



# 2025 Open Enrollment

## **Benefit Providers**







• Express Scripts: Manages your prescription (RX) drug benefit



• **Delta Dental**: Administrator of dental benefits



• **VSP**: Administrator of vision benefits



# Terminology

- ➤ **Deductible -** The amount you pay for most services **before your plan starts covering costs**. You pay 100% **until** the deductible is met
- > Coinsurance The percentage you pay for services after meeting your deductible
- Copay A set fee you pay for services or prescriptions at the time of care or picking up prescription
- > Out-of-Pocket Maximum (OOPM) The most you'll pay in a plan year. After you spend this amount, your health plan pays 100%
  - > Counts toward OOPM: Deductibles, copays and coinsurance
  - > Does not count toward OOPM: Insurance premiums or non-covered services

## Overview of Plans

HDHP/HSA PPO	PPO	HMO
No referrals needed	No referrals needed	Referrals needed for specialists  Care is coordinated by your Primary Doctor –  you must select a medical group/PCP
You pay for services until you meet your deductible (except preventive care).  This includes prescriptions.	PCP visits: \$25 copay Specialist visits: \$35 copay Other services are subject to deductible and coinsurance	Fixed predictable copays on covered services.  PCP visit: \$20 copay  Specialist visit: \$40 copay  There is no deductible or coinsurance
Coverage both in and out of network (at different levels)	Coverage both in and out of network (at different levels)	Only covers in-network services  (except emergencies)
Full PPO network with coverage around the U.S	Full PPO network with coverage around the U.S	You must stay in the HMO network:  no out-of-network coverage  except in emergencies

# FSA HSA

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	Control	Owned by the employer	Owned by the employee
	Funding	Employee funded	Employee funded & Employer Contributions of: \$1000 single/\$2000 single+1 & Family
	Health plan eligibility	Traditional PPO or HMO	HDHP PPO w/ HSA
	Can participants invest funds?	No	Yes
	Can participants roll over funds?	Only up to annual maximum	Yes



Health Savings Account (HSA)

\*Available for HDHP Only\*



# HSA – Benefits & Requirements

- Must be enrolled in an HDHP plan
- No other health coverage or FSA enrollment
- . Not enrolled in Medicare
- . Cannot be claimed as a dependent on someone else's tax return
- Funds rollover each year, so you can use your HSA to save tax-free money for retirement
- At age 65, penalty-free distributions allowed for any reason, including non-medical
- Funds stay with you if you leave the organization



## **Annual Contribution limit**



Individual maximum contribution limits

\$4,300



Family maximum contribution limits

\$8,550

Catch-up for over age 55:

\$1,000

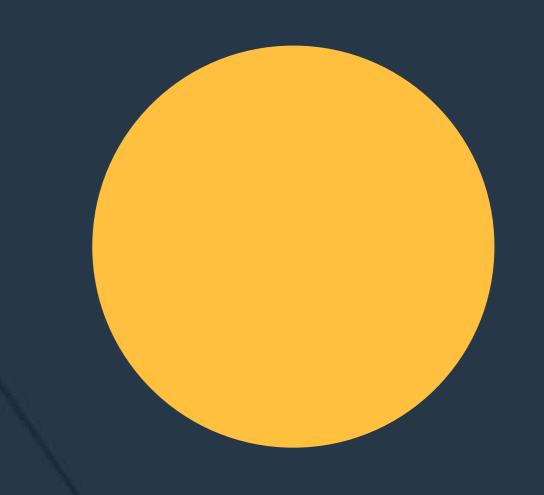
#### **Contributions:**

- Pre-tax employer contributions \$1,000 single, \$2,000 single+1 & family
- Pre-tax employee payroll contributions
- Post-tax employee contributions outside of payroll deductions

# What does the plan cover?

Eligible medical expenses\* include but not limited to:

- Doctor visits
- Over-the-counter and prescription medication
- Dental and vision care
- First-aid products
- Baby and Child care products
- Smoking cessation products





<sup>\*</sup> Please refer to Publication 502 on irs.gov for a complete list.

