N/A		

*You will not be "balance" billed" for charges exceeding Delta's allowed PPO fees.

**You will not be "balance billed" for charges exceeding Delta's Maximum Plan Allowances (MPAs).

***You are responsible for charges exceeding MPAs.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.deltadentalil.com.

2026 Dental Monthly Contributions****	PPO High Plan	PPO Low Plan
Employee	\$34.66	\$23.43
Employee + Spouse	\$69.30	\$46.85
Employee + Child(ren)	\$74.85	\$47.91
Family	\$119.42	\$82.97

****The dental premium is deducted from the 2nd payroll of the month.

Vision Insurance

VSP

Vision care plans provide coverage for the nonsurgical improvement of eyesight, including coverage for eyeglasses and contact lenses. Coverage typically is limited and is subject to applicable copayments or scheduled cash allowances.

Plan Design	Frequency	In-Network	Out-of-Network
Network		VSP Choice	N/A
Examination	12 Months	\$10 Copay	Reimbursement up to \$45
Standard Lenses			
Single / Vision	12 Months	\$25 Materials Copay	Reimbursement up to \$30
Bifocal			Reimbursement up to \$50
Trifocal			Reimbursement up to \$65
Frames	12 Months	\$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance	Reimbursement up to \$70
Contact Lens—In lieu of eyeglasses			
Contact lens exam (fitting and evaluation)	12 Months	Up to \$60	N/A
Non-selection contacts		\$130 allowance for contacts; copay does not apply	Reimbursement up to \$105

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.vsp.com.

2026 Vision Monthly Contributions*	
Employee	\$8.26
Employee + Spouse	\$13.22
Employee + Child(ren)	\$13.50
Family	\$21.76

*The vision premium is deducted from the 2nd payroll of the month.



Save Up to 60% on Brand-Name Hearing Aids



Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than \$5,000,* and few people have hearing aid insurance coverage.

TruHearing makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible too.

In addition to great pricing, TruHearing provides you with:

- One year of follow-up visits for fittings, adjustments, and cleanings
- 60-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 80 free batteries per hearing aid for non-rechargeable models

Plus, with TruHearing you'll get:

- Access to a national network of more than 7,000 hearing healthcare providers
- Discounted pricing on a wide selection of the latest brand name hearing aids
- High-quality, low-cost batteries delivered to your door

Best of all, if you already have a hearing aid allowance from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!

Over-the-counter hearing aids are also available to VSP members through phone or online orders.**

VSP™ exclusive
member extras

TruHearing®
truhearing.com/vsp

Here's how it works:

Contact TruHearing.

Call **877.396.7194**. You and your family members must mention VSP.

Schedule exam.

TruHearing will answer your questions and schedule a hearing exam with a local provider.

Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

**Learn more about this VSP Exclusive Member Extra at
truhearing.com/vsp or call 877.396.7194 with questions.**

*Based on a 2018 third-party survey of nationwide provider and manufacturer retail pricing.

**Over-the-counter hearing aids are different from prescription hearing aids.

VSP is providing information to its members, but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information, please visit vsp.com/offers/special-offers/hearing-aids/truhearing. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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Classification: Confidential

Life Insurance and AD&D



BlueCross BlueShield

Life insurance is a contract between an insurer and a policyholder. A life insurance policy guarantees the insurer pays a sum of money to named beneficiaries when the insured policyholder dies, in exchange for the premiums paid by the policyholder during their lifetime.

County of LaSalle provides and pays for Group Life and Accidental Death and Dismemberment (AD&D) Insurance for all full-time employees who are enrolled in health insurance. You must be enrolled in the health insurance to be eligible for this benefit. The beneficiary you designate will receive the Life Insurance benefit in the event the insured policyholder dies.

Please ensure your Human Resources have updated beneficiary information.

Employee Life Insurance

Amount	\$20,000
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Accidental Death & Dismemberment

Amount	\$20,000
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Benefit Reduction	None
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Travel Assistance

Services available to insureds and their families traveling 100 or more miles from their primary residence and include:

- Medical Evacuation / Return Home*
- Return of Mortal Remains*
- Traveling Companion Assistance*
- Much More*

*Carrier must be contracted prior to services rendered.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

Emotional wellbeing resources to keep you at your best

HealthJoy EAP offers expert guidance to help address and resolve everyday issues. Access support whenever, wherever is most convenient for you.



