

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

*You will not be balance billed for charges exceeding Delta Dental's allowed PPO fees.
 **You will not be balanced billed for charges exceeding Delta Dental's maximum plan allowances (MPAs).
 ***You are responsible for charges exceeding Delta Dental's MPAs.

To Locate Participating Dental Providers

- Visit www.deltadentalil.com/smartmouth, select "Find a Provider," and complete your location or name.
- Select the Delta Dental PPO network for the highest level of benefits, and follow the on-screen instructions.

Delta Dental Premier® is a safety net for our Delta Dental PPO network. You will pay more out-of-pocket with a Delta Dental Premier dentist compared to a Delta Dental PPO dentist. However, you may save more money with a Delta Dental Premier dentist compared to a non-network dentist. Delta Dental Premier Dentists agree to our maximum plan allowances as payment in full, which may be lower than what a dentist would typically charge.

Benefit Summary

The Who's Who of Your Lake County Benefit Plans

HMO:

- **Blue Cross Blue Shield (BCBS)** is the claims administrator for Lake County's HMO medical plans.

» Contact BCBS for questions concerning membership, plan benefits, or status of claim payments. HMO Customer Service Representatives can be reached at **800.892.2803**; Monday through Friday from 8:00 a.m. to 5:00 p.m. CST.

» BCBS's website is both user-friendly and informative. The site allows you to seek answers about BCBS and available HMO doctors and hospitals, and to link to vendor sites. Their web address is www.bcbsil.com.

- **Blue Cross Blue Shield** offers convenient online tools and personalized telephone services that help support, inform and motivate individuals in their wellness efforts. All employees, spouses, and dependents covered under Lake County's medical plan can participate at no charge to you.

» **Well onTarget®** is a program that can give you the support you need to make healthy choices while rewarding you for your hard work. **Blue Points** is a program that rewards you for engaging in healthy activities including filling out a Health Assessment, syncing a fitness device, and more. Join the low cost Fitness Program with access to more than 10,000 fitness locations nationwide. Employees can access Well onTarget through BlueAccess for Members or www.wellontarget.com.

» **NEW! Wondr** assists you in losing weight and improving your health at no cost to you! Wondr is a digital behavioral change program that teaches skills to help you create a healthy relationship with food, lose weight, sleep better, lower stress, and improve your overall quality of life without counting calories, restricting foods, or giving up the foods you love.

PPO:

- **Blue Cross Blue Shield (BCBS)** is the claims administrator for Lake County's PPO medical plans.

» Contact BCBS for questions concerning membership, plan benefits, status of claim payments, and more. PPO Customer Service Health Advocates are available at **877.245.5681**, 24 hours a day, 358 days of the year (closed for major holidays).

» **New for 7/1/22: Health Advocacy Solutions:** Your personal Health Advocate can help you with understanding your benefits, schedule medical appointments, navigate a chronic illness or new diagnosis, prepare for upcoming surgery, get a preauthorization, or save money on your health care. You can also engage via multiple 24/7 communication channels including the BCBSIL mobile app and the My Evive digital member hub – both of which feature live chat and secure messaging with a Health Advocate. The My Evive Hub also offers proactive engagement, mobile-first design connecting you with your other benefit carriers, in addition to your BCBSIL medical plan!

» **The Evive Digital Member Hub** will get you access to BCBSIL's website as well as links to other carrier and vendor websites. Their web address is www.myevive.com.

» **Well onTarget®** is a program that can give you the support you need to make healthy choices while rewarding you for your hard work. **Blue Points** is a program that rewards you for engaging in healthy

activities including filling out a Health Assessment, syncing a fitness device, and more. Join the low cost Fitness Program with access to more than 10,000 fitness locations nationwide. Employees can access Well onTarget through EVIVE at www.myevive.com.

» **Member Rewards** is a program that offers cash rewards when a lower cost, high-quality provider is selected. This program allows you to minimize your out-of-pocket costs, and give you a cash reward. Speak with a Health Advocate for more information.

» **MDLIVE:** Call a Health Advocate at **877.245.5681** or download the EVIVE app to access MDLIVE and connect with a board certified doctor 24/7 (Virtual Visit). You will pay your portion of the Virtual Visit based on your medical plan provisions.

