



Update on Employee Benefits

2025

**Financial & Administrative Committee
Meeting**

September 26, 2024

Agenda

- Review of current benefit offerings
- Traditional PPO change
- CDHP Changes
- FSA, Dental & Vision, Life Insurance
- Next steps



Medical Plans-Overview



Benefits	Blue Cross Blue Shield of Illinois Traditional PPO - PL3817	Blue Cross Blue Shield of Illinois CDHP PPO 80/20 Plan - PL3818
Coinsurance		
Network	80%	80%
Non-Network	60%	60%
Deductible		
Network	\$700 individual / \$1,400 family	\$1,700 individual / \$3,400 family
Non-Network	\$1,400 individual / \$2,800 family	\$2,200 individual / \$4,400 family
Out-of-Pocket (includes deductible)		
Network	\$2,550 individual / \$5,100 family	\$2,900 individual / \$5,800 family
Non-Network	\$5,200 individual / \$10,400 family	\$5,100 individual / \$10,200 family
Office Visit Copay		
Network	\$30 PCP copay	Deductible applies, then 80%
Non-Network	Deductible applies, then 60%	Deductible applies, then 60%
Hospital Care		
Network	Deductible applies, then 80% with authorization, after \$250 copay per admission	Deductible applies, then 80% with authorization
Non-Network	Deductible applies, then 60% with authorization, after \$250 copay per admission	Deductible applies, then 60% with authorization
Hospital Emergency Care		
Network	\$125 copay, 80% after deductible (copay waived if admitted)	Deductible applies, then 80%
Non-Network		
Other Covered Services		
Network	Deductible applies, then 80%	Deductible applies, then 80%
Non-Network	Deductible applies, then 60%	Deductible applies, then 60%
Prescription Drug		
Retail (30-day supply)	\$10 generic / \$35 brand name formulary / \$50 non-preferred brand	Deductible, then 20% including Specialty
Mail Order (90-day supply)	\$20 generic / \$70 brand name formulary / \$100 non-preferred brand	Deductible, then 20%
Prescription Drug Out-of-Pocket (Network)	\$4,300 individual / \$8,600 family	N/A

Blue Cross Blue Shield of Illinois HMO Illinois - H00643	Blue Cross Blue Shield of Illinois Blue Advantage HMO - B03170
100%	100%
N/A	N/A
N/A	N/A
\$1,500 individual / \$3,000 family	\$1,500 individual / \$3,000 family
N/A	N/A
\$25 PCP copay / \$30 Specialist copay	\$25 PCP copay / \$30 Specialist copay
N/A	N/A
\$150 copay, then 100%	\$150 copay, then 100%
N/A	N/A
\$125 copay, waived if admitted	\$125 copay, waived if admitted
Applicable copay	Applicable copay
N/A	N/A
\$10 generic / \$35 preferred brand / \$50 non-preferred brand	\$10 generic / \$35 preferred brand / \$50 non-preferred brand
\$20 generic / \$70 brand name formulary / \$100 non-preferred brand	\$20 generic / \$70 brand name formulary / \$100 non-preferred brand
\$4,300 individual / \$8,600 family	\$4,300 individual / \$8,600 family

Traditional PPO Change



In consultation with the IPBC, Human Resources has determined that the Blue Cross Blue Shield PPO plan that was previously closed to new employees effective January 1, 2016, should be re-opened to all employees.

- **Recruitment**: Applicants and new hires are frequently inquiring about the possibility to join the PPO plan.
- **Retention**: The IMRF pension system is already tiered. A tiered approach at benefit eligibility widens the gap between employees and causes inequities.
- **Wellness**: Employees are potentially neglecting their health to avoid paying high out of pocket costs on the CDHP plan.

CDHP Related Changes



Increased CDHP Deductible-To adjust for IRS mandated increases

- Existing: \$1600/\$3200
- New: \$1700/\$3400

Health Savings Account Employer Contributions- To be more aligned with industry norms

- Current:
 - Single-\$1150
 - Single +1 and Family- \$2300
- 2025:
 - Single-\$1000
 - Single +1 and Family- \$2000

Dental & Vision



Dental Plan

Access to the two network levels is determined by your dentist's membership.