# HDHP/HSA PPO Option Key Takeaways:

- BCBSIL PPO Network
- Higher deductibles
- Lower premiums
- HSA Employer Contributions
- Coinsurance: 90/10
- Out of pocket maximums

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Benefits	Blue Cross Blue Shield of Illinois		
belients	In-Network	Non-Network	
Lifetime Maximum	Unlimited		
Deductible	\$1,700 individual / \$3,400 family	\$1,900 individual / \$5,650 family	
Coinsurance	90% after deductible	70% after deductible	
Out-of-Pocket	\$3,200 individual / \$6,400 family	\$5,150 individual / \$10,600 family	
Office Visit Copay (PCP)	90% after deductible	70% after Deductible	
Office Visit Copay (Specialist)	90% after deductible	70% after Deductible	
Inpatient Hospital	90% after Deductible	70% after Deductible	
Hospital Emergency Care	90% after deductible		
<b>Preventive Care</b>	100%	70% after Deductible	
Prescription Drug Retail	90% after deductible	Not Covered	
Prescription Drug Mail Order	90% after deductible		
HSA Employer Funding	\$1,000 single \$2,000 single+1 & family		

# PPO Option Key Takeaways:

- BCBSIL PPO Network
- Lower deductibles
- Higher premiums
- Coinsurance: 90/10
- Out of pocket maximums

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Benefits	Blue Cross Blue Shield of Illinois		
	In-Network	Non-Network	
Lifetime Maximum	Unlimited		
Deductible	\$750 individual / \$2,250 family	\$850 individual / \$3,750 family	
Coinsurance	90% after deductible	70% after deductible	
Out-of-Pocket	\$2,000 individual / \$6,000 family	\$3,250 individual / \$6,600 family	
Office Visit Copay (PCP)	\$25 Copay	70% after Deductible	
Office Visit Copay (Specialist)	\$35 Copay	70% after Deductible	
Inpatient Hospital	90% after Deductible	\$300 + 70% after Deductible	
Hospital Emergency Care	\$200 copay; then 90%; waived if admitted		
<b>Preventive Care</b>	100%	70% after Deductible	
Prescription Drug Retail	\$10 generic \$30 brand name formulary \$50 non-formulary	Not Covered	
Prescription Drug Mail Order	\$15 generic \$35 brand name formulary \$55 non-formulary		

# HMO Option Key Takeaways:

- BCBSIL HMO Network
- No deductibles
- Very Low premiums
- Copays Only
- Out of pocket maximums

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Benefits	Blue Cross Blue Shield of Illinois HMO	
	In-Network	
Lifetime Maximum	Unlimited	
Deductible	N/A	
Coinsurance	100%	
Out-of-Pocket	\$1,500(Individual) \$3,000(Family)	
Office Visit Copay (PCP)	\$20 Copay	
Office Visit Copay (Specialist)	\$40 Copay	
Inpatient Hospital	100%	
<b>Outpatient Hospital</b>	100%	
Hospital Emergency Care	\$100 Copay (waived if admitted)	
<b>Preventive Care</b>	100%	
Prescription Drug Retail	\$10 generic \$30 brand name formulary \$50 non-formulary	
Prescription Drug Mail Order	\$15 generic \$35 brand name formulary \$55 non-formulary	



# Prescription Plan - Maintenance Medications

- Prescriptions taken over a sustained period for chronic conditions
- Get a 90-day supply instead of 30-day

Express Scripts: Mail Order

- Free delivery to your door
- Transfer prescriptions easily online, by phone or Express Scripts mobile app
- Auto-refills and refill reminders available
- 24/7 pharmacist support by phone

CVS or Walgreens Pharmacy

- Convenient CVS and Walgreens locations
- Transfer your prescriptions easily in-store, by phone or online
- Auto refills and refill reminders available

To choose a three-month supply and avoid paying more, log in or register at express-scripts.com/90day. You can also call the Member Services number on the back of your member ID card.



