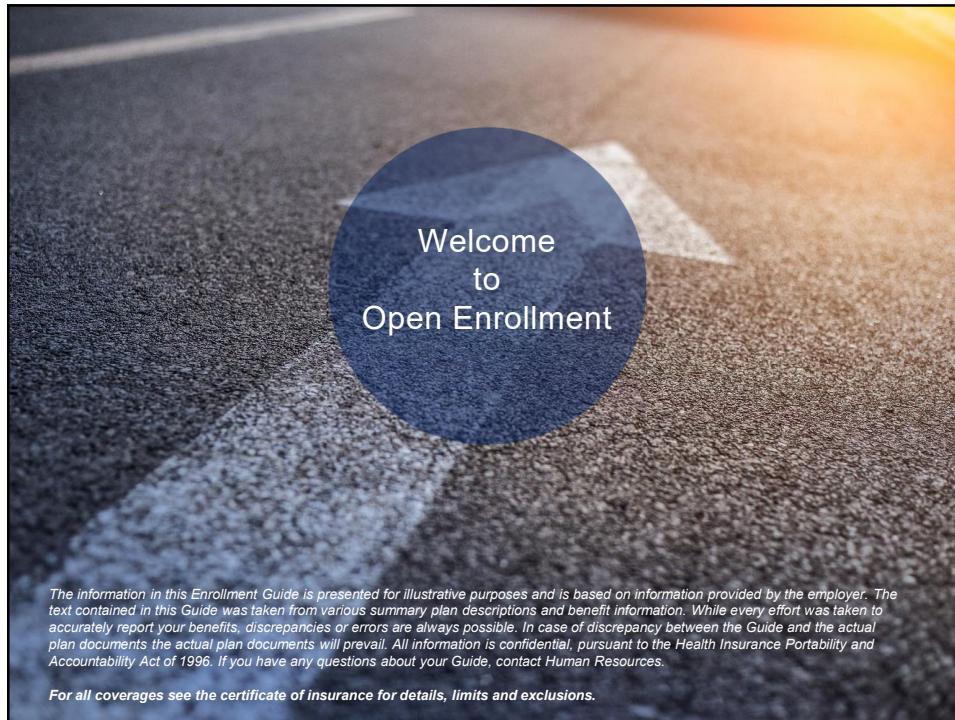


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Agenda



Eligibility



Benefit Updates & Resources



Benefit Plan Review



Contacts

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Who is Eligible?

- Full-Time Employees (working 30 or more hours per week), legal spouse and dependents up to age 26



Waiting Period

- 90th day Medical & Life
- 1st of the month following 90 days Dental & Vision

When to Enroll

- New Hire
- Open Enrollment
- Qualified Event (within 30 days of event date)
 - Marriage
 - Birth
 - Adoption
 - Death
 - Divorce
 - Loss of other Coverage
 - Loss of Dependent Status



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2025 Benefits



Medical & Prescription
Coverage



Dental
Coverage



Vision Coverage



Life Insurance and
AD&D

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Preventive Coverage



What's Covered?

- Recommended routine gender and age-specific preventive care and screenings — such as physical and ob-gyn exams, mammograms and other cancer screenings, well-child care and immunizations — both facility and professional services
- Coverage provided in-network at 100% with no copay, no deductible. Out-of-network benefits may vary.

IMPORTANT to remember:
Lab tests related to a condition such as diabetes or asthma — are not considered preventive and are covered under applicable deductible and coinsurance levels.

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Medical Insurance – *BlueCross BlueShield IL*

In-Network Benefits	PE0601 \$1,500 Ded PPO	PE0602 \$3,300 Ded HSA
Network	PPO	PPO
Deductible	\$1,500 Single \$3,000 Family	\$3,300 Single \$6,400 Family
Out-of Pocket Maximum	\$4,000 Single \$8,000 Family Includes Medical Service and Prescription Costs	\$4,000 Single \$8,000 Family Includes Medical Service and Prescription Costs
Preventive Care	No Charge	No Charge
Office Visits	\$30 copay PCP \$50 copay Specialist	No Charge after Deductible
Emergency Room**	\$150 copay (waived if admitted)	\$150 copay after Deductible (waived if admitted)
Inpatient Hospital Services	20% after Deductible	No Charge after Deductible
Prescription Drugs	20% after Deductible Retail (up to 30 day supply) 20% after Deductible Mail Order (up to 90 day supply)	\$10/\$40/\$60/\$120 Retail (up to 30 day supply) \$20/\$80/\$120 Mail Order (up to 90 day supply)

**Emergency Room visits must be a true emergency for the provider to be able to use an ER code on a claim. If it is not a true emergency claims will be subject to Deductible and Coinsurance. This is rare and can be applied should it occur.