Benefits	Delta Dental of Illinois	
	PPO Network*	Premier Network** Out of Network***
Annual Deductible		
Individual	\$35	\$65
Family	\$70	\$130
Annual Benefit Maximum	\$1,750 / person	\$1,000 / person
Preventive / Diagnostic (oral exams, x-rays, cleaning, fluoride treatments, space maintainers, sealants)	100%, deductible waived	90%, deductible waived
Basic (fillings, oral surgery, periodontics, endodontics, general anesthesia in conjunction with oral surgery)	80% after deductible	70% after deductible
Major (crowns, bridges, dentures)	50% after deductible	50% after deductible
Orthodontia – \$50 lifetime deductible (Dependents to age 19)	50%	50%
Lifetime Orthodontia Maximum	\$1,500 / person	\$1,250 / person



Vision Plans



Benefits	Basic - Plan J			Enhanced - Plan K		
	Provider Network: VSP Choice			Provider Network: VSP Choice		
	Description	Copay	Frequency	Description	Copay	Frequency
WellVision Exam	• Focus on your eyes and overall wellness	\$10	Every calendar year	• Focus on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses		\$25	See frame and lenses
Frames	• \$200 featured frame brands allowance • \$150 frame allowance • 20% savings on the amount over your allowance • \$80 Costco frame allowance	Included In Prescription Glasses	Every other calendar year	• \$200 featured frame brands allowance • \$150 frame allowance • 20% savings on the amount over your allowance • \$80 Costco frame allowance	Included In Prescription Glasses	Every calendar year
Lenses	• Single vision, lined bifocal, and line trifocal lenses • Impact-resistant lenses for dependent children	Included In Prescription Glasses	Every calendar year	• Single vision, lined bifocal, and line trifocal lenses • Impact-resistant lenses for dependent children	Included In Prescription Glasses	Every calendar year
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20%-25% on other lens enhancements	\$0 \$95-\$105 \$150-\$175	Every calendar year	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20%-25% on other lens enhancements	\$0 \$95-\$105 \$150-\$175	Every calendar year
Contacts (instead of glasses)	• \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	\$0	Every calendar year	• \$200 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	\$0	Every calendar year
Diabetic Eyecare Plus Program™	• Retinal screening for members with diabetes • Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0 \$20 per exam	As needed	• Retinal screening for members with diabetes • Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0 \$20 per exam	As needed