# Dental Coverage



Delta Dental of Illinois

Benefits	Delta Dental PPO	
	In-Network(PPO and PPO Premier)	Non-Network
Deductible	\$50 individual / \$150 family	\$50 individual / \$150 family
Preventative(Cleanings, Oral Exams)	100%	100% or R&C
Basic(Fillings, Perio, Endo)	80% after deductible	80% or R&C
Major(Crowns, Bridges, and Dentures)	60% after deductible	60% or R&C
Orthodontia (Children under 19)	50% after deductible	50% or R&C
Ortho Lifetime Maximum	50% up to \$1,700 per covered member	
Annual Maximum	\$1,500 per covered member	



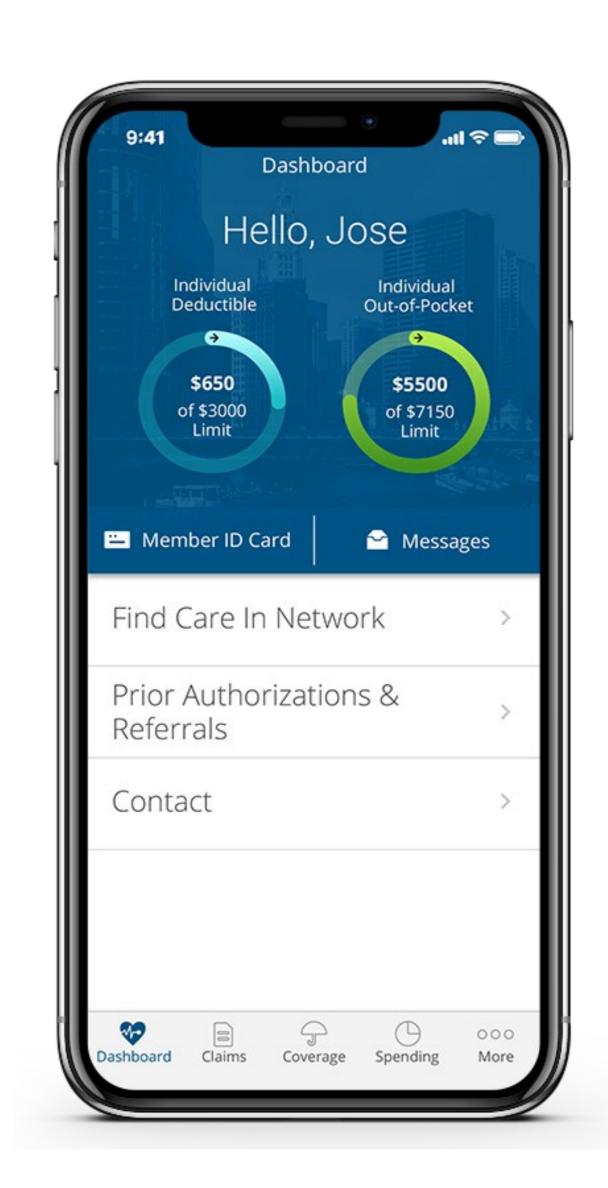


Benefits	VSP	
	In-Network	
Copay	\$10 for exam and glasses	
Frequency Exam Frames Lenses/Contact Lenses	12 Months 12 Months 12 Months	
Frames	<ul> <li>\$250 allowance for a wide selection of frames</li> <li>\$300 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$135 Costco® frame allowance</li> <li>\$300 Visionworks frame allowance on any frame</li> </ul>	
Retinal Screening	Up to \$39	
Lenses Copay Standard Progressive Premium Progressive Custom Progressive	\$0 \$95-\$105 \$150-\$175	
Contacts(Instead of glasses)	\$250 allowance, Up to \$60 copay	

# Optional BCBS Programs for <u>ALL</u> Members

# BCBSIL App for Mobile Devices

- Find in-network doctors, hospitals, urgent care, or Spanish-speaking providers
- View claims, coverage and deductible information
- Access temporary digital member
   ID card
- Secure login with Face ID (iOS only) or Fingerprint ID
- Let us know your communication preferences

