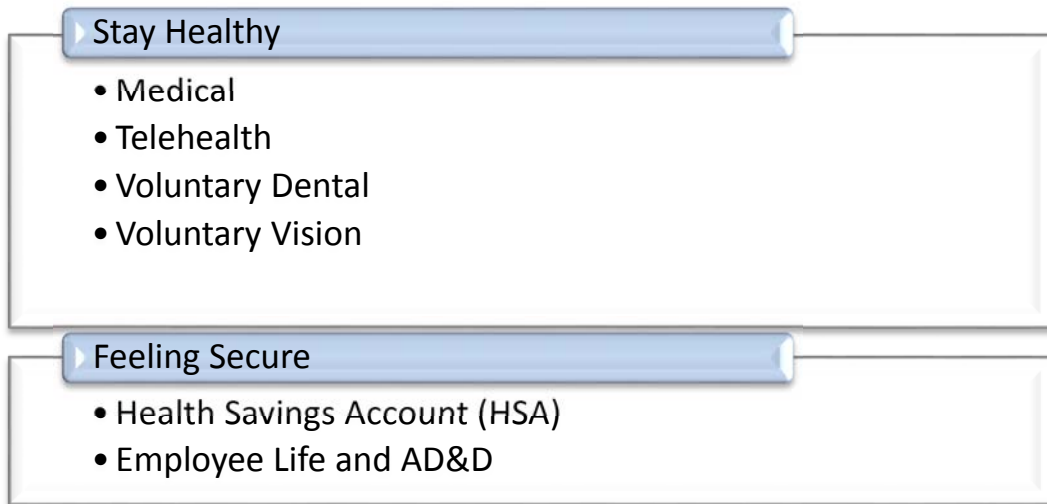


2016 & 2017

# County of LaSalle Employee Benefits Guide



At **County of LaSalle**, we are committed to a comprehensive employee benefit program to help our employees stay healthy, feel secure and maintain a work/life balance.



## Who Is Eligible?

Full-time employees, working a minimum of 20 hours per week, and their family members are eligible to enroll in the benefits described in this guide. Children can remain covered up to age 26 for all lines of coverage.

## When Are You Eligible?

**Newly Eligible Employees:** Benefits are effective on the 90<sup>th</sup> day of full-time employment for the Medical and Employee Life and AD&D and the first day of the month following 90 days of full-time employment for Vision.

**Qualified Change in Status:** You may make benefit changes within **30 days** of a qualified event. Qualified events include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of dependent, change in residence due to an employment transfer for you or your spouse or change in spouse's benefits or employment status.

Note: Employee is responsible for notifying Human Resources of any changes within **30 days**.

## Contact Information

Refer to this list to contact one of your benefit vendors. For general information, contact Human Resources.

### MEDICAL

Page # 3 - 4

Name: BlueCross BlueShield of IL

Phone Number: 800-458-6024

Web Address: [www.bcbsil.com](http://www.bcbsil.com)

### TELEHEALTH

Page # 5

Name: MD LIVE

Phone Number: 800-770-4622

Web Address: [www.mdlive.com/LaSalleCounty](http://www.mdlive.com/LaSalleCounty)

### YOUR HSA ADMINISTRATOR

Page # 6

HSA Bank: First National Bank of Ottawa

Phone Number: 815-434-0044

Web Address: [www.firstottawa.com](http://www.firstottawa.com)

### VOLUNTARY DENTAL

Page # 7

Name: Delta Dental

Phone Number: 800-323-1743

Web Address: [www.deltadentalil.com](http://www.deltadentalil.com)

### VOLUNTARY VISION

Page # 8

Name: VSP

Phone Number: 800-877-7195

Web Address: [www.vsp.com](http://www.vsp.com)

### EMPLOYEE LIFE AND AD&D

Page # 9

Name: Dearborn National

Phone Number: 800-778-2281

Web Address: [www.dearbornnational.com](http://www.dearbornnational.com)

### THE HORTON GROUP

Tina Jenkins

Client Manager/Team Manager

Customer Service/Billing/Benefit Questions

Phone Number: 1-708-845-3102

Fax Number: 1-708-845-4102

Email Address: [tina.jenkins@thehortongroup.com](mailto:tina.jenkins@thehortongroup.com)

*The information in this Benefit Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.*