1-888-731-3327

In-the-moment support from a licensed clinician 24/7/365



Email

Send a question to support@mysupportportal.com



Ask the expert

Request information or resources based on topic or concern



Navigator

Emotional fitness assessment and care guidance



Short code

Text 'support' to 51230



Textcoach®

Personalized coaching on desktop or mobile



Animo

Digital behavioral health to improve your emotional fitness



Digital group support

Attend an anonymous group support session

Member User Experience



Contact the EAP using one of the above access points



Clinical assessment and in-the-moment support



EAP confirms availability and MHSA network alignment prior to making referral



EAP provides "smart" referral to counselor and offers to schedule the first session



EAP clinician follows up after the case to assess needs, measure satisfaction and H&P

If you are in immediate medical crisis, please call 911.

HealthJoy  **EAP**



SCAN ME



1-888-731-3327

eap.healthjoy.com

USERID: countyoflasalle

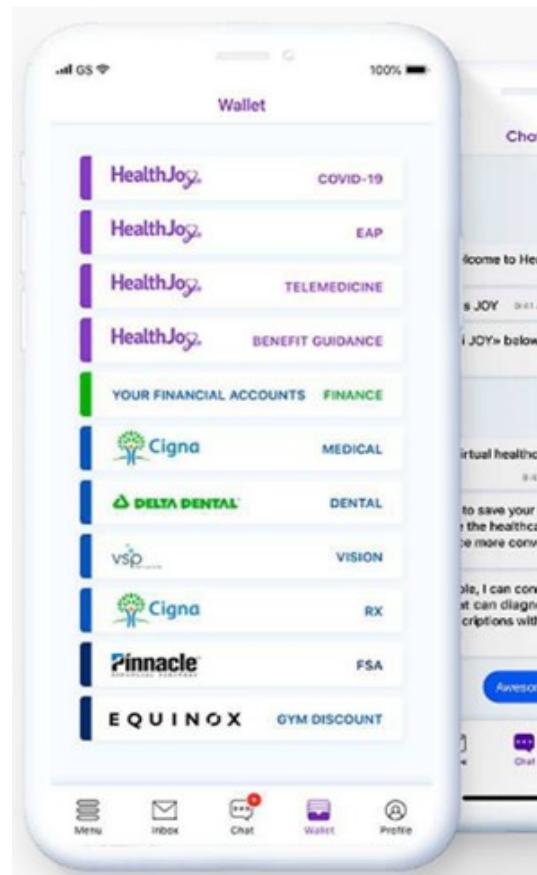
Healthcare is Complicated.

HealthJoy Makes it Simple.

HealthJoy is the first stop for all your healthcare needs. We make healthcare and employee benefits simple, quick and painless. Our easy-to-use mobile app uses modern technologies to deliver a seamless experience. We'll save you time, money and a ton of aggravation.

The Experts Are In.

Don't try and navigate your healthcare alone, our experts are here to help. HealthJoy believes that healthcare is best delivered through a conversation so that's why you'll have access to online doctors, healthcare concierges, billing specialist and more. HealthJoy is always available to you - 24/7/365 and is FREE to you and your family.



Benefits
Wallet



Online Doctor
Consultations



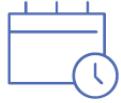
Healthcare
Concierge



Rx Savings
Review



Medical Bill
Review



Appointment
Booking



Provider
Recommendations



HSA / FSA
Support

Chat with us today by logging into the HealthJoy app or call (855) 947-6900.

Blue Cross Blue Shield of IL Value Adds

BCBS of IL provides several additional perks, just for being a member on the health plan! For more information visit www.bcbsil.com and login to your Blue Access for Members Portal (BAM).

BCBSIL Member Services

Blue Access for Members

Get information about your health benefits, anytime, anywhere. Use your computer, phone, or tablet to access the Blue Cross Blue Shield of Illinois secure member website, Blue Access for Members (BAM).

Scan the QR Code



[Click here to view flyer](#)

BCBSIL Blue Access for Members Dashboard

Get information about the cost of procedures, find a doctor or request an ID card.

Scan the QR Code



[Click here to view flyer](#)

BCBSIL Go Digital App

Go digital and share how you want us to communicate with you. Prefer texting? Sign up for claims and benefit information, health tips and prescription reminders.

Scan the QR Code



[Click here to view flyer](#)

BCBSIL Provider Finder

Use provider finder to help make more informed health care choices by checking costs before your appointment and comparing doctors and facilities in your area.