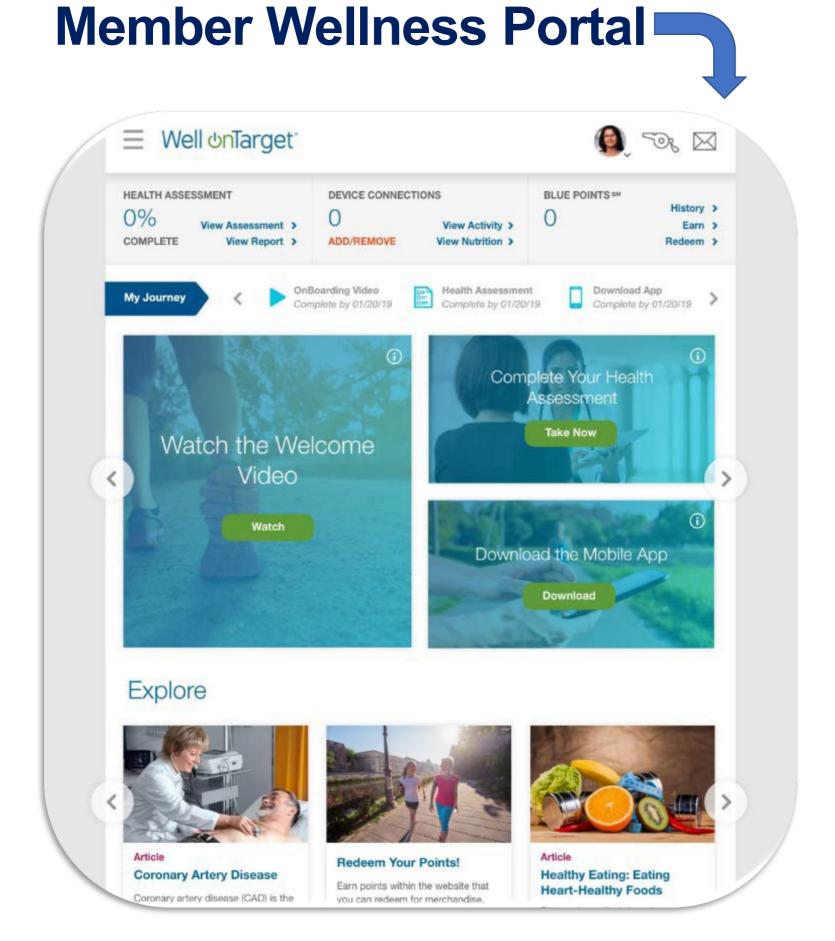


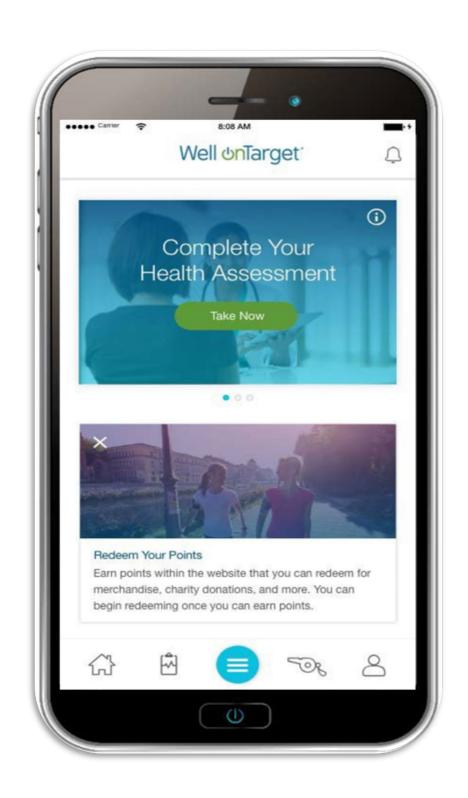


To download the app, go to Google Play, the App Store or text\*
BCBSILAPP to 33633

<sup>\*</sup>Message and data rates may apply.