## Medical – BlueCross BlueShield of IL (Effective 12/01/16 – 12/31/17)

		P92976 \$250 Ded PPO	
		In-Network	Out-of-Network
<b>Network</b>		PPO	
<b>Annual Deductible</b>			
	Individual	\$250	
	Family	\$500	
<b>Out-of-Pocket Maximum</b>			
	Individual	\$2,000	
	Family	\$4,000	
<b>Coinsurance</b>		20%	40%
<b>Lifetime Maximum</b>		Unlimited	
<b>Physician Office Services</b>			
	Primary	\$20 Copay	40% after Ded
	Specialist	\$40 Copay	40% after Ded
<b>Preventive Care</b>		No Charge	No Charge
<b>Urgent Care Center Services</b>		20% after Ded	40% after Ded
<b>Hospital Services</b>			
	Inpatient Stay	20% after Ded	40% after \$300 Ded
	Outpatient Hospital Services	20% after Ded	40% after Ded
	Emergency Room	\$150 Copay/Visit (Copay waived if admitted)	
<b>Prescription Drugs</b>			
<b>Retail &amp; Mail Order</b>			
30 Day Supply	90 Day Supply	Retail/Mail Order	Retail/Mail Order
	Generic	20% after Ded	20% after Ded
	Formulary brand	20% after Ded	20% after Ded
	Non-formulary brand	20% after Ded	20% after Ded
	Specialty	20% after Ded	20% after Ded
<b>Limitations &amp; Exceptions For Out-of-Network Participating Drug Providers</b>			25% of eligible amount after 20%

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

To identify an in-network provider go to [www.bcbsil.com](http://www.bcbsil.com). Click on Find a Doctor or Hospital. Click the Find a Doctor or Find a Hospital link then click the Provider Finder link. Enter your specific search criteria to search network providers.

## Your Cost in 2016 & 2017

Employee Monthly Contributions			
	Employee Only	Employee + 1	Family
P92976 \$250 Ded PPO	\$144.48	\$351.84	\$466.40

## Medical – BlueCross BlueShield of IL (Effective 01/01/2017 – 12/31/2017)

	P92976 \$250 Ded PPO		PE0601 \$1,500 Ded PPO		PE0602 \$3,500 Ded HSA							
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network						
<b>Network</b>	PPO		PPO		PPO							
<b>Calendar Year Deductible</b>			Embedded									
Individual	\$250		\$1,500	\$3,000	\$3,500	\$7,000						
Family	\$500		\$3,000	\$6,000	\$7,000	\$14,000						
<b>Out-of-Pocket Maximum</b>												
Individual	\$2,000		\$4,000	\$8,000	\$3,500	\$14,000						
Family	\$4,000		\$8,000	\$16,000	\$7,000	\$28,000						
<b>Coinsurance</b>	20%	40%	20%	40%	No Charge	20%						
<b>Lifetime Maximum</b>	Unlimited		Unlimited		Unlimited							
<b>Physician Office Services</b>												
Primary	\$20 Copay	40% after Ded	\$30 Copay	40% after Ded	No Charge after Ded	20% after Ded						
Specialist	\$40 Copay	40% after Ded	\$50 Copay	40% after Ded	No Charge after Ded	20% after Ded						
<b>Preventive Care</b>	No Charge	No Charge	No Charge	40% after Ded	No Charge	20% after Ded						
<b>Urgent Care Center Services</b>	20% after Ded	40% after Ded	20% after Ded	40% after Ded	No Charge after Ded	20% after Ded						
<b>Hospital Services</b>												
Inpatient Stay	20% after Ded	40% after \$300 Ded	20% after Ded	40% after \$300 Ded	No Charge after Ded	20% after \$300 Ded						
Outpatient Hospital Services	20% after Ded	40% after Ded	20% after Ded	40% after Ded	No Charge after Ded	20% after Ded						
Emergency Room	\$150 Copay/Visit (Copay waived if admitted)		\$150 Copay/Visit (Copay waived if admitted)		No Charge after Ded							
<b>Prescription Drugs</b>												
<b>Retail &amp; Mail Order</b>	Retail/ Mail Order	Retail/ Mail Order	Retail/ Mail Order	Retail/ Mail Order	Retail/ Mail Order	Retail/ Mail Order						
30 Day Supply	90 Day Supply Generic	20% after Ded	20% after Ded	20% after Ded	20% after Ded	20% after Ded						
Formulary brand							20% after Ded	20% after Ded	20% after Ded	20% after Ded	No Charge after Ded	25% of the eligible amount
Non-formulary brand							20% after Ded	20% after Ded	20% after Ded	20% after Ded	No Charge after Ded	25% of the eligible amount
Specialty							20% after Ded	20% after Ded	20% after Ded	Not Covered	No Charge after Ded	25% of the eligible amount Not Covered
<b>Limitations &amp; Exceptions For Out-of-Network Participating Drug Providers</b>	25% of eligible amount after 20%		25% of eligible amount after 20%									

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

To identify an in-network provider go to [www.bcbsil.com](http://www.bcbsil.com) Click on Find a Doctor or Hospital. Click the Find a Doctor or Find a Hospital link then click the Provider Finder link. Enter your specific search criteria to search network providers.