Scan the QR Code



[Click here to view flyer](#)

BCBSIL Provider Finder

Provider finder from BCBSIL is a fast easy-to-use tool that improves members' experience when they're looking for in-network health care providers. Plus, it can help manage their out-of-pocket costs.

Scan the QR Code



[Click here to view flyer](#)

Blue Cross Blue Shield of IL Value Adds

BCBS of IL provides several additional perks, just for being a member on the health plan! For more information visit www.bcbsil.com and login to your Blue Access for Members Portal (BAM).

BCBSIL Member Services

Nurseline

A board-certified Nurse is available to you and your family members 24 hours a day, 7 days a week. Whether you have health concerns or general questions, if you need answers right away, be sure to call the Nurseline at **800-299-0274**.

Scan the QR Code



[Click here to view flyer](#)

BlueCard

Through the Blue Card PPO Program, BCBS plans work together to help ensure you receive reliable, affordable health care when you need it while traveling in the U.S. You have access to an established PPO network of doctors, hospital and other health care providers throughout the country. To find a provider near you, call BlueCard Access at **800-810-2583** or visit www.bcbs.com.

Scan the QR Code



[Click here to view flyer](#)

Blue365

BCBS of IL members have access to Blue365, a discount program exclusively for Blue Cross Blue Shield members. With this program, you can save money on health and wellness products and services that are not covered by insurance. There are no claims to file and no referrals or pre-authorizations. Get started today at www.Blue365Deals.com/register.

Scan the QR Code



[Click here to view flyer](#)

Mental Health Services

Digital Mental Health - Learn to Live

Self-paced private and confidential coaching available 24/7 at no cost to you and your family. Online programs and clinical assessments based on the proven principles of Cognitive Behavioral Therapy including Stress, Anxiety and Worry, Social Anxiety, Insomnia, and Substance Abuse. Must be aged 13 and older to participate.

Scan the QR Code



[Click here to view flyer](#)

Mental Health Hub

Mental Health Hub can guide you to the right care for your unique needs. It includes mental health support like counseling, specialized care, and online programs.

Scan the QR Code



[Click here to view flyer](#)

Blue Cross Blue Shield of IL Value Adds

BCBS of IL provides several additional perks, just for being a member on the health plan! For more information visit www.bcbsil.com and login to your Blue Access for Members Portal (BAM).

Preventive Services

BCBSIL Preventive Care Services

Maternity services and screenings at no additional cost to you. Preventive check-ups and screens can find illnesses and medical problems early and help keep you and your baby healthy.

Scan the QR Code



[Click here to view flyer](#)

BCBSIL Preventive Drug List

Your health plan may include certain prescription and over-the-counter (OTC) preventive medicines, as a benefit of membership, at no cost to you when you use a pharmacy or doctor in your health plan's network.

Scan the QR Code



[Click here to view flyer](#)

BCBSIL Preventive Care Services Contraception

Your health plan may provide certain contraceptive coverage as a benefit of membership, at no cost to you when you use a pharmacy or doctor in your health plan's network.

Scan the QR Code



[Click here to view flyer](#)

Prescription & Pharmacy

Specialty Medications

Specialty medications for complex and/or chronic conditions can be filled through Accredo. To start using Accredo, call 833-721-1619 and an a representative will work directly with your doctor on the rest.

Scan the QR Code



[Click here to view flyer](#)

Mail Order Pharmacy

Express Scripts Pharmacy delivers your long-term (or maintenance) medicines right to your home. No driving to the pharmacy or waiting in line for your prescription to be filled. Register online at express-scripts.com/ rx or call 833-715-0942

Scan the QR Code



[Click here to view flyer](#)

Blue Cross Blue Shield of IL Value Adds

BCBS of IL provides several additional perks, just for being a member on the health plan! For more information visit www.bcbsil.com and login to your Blue Access for Members Portal (BAM).

Wellbeing Management Services

Well onTarget Health Assessment Tool

Answer a few questions to get your wellness report. Discover your healthiest habit along with top risks and strengths.

Scan the QR Code



[Click here to view flyer](#)

Well onTarget AlwaysOn Wellness Mobile App

The AlwaysOn Wellness mobile app has a wide variety of easy-to-use, features that allow you to take a health assessment, set personal health and wellness goals and connect with a wellness coach through secure messaging.

Scan the QR Code



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Wellbeing Management Empower for Members

Use your health and wellness programs to help you live better. Go to www.bcbsil.com, register for Blue Access for Members and click on the Wellness tab.