## **BCBS Wellness Programs**

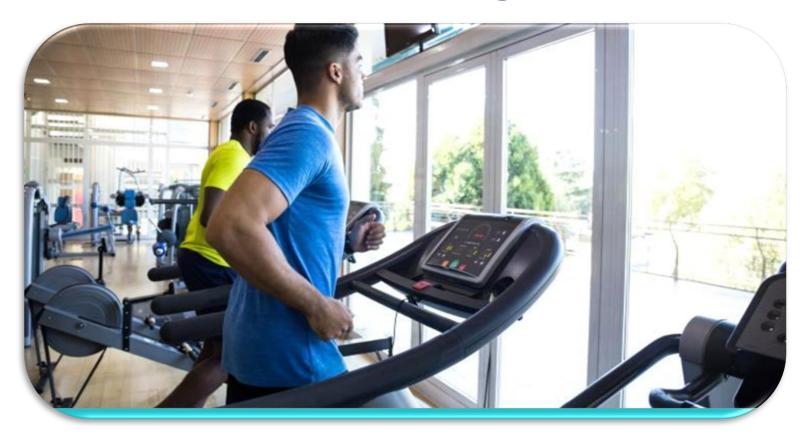




AlwaysOn Wellness Mobile App Well on Target

Log in to Well on Target on a desktop computer to start the process and authentication

#### **Fitness Program**





# Blue Points Program and Blue 365

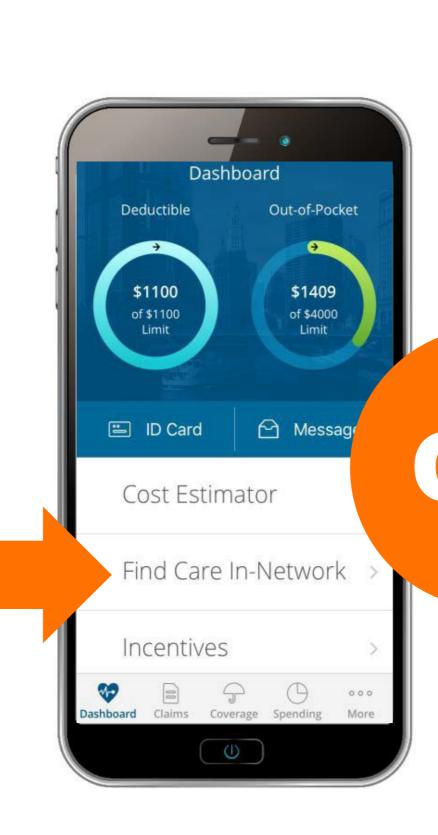
Log in to Blue Access for Members<sup>™</sup> - click Fitness Program or Member Discount Program in Quick Links to reach the enrollment page.