### Your Cost in 2017

Employee Monthly Contributions					
	Employee Only		Employee + 1		Family
P92976 \$250 Ded PPO	\$144.48		\$351.84		\$466.40
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	
PE0601 \$1,500 Ded PPO	\$80.20	\$168.44	\$152.38	\$252.66	
PE0602 \$3,500 Ded HSA	\$49.36	\$103.64	\$93.78	\$155.48	



**MDLIVE**  
Virtual Care, Anywhere.



**Avoid the wait.**

Your life is 24/7. Now your doctor is too.



## Welcome to MDLIVE!

Coming Soon! You're eligible for MDLIVE and can activate your account beginning January 1st, 2017



Consult with a board-certified doctor by phone, secure video, or MDLIVE app—anytime, from anywhere



Average wait time is less than 10 minutes to see a state-licensed, board-certified physician averaging



Your family members are also eligible, and we have pediatricians available 24/7



PPO: \$20, HSA: \$40, once deductible is met coinsurance will apply.

### Non-emergency conditions we treat:

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Headache
- Insect bites
- Nausea / Vomiting
- Pink eye
- Rash
- Respiratory problems
- Sore throats
- Urinary problems / UTI
- Vaginitis
- And more

e-prescriptions can be sent to your local pharmacy (if needed).

Registration begins January 1st, 2017



Download the MDLIVE App



MDLIVE does not replace the primary care physician. MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. MDLIVE interactive audio consultations with store and forward technology are available 24/7/365, while video consultations are available during the hours of 7 am to 9 pm 7 days a week or by scheduled availability. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit [www.mdlive.com/pages/terms.html](http://www.mdlive.com/pages/terms.html) 120115  
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## **Health Savings Account (HSA)**

### **What is a Health Savings Account?**

Otherwise known as a HSA, a health savings account can be funded with pre-tax dollars. Funds from the account can help pay for qualified medical, dental or vision expenses not paid by an insurance plan, including the deductible and coinsurance.

### **Who is not eligible to open and contribute to a HSA Bank Account?**

- Employees who are enrolled in Medicare Part A
- If you or your spouse are enrolled in a regular medical FSA-limited FSA enrollment is okay.
- Anyone who has dual coverage (HSA participant covered by another plan not HSA compatible)
- Employees who are receiving Tri-Care Benefits.

### **2016 Maximum HSA Contribution Limit?**

- \$3,350 for individual coverage
- \$6,750 for family coverage
- Individuals age 55 or older are eligible to make a catch-up contribution of \$1,000
- These amounts will be prorated if you are on the plan for less than 12 months

### **2017 Maximum HSA Contribution Limit?**

- \$3,400 for individual coverage
- \$6,750 for family coverage
- Individuals age 55 or older are eligible to make a catch-up contribution of \$1,000

## **Commonly Asked Questions & Answers:**

### **What expenses are eligible for reimbursement for my HSA?**

HSA dollars may be used for qualified medical, dental and vision expenses incurred by the account holder and his or her spouse and dependents. Qualified medical expenses are outline within IRS Section 213 (d). In summary the IRS Section 213 (d) states that *“the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness.”*

### **What happens when my HSA funds run out?**

You may be financially responsible for any eligible medical expenses that fall within the coverage gap.

### **Can I use my HSA dollars for non-eligible expenses?**

Money withdrawn from an HSA account to reimburse non-eligible medical expenses is taxable income to the account holder and is subject to a 20% tax penalty-unless over age 65, disabled or upon death of the account holder.

### **When can I start using my HSA dollars?**

You can use your HSA dollars immediately following your HSA account activation and once contributions have been made.

### **What if I have HSA dollars left in my account at year-end?**

The money is yours to keep. It will continue to earn interest and will be available for you and your health care costs next year.