Scan the QR Code



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Well onTarget Digital Program

Well onTarget offers Digital Self-Management Programs to help you develop a healthier lifestyle. Easy to access through the Well onTarget Member Wellness Portal at wellontarget.com

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Well onTarget Fitness Program

Well onTarget offers personalized tools and resources to help you – no matter where you may be on the path to health and wellness. For more information, call **888-762-2583**.

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Blue Cross Blue Shield of IL Value Adds

BCBS of IL provides several additional perks, just for being a member on the health plan! For more information visit www.bcbsil.com and login to your Blue Access for Members Portal (BAM).

Wellbeing Management Services

Teladoc for Diabetes Management

A coach-led digital program for members with Diabetes at no cost to the member. This program combines a connected glucose meter with personal support by certified diabetes educators.

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Teladoc for Hypertension Management

This program combines personalized health insights with clinical expertise to modify behavior and drive change. Members are motivated every step of the way, so they can reach their blood pressure goals and live healthier lives.

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Maven

From pregnancy through postpartum and return to work, Maven offers personalized, 24/7 care from specialists such as OB-GYNs, doulas, lactation consultants, career coaches, guided curriculums, support for all levels of risk and more.

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Additional Services

BCBSIL Tobacco Cessation Coverage

Take advantage of tools and support from your health plan. Use of counseling or medicine—or using them together—can be part of an effective plan to quit tobacco use.

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Travel Resource Services

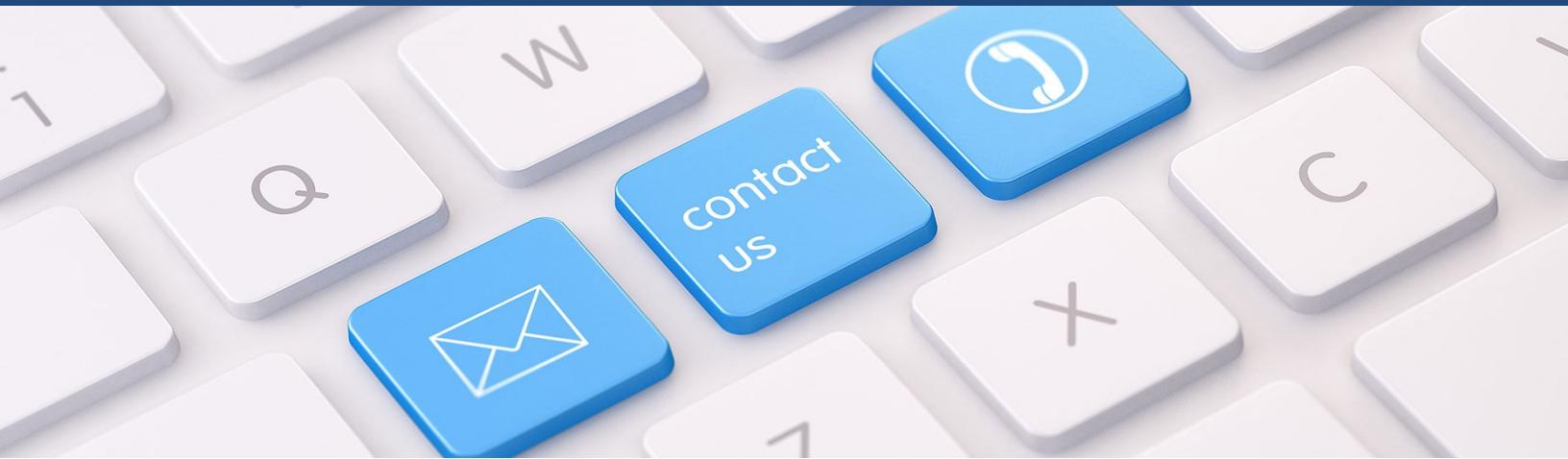
Travel Resource Services provider, Assist America, offers around-the-clock emergency and information services that can help you access emergency assistance when traveling 100 or more miles away from home.