# Optional BCBS Programs for PPO Members

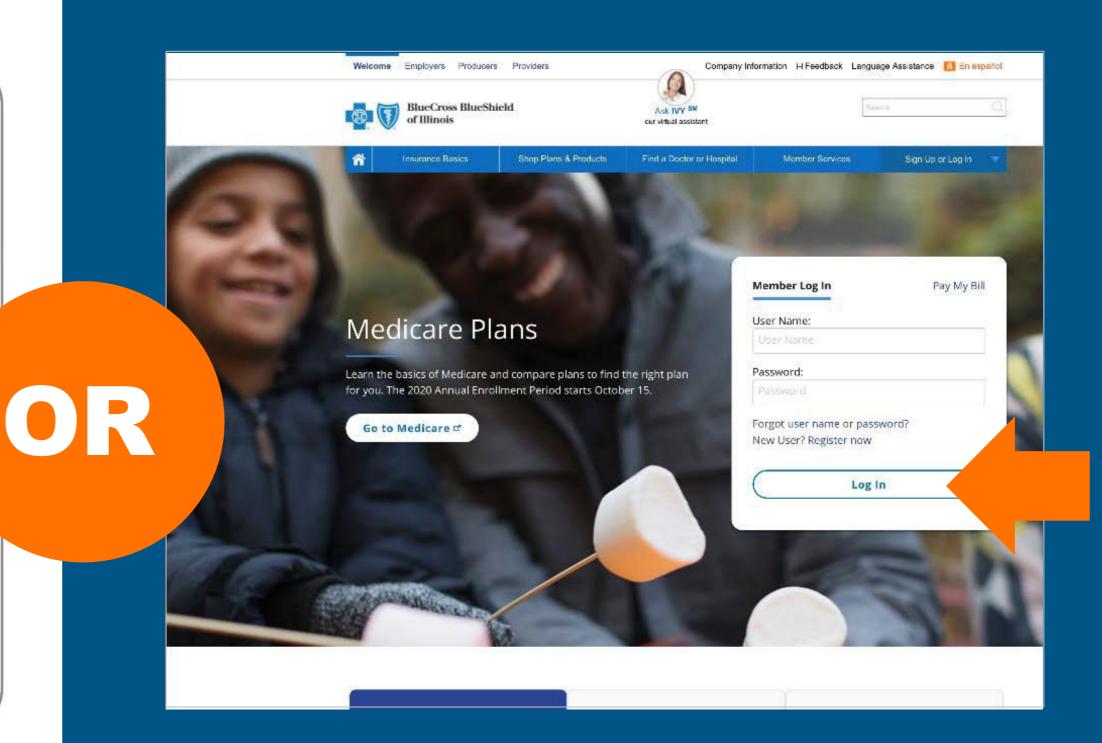
# Use Member Rewards Online

Access Member Rewards via the BCBSILApp...

just log in and click "Find Care In Network"



Or visit bcbsil.com, log in to Blue Access for Members™ and click Doctors & Hospitals tab to access Member Rewards.



### MD Live - Telehealth

#### How Virtual Visits Work

#### CONNECT

Access where mobile app, online video or telephone service is available

#### **INTERACT**

Real-time consultation with an independently contracted, board-certified doctor or therapist

#### **DIAGNOSE**

Prescriptions sent to a pharmacy of your choice (when appropriate)

Please Note: This slide is specific to PPO members, see next slide for information on MdLive for HMO members.

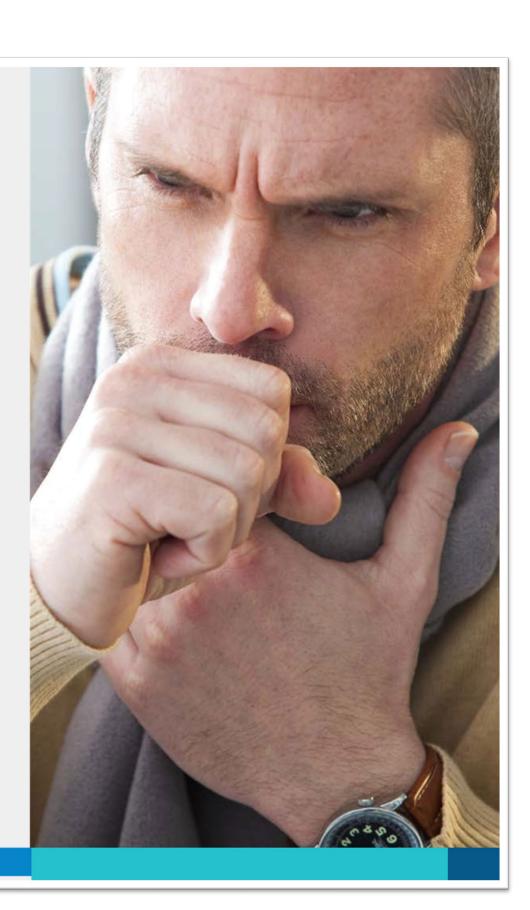
To register, you'll need to provide your first and last name, date of birth and BCBSIL member ID number.