### **What happens to my HSA dollars if I leave my employer?**

The funds are yours to keep. You may elect one of the following options:

- Leave your funds in the current HSA account
- Transfer your funds to an HSA with your new employer
- Transfer your funds to another qualifying account within 60 days

## Voluntary Dental – Delta Dental (Effective 12/01/2016 – 12/31/2017)

Network	Low Plan			High Plan		
	Delta Dental PPO*	Delta Dental Premier**	Non-Network***	Delta Dental PPO*	Delta Dental Premier**	Non-Network***
<b>Annual Deductible</b> (Does Not Apply To Preventive Services)						
Individual	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150	\$150	\$150
<b>Calendar Year Maximum</b>	\$1,000/Person			\$1,500/Person		
<b>Preventive / Diagnostic Services</b>						
Routine exams (two per benefit year)	No Charge	20%	20%	No Charge	20%	20%
Cleanings (two per benefit year)	No Charge	20%	20%	No Charge	20%	20%
Space maintainers (to age 14)	No Charge	20%	20%	No Charge	20%	20%
Sealants (to age 16)	No Charge	20%	20%	No Charge	20%	20%
<b>Basic Services</b>						
IV sedation	20%	40%	40%	20%	40%	40%
Pin retention	20%	40%	40%	20%	40%	40%
Stainless steel crowns	20%	40%	40%	20%	40%	40%
House calls	20%	40%	40%	20%	40%	40%
Injection of antibiotic drugs	20%	40%	40%	20%	40%	40%
<b>Major Restorative Services</b>						
Crowns/ Onlays	50%	50%	50%	50%	50%	50%
Periodontics	50%	50%	50%	50%	50%	50%
Endodontics	50%	50%	50%	50%	50%	50%
Oral surgery	50%	50%	50%	50%	50%	50%
Fixed/removable bridges	50%	50%	50%	50%	50%	50%
Implants	50%	50%	50%	50%	50%	50%
<b>Orthodontic Services (to age 19)</b>	Not Covered			50% up to a lifetime Maximum of \$1,000		
Treatment necessary for proper alignment of teeth						

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

To identify an in-network provider go to [www.deltadentalil.com](http://www.deltadentalil.com)

\*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's allowed PPO fee. PPO network dentists cannot charge you for costs exceeding the PPO fee.

\*\*Delta Dental Premier dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. Premier dentists may not charge you for costs exceeding the maximum plan allowance.

\*\*\*Non-network dentists (non-Delta Dental PPO/non-Delta Dental Premier) do not agree to accept Delta Dental's allowed fees as payment in full; payment is based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. These dentists can charge you for costs exceeding the maximum plan allowance.

## Your Cost in 2016 & 2017

Employee Monthly Contributions				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
<b>Low Plan</b>	\$23.20	\$46.40	\$47.45	\$82.18
<b>High Plan</b>	\$34.32	\$68.64	\$74.13	\$118.27



## Voluntary Vision – VSP (Effective 12/01/2016 – 12/31/2017)

Benefits	Frequency	In-Network	Out-of-Network
<b>Network</b>		VSP Choice	
<b>Eye Examination</b>	12 months	No charge after \$10 Copay	Reimbursement up to \$40
<b>Standard Lenses</b>	12 Months	No charge after \$25 Materials Copay	Reimbursement up to \$30
Single Vision		No charge after \$25 Materials Copay	Reimbursement up to \$50
Bifocal		No charge after \$25 Materials Copay	Reimbursement up to \$65
Trifocal		No charge after \$25 Materials Copay	
<b>Frames</b>	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
<b>Contact Lenses</b>	12 Months	\$130 allowance for contacts; copay does not apply.	Reimbursement up to \$105
Elective		Contact lens exam (fitting and evaluation) Copay up \$60	N/A
Contact Exam			
<b>Additional Benefits (In-Network Only)</b>			
<p><b>Glasses and Sunglasses:</b></p> <ul style="list-style-type: none"> <li>• Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Retinal Screening:</b></p> <ul style="list-style-type: none"> <li>• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction:</b></p> <ul style="list-style-type: none"> <li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>			

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

To identify an in-network provider go to [www.vsp.com](http://www.vsp.com)

## Your Cost in 2016 & 2017

Employee Monthly Contributions				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
VSP Choice	\$8.38	\$13.41	\$13.69	\$22.07

## Employee Life & AD&D – Dearborn National

County of LaSalle provides and pays for Group Life and AD&D Insurance for all full time employees that are also enrolled into one of County of LaSalle’s medical plans. The beneficiary you designate will receive the Life Insurance benefit. Please contact Human Resources to update any beneficiary information.

Life	
Amount	\$20,000
Accidental Death and Dismemberment (AD&D)	
Amount	\$20,000
Benefit Reduction	
<ul style="list-style-type: none"><li>Benefit reduces by 50% upon attainment of age 70.</li></ul>	

See Certificate of Coverage for full policy details including limits and exclusions-for a copy please see Human Resources.





**HORTON**