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Contact Information



Benefit	Carrier	Phone	Website
Medical	BlueCross BlueShield	800-458-6024	www.bcbsil.com
Health Savings Account (HSA)	First National Bank of Ottawa	815-434-0044	www.firstottawa.com
Rx Program	Rx Manage	800-883-8841	www.rxmanage.com
Voluntary Dental	Delta Dental	800-323-1743	www.deltadentalil.com
Voluntary Vision	VSP	800-877-7195	www.vsp.com
Basic Life Insurance and AD&D	BlueCross BlueShield	800-367-6401	www.bcbsil.com
Employee Assistance Program (EAP)	HealthJoy	888-731-3327	www.eap.healthjoy.com

Human Resources Contact:

Julie Ziel
 Human Resources Generalist
 Phone: 815-434-8331
 Email: jziel@lasallecountyil.gov

Human Resources Contact:

Melissa Pilch
 Human Resources Director
 Phone: 815-434-8244
 Email: mpilch@lasallecountyil.gov

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have questions about your Guide, contact Human Resources.

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Employee Benefits Terminology



Health Care Benefits: Health Care Benefits provide preventive and protective coverage for medical, dental, vision, and prescription drugs for employees and their qualified dependents.

Medical care plans provide services or payments for services rendered in the hospital or by a qualified medical care provider.

BALANCE BILLING: When out-of-network providers bill for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. An in-network provider cannot balance bill you for the covered services.

BENEFICIARY: A designated person who is the recipient of proceeds from an insurance policy.

BIOMETRIC SCREENING: Usually a series of Body Mass Index (BMI) measurements and blood tests (e.g. pressure, cholesterol, and glucose) used to gauge an individual's overall health.

COINSURANCE: The percentage the plan or you pay for a covered service or supply. For example, the plan may pay 80 percent while you pay 20 percent.

COPAYMENT (COPAY): A copay is a flat-dollar amount you pay for specific covered services upon each visit to the provider. It is not impacted by the plan deductible, coinsurance, or out-of-pocket maximum.

DEDUCTIBLE: The amount you pay each year before the plan begins to pay coinsurance.

DEPENDENT: Relative of an employee who may be eligible for benefits' coverage if they meet certain criteria. Many benefits plans offer coverage to spouses, domestic/civil union partners, and children up to age 26 who are totally or substantially reliant on their parents for support, thereby defined as "dependent children."

ELIGIBLE EXPENSE: This is the amount on which payment is based for covered medical services; may also be called "allowed amount maximum," "payment allowance" or "negotiated rate." If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

ELIMINATION PERIOD: The period of time before you're eligible to receive benefits. Also known as the "waiting period."

EMPLOYEE CONTRIBUTION: The amount an employee contributes through payroll deductions for their medical and other insurance and savings program benefits.

EVIDENCE OF INSURABILITY (EOI): The documentation of the good health condition of the insurance beneficiary and his/her dependent's health in order to be approved for coverage. It is only required in certain circumstances.

EXPLANATION OF BENEFITS (EOB): After you receive medical services, your insurance will provide you with an EOB. It will outline details regarding how your insurance processed your medical claim, including what portion of the charges your insurance paid and what portion, if any, you are responsible for paying.

FLEXIBLE SPENDING ACCOUNT (FSA): An FSA is a tax-advantaged account that lets you put money aside on a pre-tax basis to pay for a wide range of health and/or dependent care expenses (as defined by the IRS) not covered by your plan that you incur during the plan year.

Unlike the HSA, any unused funds remaining after the plan year ends will be forfeited.

FORMULARY: A medical plan's formulary is a preferred brand-name drug list of the most cost-effective outcome-based drugs. You pay less when using a drug on the plan's formulary list.

HEALTH SAVINGS ACCOUNT (HSA): An HSA is a tax-advantaged savings account for high-deductible health plan (HDHP) participants that lets you put money aside on a pre-tax basis to pay for a wide range of health care expenses (as defined by the IRS) not covered by your plan. Unused money remaining in the account at the end of the plan year rolls over to be used the next year. Please refer to IRS Publications 502 and 969 for complete details on eligible expenses.

HSA CONTRIBUTION: This refers to a contribution, or "deposit," an employee may make to his/her HSA or a deposit made by the company to the HSA of an employee participating in the HDHP.

HIGH-DEDUCTIBLE HEALTH PLAN: A plan that provides competitive health insurance along with a tax-advantaged health savings account (HSA) that lets you decide how to spend your health care dollars. Essentially, you pay a lower premium in exchange for a higher deductible, much like car insurance.

HIPAA: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT: HIPAA is a legal requirement that regulates how organizations must handle Protected Health Information (PHI).

IN- AND OUT-OF-NETWORK PROVIDERS: The facilities, providers, and suppliers a health insurance carrier contracts with to provide medical services at a pre-negotiated discount. You generally pay less out of pocket when you use in-network providers. Benefit plans develop networks by contracting with doctors, hospitals, labs, etc., who have agreed to provide health care services to members at negotiated rates. You generally pay less out-of-pocket when you use in-network providers.