# Get Care When and Where You Need It

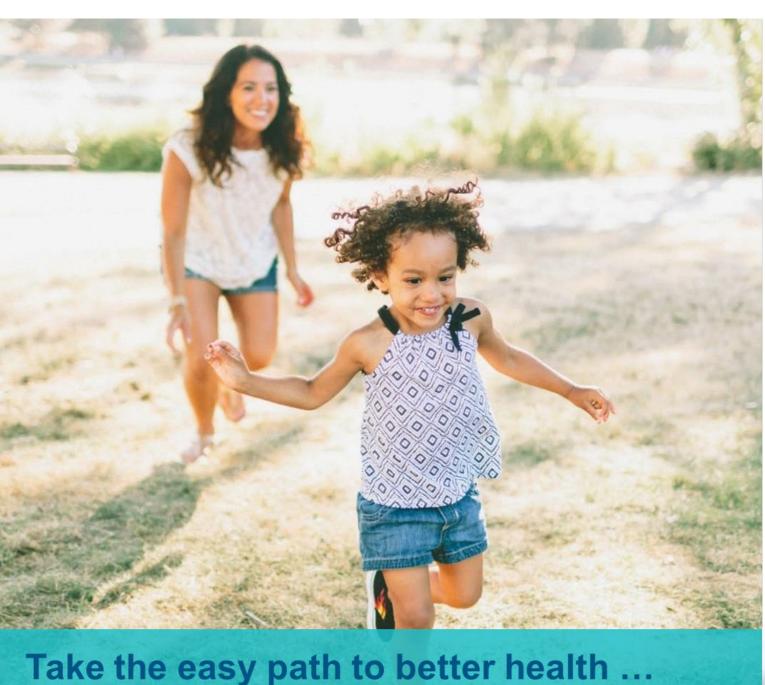
- Whether you're at home or traveling, access to an independently contracted, board-certified doctor is available 24/7.
- You can speak to an MDLIVE doctor immediately or schedule an appointment for a time that works for you.
- MDLIVE doctors can help treat many non-emergency conditions.
- A virtual visit may be a better alternative to the emergency room or urgent care center.

Please Note: This slide is specific to PPO members, not available for HMO Members.



MDLIVE, a separate company, operates and administers the virtual visits program for Blue Cross and Blue Shield of Illinois and is solely responsible for its operations and that of its contracted providers.

## **BCBS Health Advocacy Solutions**



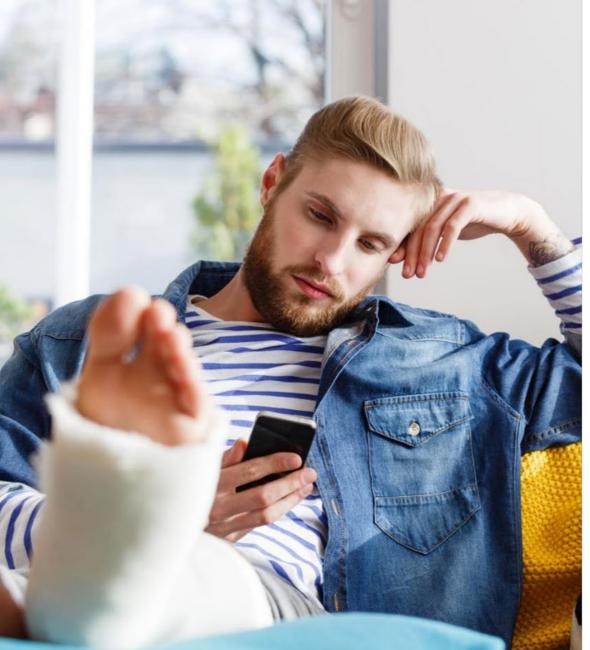
Your health advocate is your dedicated health care concierge.

Your Personal Health Advocate: One call that does it all

Whether you are concerned about:

- Understanding your benefits
- Scheduling appointments
- A chronic illness or a new diagnosis
- An upcoming surgery
- Getting preauthorization for a test
- Saving money on health care

Your health advocate has answers.



#### You Don't Have to Do It All on Your Own

Connect with a health advocate to get personal support and guidance for any health concern. We can help you:

- Manage a health concern affecting you or someone you are caring for
- Sort out a new diagnosis and what to do next
- Find care and support for mental health issues
- Navigate complex health care journeys like:
- Cancer
- Diabetes
- Caregiver support
- Going on disability leave
- Gender affirmation
- Legacy planning

#### A Health Advocate Might Reach Out to You

## If we're calling, it's because we think we can help!

Here are a few reasons why we might be calling you:

- You or your family recently had a health event or a new diagnosis
- To help you find the right doctor or care facility for your needs
- If you had an emergency room visit, to see how you are doing and how we can help



# Questions



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