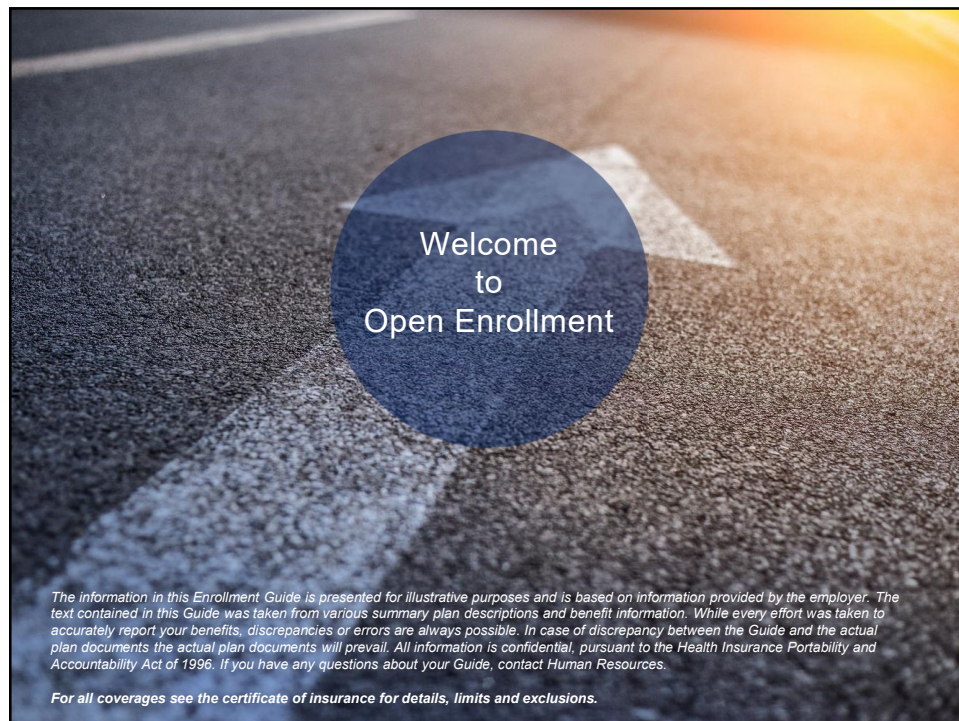
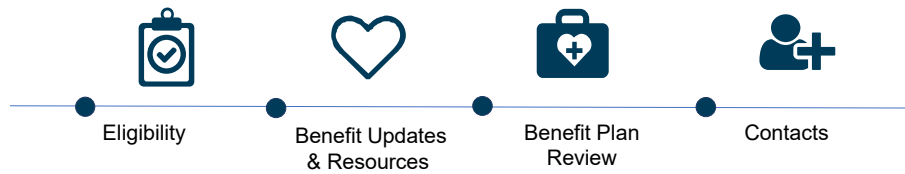


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## Agenda



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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

- 90<sup>th</sup> day Medical & Life
- 1<sup>st</sup> 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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Medical Insurance & Prescription Benefits

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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
<b>Network</b>	PPO	PPO
<b>Deductible</b>	\$1,500 Single \$3,000 Family	<b>\$3,300</b> Single \$6,400 Family
<b>Out-of-Pocket Maximum</b>	\$4,000 Single \$8,000 Family <b>Includes</b> Medical Service and Prescription Costs	\$4,000 Single \$8,000 Family <b>Includes</b> Medical Service and Prescription Costs
<b>Preventive Care</b>	No Charge	No Charge
<b>Office Visits</b>	\$30 copay PCP \$50 copay Specialist	No Charge after Deductible
<b>Emergency Room**</b>	\$150 copay (waived if admitted)	\$150 copay after Deductible (waived if admitted)
<b>Inpatient Hospital Services</b>	20% after Deductible	No Charge after Deductible
<b>Prescription Drugs</b>	20% after Deductible <b>Retail</b> (up to 30 day supply) 20% after Deductible <b>Mail Order</b> (up to 90 day supply)	\$10/\$40/\$60/\$120 <b>Retail</b> (up to 30 day supply) \$20/\$80/\$120 <b>Mail Order</b> (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
<b>Network</b>	PPO
<b>Deductible</b>	\$250 Single \$500 Family
<b>Out-of Pocket Maximum</b>	\$2,000 Single \$4,000 Family <b>Includes</b> Medical Service & Rx Costs
<b>Preventive Care</b>	No Charge
<b>Office Visits</b>	\$20 copay PCP \$40 copay Specialist
<b>Emergency Room**</b>	\$150 copay (waived if admitted)
<b>Inpatient and Outpatient Services</b>	20% after Deductible
<b>Prescription Drugs</b>	20% after Deductible <b>Retail</b> (up to 30 day supply) 20% after Deductible <b>Mail Order</b> (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

**90** 90 day supply

Order by phone  
 1-800-883-8841

Order online  
 (Mobilefriendly)

Email us at  
[inquiries@rxmanage.com](mailto:inquiries@rxmanage.com)

\*When ordered with Rx Manage (International Pharmacy Program)

**RxManage**

[www.rxmanage.com](http://www.rxmanage.com)

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

**It's easy to get started**

1. Go to [bcsil.com](http://bcsil.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](https://TeladocHealth.com/Register/BCBSIL-HEALTH)
  - Call 800-835-2362 use registration code: BCBSIL-HEALTH

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Dental Insurance

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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
<b>Annual Deductible</b> - 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
<b>Preventive</b>						
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%***
<b>Basic</b>						
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%***
<b>Major</b>						
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

PlanFeature	Frequency	In-Network	Out-of-Network
Network		VSP Choice	N/A
Eye Examination	12 Months	\$10 Copay	Reimbursement up to \$45
Standard Lenses	12 Months	\$25 Materials Copay	Reimbursement up to \$30 Reimbursement up to \$50 Reimbursement up to \$65
Single Vision Lined Bifocal Lined Trifocal			
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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Life and AD&D Insurance

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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	<p>Service available to insureds and their families traveling 100 or more miles from their primary residence and include:</p> <ul style="list-style-type: none"> <li>• Medical Evacuation / Return Home *</li> <li>• Return of Mortal Remains *</li> <li>• Traveling Companion Assistance *</li> <li>• Much More *</li> </ul> <p>*Carrier must be contacted prior to services rendered.</p>

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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](http://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.*

Please contact:

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Assistant Client Manager  
Phone: 708-845-3192  
Email: [nicole.walsh@thehortongroup.com](mailto:nicole.walsh@thehortongroup.com)

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