Employee Benefits Terminology



INSURED: Person(s) covered under the medical plan to receive treatment and services. Includes primary insured (usually the employee) and their designated dependents.

INSURER: The company that underwrites and assumes the insurance risk for your medical plan. Also known as "insurance carrier."

MAXIMUM DOLLAR LIMIT: The maximum amount payable by the insurer for covered expenses for the insured and each covered dependent while the insured is enrolled in the health plan. Plans can have a yearly or lifetime maximum dollar limit. The most typical maximum limit is a lifetime amount of \$1 million per individual.

MEDICALLY NECESSARY: Medical services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine and are covered under your medical plan.

OUT-OF-POCKET MAXIMUM: The maximum amount you will pay out of pocket for covered medical expenses per calendar year, including your deductible. After your share of covered expenses reaches this annual limit, the plan pays 100% for eligible network services and supplies for the remainder of the calendar year.

POLICY HOLDER: A person or group in whose name an insurance policy is held.

PREFERRED PROVIDER ORGANIZATION (PPO) PLAN: A type of health plan that contracts with doctors, hospitals, labs, and other health care providers to create a network of participating providers. You generally pay less when you use providers that belong to the PPO network. You may use providers that fall outside of the plan's network at an additional cost. This type of plan typically has higher premiums and a lower deductible than a high-deductible health plan (HDHP).

PREMIUM: The contracted amount that must be paid for a health insurance plan by covered employees, by their employer, or is shared by both. A covered employee's share of the annual premium is generally paid periodically, such as bi-weekly or monthly, and deducted from his or her paycheck.

PREAUTHORIZATION: A medically necessary determination by a health insurance carrier for a medical service, treatment plan, prescription drug, medical or prosthetic device or certain types of durable medical equipment. Sometimes called prior authorization, prior approval or precertification, many plans require preauthorization for certain services before you can receive them, except in cases of emergency. Preauthorization isn't a promise your medical plan will cover the cost.

PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM: The maximum amount you will pay out of pocket for covered prescription drug expenses per calendar year. After your share of covered prescription drug expenses reaches this annual limit, the plan pays 100 percent for eligible prescription drugs for the remainder of the calendar year. The prescription drug out-of-pocket maximum is separate from the medical out-of-pocket maximum.

PRESCRIPTION DRUG PLANS: Provide coverage for outpatient prescription drugs. Prescription drugs dispensed during a hospital stay are covered as hospital miscellaneous charges.

Name-brand drugs — These are drugs that once were or still are, under patents.

Generic drugs — These are drugs that are not under patent. Once a drug's patent has expired, some plans provide more generous coverage for same-formula generic drugs than for name-brand drugs. The practice is adopted as a cost-containment measure.

Mail-order drugs — These are drugs that can be ordered through the mail. As a cost-containment measure, some plans use mail-order

PRE-TAX DEDUCTION: Payments deducted from your gross pay before Medicare, Federal, and State taxes are calculated, thus reducing your taxable wages and tax liability.

PRIMARY CARE PHYSICIAN (PCP): A physician who directly provides or coordinates a wide range of medical services for a patient. Primary Care Physicians include Medical Doctors, Doctors of Osteopathic Medicine, Internists, Family Practitioners, General Practitioners, OB/ GYNs, and Pediatricians. The opposite of a specialist.

PROVIDER: A physician, healthcare professional or healthcare facility, certified or accredited as required by state law and mentally fit.

QUALIFYING LIFE EVENT (QLE): A change in your life that allows you to make changes to your benefits' coverage outside of the annual open enrollment period. These changes include a change in marital status (marriage, divorce, death of spouse), a change in the number of eligible children (birth, adoption, death, aging-out), and a change in a family member's benefits eligibility under another plan (losing a job, Medicare or Medicaid eligibility, etc.).

REASONABLE AND CUSTOMARY (R&C) CHARGES: The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount sometimes is used to determine the allowed amount.

SPECIALIST: A physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. The opposite of a Primary Care Physician (PCP). For example, a Dermatologist is considered a specialist.

SUMMARY PLAN DESCRIPTION (SPD): An important document that tells plan participants what the plan provides and how it works.

WELLNESS: Wellness refers to a healthy state of being. Many employers have wellness programs that encourage and sometimes incentivize employees to become more physically and mentally fit.

Notes

Notes

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