

[Effective March 1, 2019]



**WILL COUNTY
ILLINOIS**

FOP 738-1

Medical Benefits: At-a-Glance Summary

	Blue Cross Blue Shield of Illinois				Blue Advantage
	HDHP-HSA Medical Plan		PPO Plan		HMO Plan
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
HSA Employer Contribution			Not available		Not available
Individual	\$1,350				
Family	\$2,700				
Annual Deductible			Salary < \$50,000	Salary > \$50,000	
Individual	\$1,350		\$350	\$500	None
Family	\$2,700		\$700	\$1,000	None
Out-of-Pocket - Includes Deductibles, Copays, and Coinsurance					
Maximum*					
Individual	\$3,000	\$5,625	\$2,000	\$5,625	\$2,000
Family	\$6,000	\$11,250	\$4,000	\$11,250	\$4,000
Lifetime Maximum	Unlimited				
Co-Insurance**	85%	60%	85%	60%	100%
Physician Care Office Visits					
PCP Copay / Coinsurance	85%	60%	85%	60%	\$20 copay
Specialist Copay / Coinsurance	85%	60%	85%	60%	\$30 copay
Preventive Care***	100% covered	Not covered	100% covered	Not covered	100% covered
Hospital Services					
In-patient Hospital*	85%	60%	85%	\$400 per admission (limit 2 per year) then, 60%	\$125 copay per day for the first 2 days per Plan Year, then 100%
Out-Patient Hospital	85%	60%	85%	60%	\$50 copay, then 100%
Emergency Services					
Hospital Emergency Room	\$150 copay, then 85%	\$150 copay, then 60%	\$150 copay, then 85%	\$150 copay, then 60%	\$150 copay, then 100%
Urgent Care	85%	60%	85%	60%	100%
Prescription Drugs					
	Subject to deductible, then:		In-Network	Out-of-Network	In-Network Only
Retail (30-day supply)					
Generic	85%	25% coinsurance	\$10 copay	25% coinsurance	\$10 copay†
Brand Formulary	85%	plus copay	\$25 copay	plus copay	\$25 copay†
Brand Non-Formulary	85%		\$45 copay		\$45 copay†
Mail Order (90-day supply)					
Generic	85%		\$20 copay		\$20 copay
Brand Formulary	85%	Not available	\$50 copay	Not available	\$50 copay
Brand Non-Formulary	85%		\$90 copay		\$90 copay
Coverage Tiers			Bi-Weekly Per-Paycheck Pre-Tax Deductions		
Employee Only	3% of base pay				
Family	4% of base pay				
Rates do not include the additional \$125 monthly premium surcharge levied as a result of non-participation in the County's Employee Health & Wellness Program ~ Will Be Well. The wellness premium surcharges run from July 1st - June 30th					

* Includes annual deductible, coinsurance, and copays.

** Subject to deductible.

*** In-network routine preventive care (e.g., annual physical, immunizations, well women exam, mammograms) not subject to deductible.

† A 90-day retail supply can also be obtained with the same mail order copays under the HMO Plan.

\$700 MSA penalty for failure to pre-authorize hospital admission—HDHP-HSA and PPO Medical Plans.

When both spouses work for the County, the one with the longest continuous service covers the family.

BlueCare® DENTAL PREFERRED CHOICE (PPO) DENTAL PLAN COUNTY OF WILL



BlueCross BlueShield
of Illinois

The following is a listing of common services available through your BlueCare® Mutually Preferred Dental Network.
The member's share of the costs is determined whether care is received from a contracting or non-contracting provider.

HIGHLIGHT SHEET

Effective 01/01/2018

Benefits	Contracting Network Provider	Non-contracting Provider
	PPO	Non-PPO
Benefit Period Maximum	\$1,675 for contracting providers and \$1275 for non-contracting providers. Dollars feed both buckets.	
Deductible	\$50 per person per benefit period \$150 maximum per family (Deductible does not apply to preventive and orthodontic services.)	
Dependent Coverage	Spouse and dependents up to age 26	
Preventive Services Dental Exams (2 exams per benefit period) Prophylaxis (2 cleanings per benefit period) Fluoride Treatment (to age 19) Dental X-rays Sealants (to age 19) Space Maintainers (to age 19)	100% of Maximum Allowance	100% of Usual & Customary
Emergency Services Emergency Exams Treatment for the relief of pain	100% of Maximum Allowance	100% of Usual & Customary
Primary Services Routine Fillings (amalgams and resins) Endodontics - root canals - apicoectomy - direct pulp caps - hemisection Periodontics - scaling and root planing - gingivectomy - periodontal maintenance - osseous surgery Oral Surgery - extractions, except as excluded under "Special Limitations" - alveoloplasty Recementing of Crowns and Bridges	80% of Maximum Allowance	80% of Usual & Customary
Major Services Inlays, Onlays and Crowns (other than temporary crowns) Full and Partial Dentures Bridges Implants Crown, Bridge and Denture Repairs Denture Adjustments, Rebasing and Relining	50% of Maximum Allowance	50% of Usual & Customary
Orthodontics Coverage for children under age 19	50% of Maximum Allowance to the Orthodontia Lifetime Maximum Benefit of \$1,200; \$50 Lifetime Deductible also applies.	50% of Usual & Customary to the Orthodontia Lifetime Maximum Benefit of \$1,200; \$50 Lifetime Deductible also applies.

Please note: This information only provides highlights of this program. After enrollment please refer to your dental benefit Certificate for additional benefit information.