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Medical Insurance – BlueCross BlueShield IL

Grandfathered Employees: *MAP and FOP Members, AFSCME General & Elected Officials
Members hired prior to 2/13/2020, AFSCME Circuit Clerk Members hired prior to 5/26/2022,
AFSCME Judicial Members hired prior to 10/1/2022 and all Non Union hired prior to 8/1/2019

In-Network Benefits		P92976 \$250 Deductible PPO
Network		PPO
Deductible		\$250 Single \$500 Family
Out-of Pocket Maximum		\$2,000 Single \$4,000 Family Includes Medical Service & Rx Costs
Preventive Care		No Charge
Office Visits		\$20 copay PCP \$40 copay Specialist
Emergency Room**		\$150 copay (waived if admitted)
Inpatient and Outpatient Services		20% after Deductible
Prescription Drugs		20% after Deductible Retail (up to 30 day supply) 20% after Deductible Mail Order (up to 90 day supply)

**Emergency Room visits must be a true emergency for the provider to be able to use an ER code on a claim. If it is not a true emergency claims will be subject to Deductible and Coinsurance. This is rare and can be applied should it occur.

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What is an HSA?

A bank account established by the employee utilized to save money tax free to pay for medical costs.

- **Your Money.** Savings always belong to you and will roll over annually.
- **Portable.** even if you leave your job or retire.
- **Participation.** HDHP required to participate.
- **Coverage.** May not be covered by a non HDHP plan.
 - Traditional Plan – current PPO
 - Spouses Plan
 - Medicare

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How can you use your HSA?

- Deductible
- “Qualified medical expenses”
 - Over-the-counter drugs (with a written prescription)
 - Dental
 - Vision Expenses
- Medicare Part B
- COBRA expenses*
- Qualified Long-Term Care Insurance*
- Spouse or Dependents bills (even if not on plan)

2025 Maximum HSA Contribution Limits

- \$4,300 for individual coverage
- \$8,550 for family coverage
- Individuals age 55 or older are eligible to make a catch-up contribution of \$1,000

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ATTENTION!
COUNTY OF LASALLE EMPLOYEES

\$0 CO-PAY on the PPO plan
and up to **70%** savings on the HDHP plan

* When ordered with RxManage (International Pharmacy Program)

90 90 day supply Order by phone 1-800-883-8841 Order online (Mobilefriendly) Email us at inquiries@rxmanage.com

www.rxmanage.com



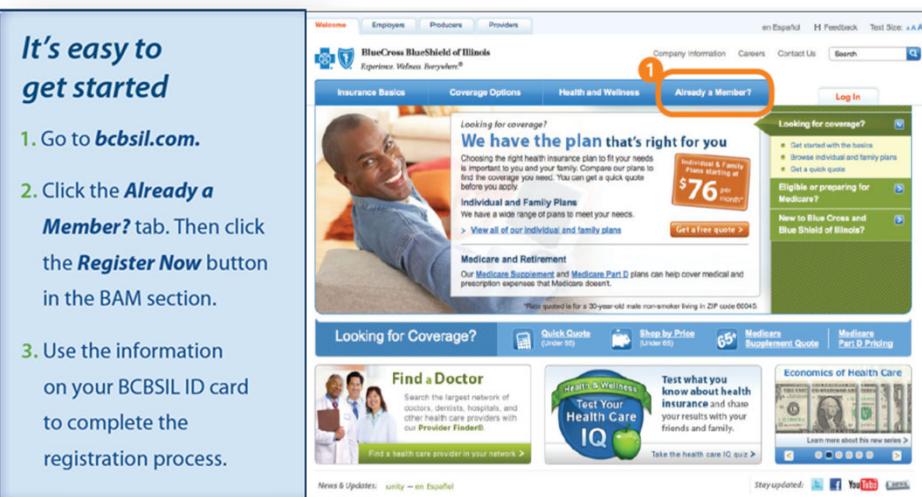
 **RxManage**

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 **Blue Access For Members**
Blue Cross and Blue Shield

It's easy to get started

1. Go to bcbsil.com.
2. Click the **Already a Member?** tab. Then click the **Register Now** button in the BAM section.
3. Use the information on your BCBSIL ID card to complete the registration process.