- **Express Scripts** is your prescription benefit manager for Lake County's prescription drug programs. Retail and mail services on the medical programs are administered through Express Scripts.

» Express Scripts customer service representatives can be reached at 800.294.7041, 24 hours a day, 7 days a week. Contact Express Scripts for questions regarding drug orders, account information, and to refill prescriptions.

» Or you can visit Express Scripts online at www.express-scripts.com to order prescription refills, check order status, locate participating retail pharmacies, find ways to save money on your medications through generics and mail order, and ask a pharmacist questions 24/7.

- **Express Scripts Smart90 Program:** If you take maintenance medications (long-term medications), be sure to obtain a 90-day/3-month supply from Walgreens, CVS or through Express Scripts home delivery to avoid paying the full cost of the prescription. Call **800.294.7041** or visit www.express-scripts.com/90day for more information.

- **Delta Dental** is the claims administrator of dental benefits for you and your family. Delta Dental offers both telephonic and web access to your personal information to assist you in managing your dental benefits.

» **Telephonic:** A Delta Dental Customer Service Representative can be reached at **800.323.1743**, Monday through Thursday from 7:00 a.m. to 7:00 p.m. CST, Friday from 7:00 a.m. to 6:00 p.m. CST, or the automated system is available 24 hours a day, seven days a week. Here you can verify eligibility status, review plan benefits, check on the status of a claim, and get claim forms.

» **Web:** Employees can access their benefits at www.deltadentalil.com. This website offers you the ability to view claim status and eligibility information, view a summary of your dental benefits, as well as locate a dentist in your area.

- **VSP (Vision Service Plan)** is the vision carrier for Lake County.

» To see a list of participating providers near you, go to www.vsp.com.

» VSP Member Services is available Monday through Saturday from 7:00 a.m. to 6:00 p.m. CST; closed on Sunday.

- **NEW! Securian** is the life insurance carrier for your basic employer-paid and supplemental employee-paid life insurance benefits. Securian's Customer Service Representatives are managed through Ochs and can be reached at **800.392.7295**, Monday through Friday from 8:00 a.m. to 4:30 p.m. CST.

Vision Plans

Benefits	Basic Provider Network: VSP Choice			Enhanced 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	• \$170 featured frame brands allowance • \$150 frame allowance • 20% savings on the amount over your allowance • \$80 Walmart/Sam's Club/Costco frame allowance	Included in Prescription Glasses	Every other calendar year	• \$170 featured frame brands allowance • \$150 frame allowance • 20% savings on the amount over your allowance • \$80 Walmart/Sam's Club/Costco frame allowance	Included in Prescription Glasses	Every calendar year
Lenses	• Single vision, lined bifocal, and line trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year	• Single vision, lined bifocal, and line trifocal lenses • Polycarbonate 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 ProgramSM	• 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

Medical Plans

Benefits	Blue Cross Blue Shield of Illinois Traditional PPO*	Blue Cross Blue Shield of Illinois CDHP PPO 80/20 Plan
Coinsurance		
Network	80%	80%
Non-Network	60%	60%
Deductible		
Network	\$700 individual / \$1,400 family	\$1,500 individual / \$3,000 family
Non-Network	\$1,400 individual / \$2,800 family	\$2,100 individual / \$4,200 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

* Only eligible if hired prior to 01/01/2016

PPO HSA Plan Information

Also referred to as a High Deductible Health Plan (HDHP), the HSA Plan utilizes higher deductibles supplemented with a Health Savings Account (HSA) that can be funded with your tax-exempt dollars. The HSA account can be used to help pay for eligible medical, dental, and vision expenses not covered by an insurance plan, including deductible, coinsurance, and even health insurance in some cases. Some benefits of the HSA plan include: cost savings due to tax benefits and lower medical plan contributions, long-term financial benefits as funds roll over from year to year, and the choice to control and manage your health care expenses.

Blue Cross Blue Shield of Illinois HMO Illinois	Blue Cross Blue Shield of Illinois Blue Advantage HMO
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



Lake County complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Lake County does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.