Rates



Traditional PPO (FT Active)	Employee Cost		County Cost		Total	
	Current	2025	Current	2025	Current	2025
EE	\$ 212.33	\$ 215.24	\$ 813.20	\$ 860.95	\$ 1,025.53	\$ 1,076.19
EE + 1	\$ 436.31	\$ 442.77	\$ 1,481.52	\$ 1,569.80	\$ 1,917.83	\$ 2,012.57
EE + Family	\$ 673.87	\$ 684.49	\$ 2,043.90	\$ 2,167.54	\$ 2,717.77	\$ 2,852.03
HMO Blue Adv. (FT Active)						
EE	\$ 50.19	\$ 45.59	\$ 734.02	\$ 714.31	\$ 784.21	\$ 759.90
EE + 1	\$ 115.97	\$ 106.39	\$ 1,256.42	\$ 1,223.46	\$ 1,372.39	\$ 1,329.85
EE + Family	\$ 216.14	\$ 201.38	\$ 1,862.08	\$ 1,812.42	\$ 2,078.22	\$ 2,013.80
HMO IL (FT Active)						
EE	\$ 71.42	\$ 70.53	\$ 838.35	\$ 811.04	\$ 909.77	\$ 881.57
EE + 1	\$ 157.62	\$ 154.27	\$ 1,434.48	\$ 1,388.47	\$ 1,592.10	\$ 1,542.74
EE + Family	\$ 286.30	\$ 280.34	\$ 2,124.60	\$ 2,055.82	\$ 2,410.90	\$ 2,336.16
CDHP 80/20 (FT Active)						
EE	\$ 102.07	\$ 106.52	\$ 893.74	\$ 958.72	\$ 995.81	\$ 1,065.24
EE + 1	\$ 228.13	\$ 240.35	\$ 1,634.09	\$ 1,762.54	\$ 1,862.22	\$ 2,002.89
EE + Family	\$ 376.06	\$ 387.63	\$ 2,262.91	\$ 2,381.17	\$ 2,638.97	\$ 2,768.80
Dental (FT Active)						
EE	\$ 7.58	\$ 8.31	\$ 24.85	\$ 26.32	\$ 32.43	\$ 34.64
EE + 1	\$ 22.74	\$ 24.47	\$ 46.68	\$ 49.67	\$ 69.42	\$ 74.14
EE + Family	\$ 42.42	\$ 45.52	\$ 48.27	\$ 51.33	\$ 90.69	\$ 96.86
VSP Vision- Basic						
EE	\$ 5.56	\$ 5.56	\$ -	\$ -	\$ 5.56	\$ 5.56
EE + 1	\$ 11.14	\$ 11.14	\$ -	\$ -	\$ 11.14	\$ 11.14
EE + Family	\$ 17.92	\$ 17.92	\$ -	\$ -	\$ 17.92	\$ 17.92
VSP Vision- Enhanced						
EE	\$ 7.15	\$ 7.15	\$ -	\$ -	\$ 7.15	\$ 7.15
EE + 1	\$ 13.68	\$ 13.68	\$ -	\$ -	\$ 13.68	\$ 13.68
EE + Family	\$ 23.00	\$ 23.00	\$ -	\$ -	\$ 23.00	\$ 23.00

Flexible Spending Accounts



- **Transition from Benefit Wallet to Health Equity**
 - **Medical FSA**
 - **Dependent Care FSA**
 - **Commuter Benefit FSA – Transit and Parking**

HealthEquity®

Life Insurance



- **Basic Term Life and AD&D - No change**
- **Supplemental Term Life and AD&D – UPDATES:**
 - ***Employee Term Life* - Elect in \$10,000 increments up to \$750,000**
 - Previously based on salary. Current elections that are not at a \$10,000 increment will round up to the next highest \$10,000.
 - ***Spouse Term Life* - Elect in \$5,000 increments up to \$500,000**
 - Previously \$250,000
 - ***Child Term Life* - Elect in \$2,500 increments up to \$20,000**
 - Previously \$10,000
- **Dependent Life Package – NEW!**
 - **\$10,000 spouse/\$5,000 child(ren): \$.26 per month**
 - ***Can only be elected as a new hire or life event. This is a special enrollment.***

Special Enrollment Period



Plan Enhancements and ONE-TIME OFFER to Elect or Increase Supplemental Life Insurance **NO HEALTH QUESTIONS!**

 <p>Employee</p>	 <p>Dependent Package</p>	 <p>Child</p>
<p>Elect or increase up to \$300,000* in \$10,000 increments</p>	<p>Elect \$10,000 spouse & \$5,000 child (if included with your plan)</p>	<p>Elect or increase \$2,500, \$5,000, \$7,500, \$10,000, \$15,000, or \$20,000</p>

**Total employee guaranteed election amount includes current coverage and cannot exceed \$300,000*

What's next?

- **Benefit Fairs: October 7th and 11th**
- **Open Enrollment: October 14 - October 25**
- **Communication and education coming soon!**



SAVE THE DATE

LAKE COUNTY Benefits Fair

Monday, October 7

Central Permit Facility, Large Conf Room 2220
8:00am - 10:00am

County Administration Building, 10th floor
1:00pm - 4:00pm

Friday, October 11

Health Department- 3010 Grand Ave, 1st floor
8:00am - 10:00am

Representatives from the following organizations will be available to answer questions about benefits and services offered:

- IPBC
- BCBSIL
- Express Scripts
- Delta Dental
 - VSP
 - IMRF
- Mission Square
- Aflac



Questions?