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Teladoc Health for Diabetes & Hypertension

- Modern Management for Chronic Conditions, Simplified
- No Cost to You or Your Family Members enrolled on the County's plan
- Program Benefits
 - Advanced connected blood glucose meter
 - Unlimited strips and lancets
 - Personalized insights
 - One-on-one expert coaching
 - Guidance on healthy habits
- Get Started!
 - Join by visiting TeladocHealth.com/Register/BCBSIL-HEALTH
 - Call 800-835-2362 use registration code: BCBSIL-HEALTH

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Dental Insurance – *Delta Dental of IL*

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	\$1,500	\$1,500	\$1,000	\$1,000	\$1,000	
Preventive							
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 Treatment	No Charge*	No Charge**	No Charge***	No Charge*	20%**	20%***	
Basic							
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							
Dentures	50%*	50%**	50%***	50%*	50%**	50%***	
Crowns/Onlays	50%*	50%**	50%***	50%*	50%**	50%***	
Implants	50%*	50%**	50%***	50%*	50%**	50%***	
Orthodontic (up to age 19)	50% up to a lifetime Max \$1,000 / dependent			N/A			

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Vision Insurance - VSP

Plan Feature	Frequency	In-Network	Out-of-Network
Network		VSP Choice	N/A
Eye Examination	12 Months	\$10 Copay	Reimbursement up to \$45
Standard Lenses			Reimbursement up to \$30 Reimbursement up to \$50 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 Lenses - In lieu of eyeglass			
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

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Basic Life Insurance and AD&D Blue Cross Blue Shield

County of Lasalle provides and pays for Group Life and AD&D Insurance only for employees enrolled on the medical plan. The beneficiary you designate will receive the life insurance benefit.



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Employee Life Insurance	
Amount	\$20,000
Accidental Death and Dismemberment (AD&D)	
Amount	\$20,000
Benefit Reduction	50% of the original amount at age 70
Travel Assistance	Service available to insureds and their families traveling 100 or more miles from their primary residence and include: <ul style="list-style-type: none"> Medical Evacuation / Return Home * Return of Mortal Remains * Traveling Companion Assistance * Much More *

*Carrier must be contacted prior to services rendered.

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Employee Assistance Program SupportLinc HealthJoy EAP

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

Confidential and No Cost

Experienced, Licensed Qualified Staff
Master's level professionals who can help with a variety of personal and professional matters.

- Emotional Well-Being
- Family and Relationships
- Legal and Financial
- Work Life Balance

EAP Benefits

- Unlimited telephone access to professionals 24 hours a day, seven days a week for both employees and dependents
- Robust network of licensed and/or certified mental health professionals
- Face-to-face sessions with a counselor
- Online resources

EAP is confidential – the EAP does not communicate with your employer about your situation.
Visit eap.healthjoy.com or call 1-888-731-3EAP (3327) for confidential consultation and resource services. Group Code: countyoflasalle



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Benefits are Complicated.....
HealthJoy Makes It Simple.

Your Benefits
Easily access all employee benefit information in one place on your smart device using your virtual Benefit Wallet

HealthJoy Virtual Care Suite
Comprehensive, integrated marketplace of best-in-class virtual care solutions

HealthJoy Live Support
Simply start a chat in your app with Joy to help assist anytime with employee benefit questions

Medical Dental Vision Savings Accounts Clinics Wellness Incentives

Virtual Urgent Care EAP Behavioral Health

Clinical Coaches Benefits Experts Billing Experts Steerage

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For customer service and billing questions please reach out to The Horton Group.

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Email: rebecca.west@thehortongroup.com

Nicole Walsh
Assistant Client Manager
Phone: 708-845-3192
Email: nicole.walsh@thehortongroup.com

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