***Schedule of Maximum Allowances**

Contracting PPO providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. Non-contracting providers are reimbursed based on the Usual & Customary fee. You will be liable for any difference between the dentist's charge and your covered benefits.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



County of Will

**January 1, 2023 Bi-Weekly Salary Banded Employee Pre-Tax Contribution Rates
COMPREHENSIVE GROUP HEALTH PLAN**

GROUP - 1

	BCBSIL - PPO				BLUE ADVANTAGE - HMO			
	1	2	3	4	1	2	3	4
	Salary Bands				Salary Bands			
	< \$32,500	\$32,500 - \$53,000	\$53,000 - \$78,500	> \$78,500	< \$32,500	\$32,500 - \$53,000	\$53,000 - \$78,500	> \$78,500

	Bi-Weekly Effective January 1, 2023 - Actual				Bi-Weekly Effective January 1, 2023 - Actual			
2023 - Employee Bi-Weekly Pre-Tax Payroll Contributions								
Employee Only	\$30.36	\$48.28	\$67.59	\$81.11	\$25.50	\$40.54	\$56.76	\$68.10
Employee + Spouse	\$66.89	\$106.36	\$148.90	\$178.68	\$56.17	\$89.31	\$125.03	\$150.04
Employee + Child(ren)	\$54.56	\$86.76	\$121.46	\$145.75	\$45.82	\$72.85	\$102.00	\$122.39
Employee + Family	\$91.09	\$144.84	\$202.77	\$243.33	\$76.49	\$121.62	\$170.27	\$204.32
EE Contributions as a Percent of Projected 2023 Plan Costs	7.3%	11.5%	16.1%	19.4%	7.0%	11.1%	15.5%	18.6%
Aggregate Percentage EE Contribution By Plan Projected Costs	15.0%				15.0%			

The rates reflected above and below assume that eligible participants completed their three Wellness Program requirements and are not subject to the monthly \$125 premium surcharge.

	BCBSIL - HDHP/HSA			
	1	2	3	4
	Salary Bands			
	< \$32,500	\$32,500 - \$53,000	\$53,000 - \$78,500	> \$78,500

	Bi-Weekly Eff. January 1, 2023 - Actual			
2023 - Employee Bi-Weekly Pre-Tax Payroll Contributions				
Employee Only	\$25.33	\$26.43	\$37.00	\$44.40
Employee + Spouse	\$55.81	\$58.22	\$81.51	\$97.81
Employee + Child(ren)	\$45.53	\$47.49	\$66.49	\$79.79
Employee + Family	\$76.00	\$79.28	\$111.00	\$133.20
EE Contributions as a Percent of Projected 2023 Plan Costs	6.9%	7.2%	10.0%	12.0%
Aggregate Percentage EE Contribution By Plan Projected Costs	9.2%			

	Bi-Weekly Effective January 1, 2023 - Actual			
Employee Only	\$1,350			
Employee + SP	\$2,700			
Employee + CH	\$2,700			
Family	\$2,700			

County contributions to employees' HSA accounts will be made quarterly in equal installments. Short Plan Year may vary.



County of Will
 January 1, 2023 Bi-Weekly Salary Banded Employee Pre-Tax Contribution Rates
COMPREHENSIVE GROUP HEALTH PLAN
 GROUP - 1

	DENTAL			
	1	2	3	4
January 1, 2023				
GROUP - 1				
	< \$2,500	\$2,500 - \$53,000	\$53,000 - \$78,500	> \$78,500
Salary Bands				
Bi-Weekly Eff. January 1, 2023 Actual				
2023 - Employee Bi-Weekly Pre-Tax Contributions				
Employee Only	\$0.86	\$1.48	\$2.65	\$2.72
Employee + Spouse	\$1.89	\$3.24	\$5.82	\$5.99
Employee + Child(ren)	\$1.54	\$2.64	\$4.75	\$4.88
Employee + Family	\$2.58	\$4.41	\$7.93	\$8.15
EE Contributions as a Percent of Projected 2022 Plan Costs	6.0%	10.3%	18.5%	19.0%
Aggregate Percentage EE Contribution By Plan Projected Costs			15.0%	

* Vision coverage is included with your choice of PPO, HMO or HSA through DavisVision.

The Will County Comprehensive Group Health Plan is a self-funded non-ERISA governmental plan with non-grandfathered status under the Patient Protection and Affordable Care Act (PPACA).

The above rates do not include the additional \$125 monthly premium surcharge levied as a result of non-participation in the County's Employee Health & Wellness Program ~ *Will Be Well*. The wellness premium surcharges run from July 1st - June 30th.

WHEN BOTH SPOUSES WORK FULL-TIME FOR THE COUNTY, THE ONE WITH THE LONGEST CONTINUOUS SERVICE COVERS THE FAMILY.

*A Health Savings Account (HSA) will be opened up in your name at HSA Bank in conjunction with your election to participate in an IRS qualified High Deductible Health Plan (HDHP). The County will "seed" (contribute) to your HSA in the amount identified above. You may also contribute to your HSA on a pre-tax basis through payroll deductions up to a TOTAL combined annual IRS limit of \$3,850 for single coverage and \$7,750 for family coverage (certain restrictions apply for short plan years). If you are age 55 or older, you may also contribute an additional \$1,000 pre-tax as a catch-up provision. You can start, change or stop your additional pre-tax payroll contributions by visiting willcounty.benefitsnow.com. Please consult your tax or financial advisor.