



LAKE COUNTY EMPLOYEE INSURANCE CONTRIBUTION RATES

(For months with 3 pay dates, only 2 deductions will be taken)

FULL-TIME EMPLOYEE RATES			
BLUECROSS BLUESHIELD TRADITIONAL PPO *			
	Employee	Employee + 1	Family
Monthly	\$95.65	\$208.09	\$336.27
Bi-Weekly	\$47.83	\$104.05	\$168.14
BLUECROSS BLUESHIELD CDHP PPO			
	Employee	Employee + 1	Family
Monthly	\$80.04	\$178.88	\$294.88
Bi-Weekly	\$40.02	\$89.44	\$147.44
BLUECROSS BLUESHIELD HMO IL			
	Employee	Employee + 1	Family
Monthly	\$55.83	\$121.39	\$219.68
Bi-Weekly	\$27.92	\$60.70	\$109.84
BLUECROSS BLUESHIELD HMO-Blue Advantage			
	Employee	Employee + 1	Family
Monthly	\$39.38	\$89.32	\$166.18
Bi-Weekly	\$19.69	\$44.66	\$83.09
DELTA DENTAL			
	Employee	Employee + 1	Family
Monthly	\$8.88	\$26.62	\$49.69
Bi-Weekly	\$4.44	\$13.31	\$24.85
SUPERIOR VISION - Basic			
	Employee	Employee + 1	Family
Monthly	\$7.17	\$13.17	\$22.28
Bi-Weekly	\$3.59	\$6.59	\$11.14
SUPERIOR VISION - Enhanced			
	Employee	Employee + 1	Family
Monthly	\$8.78	\$16.12	\$27.27
Bi-Weekly	\$4.39	\$8.06	\$13.64
PART-TIME EMPLOYEE RATES			
BLUECROSS BLUESHIELD TRADITIONAL PPO *			
	Employee	Employee + 1	Family
Monthly	\$780.84	\$1,460.25	\$2,069.34
Bi-Weekly	\$390.42	\$730.13	\$1,034.67
BLUECROSS BLUESHIELD CDHP PPO			
	Employee	Employee + 1	Family
Monthly	\$780.84	\$1,460.25	\$2,069.34
Bi-Weekly	\$390.42	\$730.13	\$1,034.67
BLUECROSS BLUESHIELD HMO IL			
	Employee	Employee + 1	Family
Monthly	\$676.72	\$1,184.25	\$1,793.32
Bi-Weekly	\$338.36	\$592.13	\$896.66
BLUECROSS BLUESHIELD HMO-Blue Advantage			
	Employee	Employee + 1	Family
Monthly	\$583.34	\$1,020.85	\$1,545.85
Bi-Weekly	\$291.67	\$510.43	\$772.93
DELTA DENTAL			
	Employee	Employee + 1	Family
Monthly	\$35.53	\$76.05	\$99.39
Bi-Weekly	\$17.77	\$38.03	\$49.70
SUPERIOR VISION - Basic			
	Employee	Employee + 1	Family
Monthly	\$7.17	\$13.17	\$22.28
Bi-Weekly	\$3.59	\$6.59	\$11.14
SUPERIOR VISION - Enhanced			
	Employee	Employee + 1	Family
Monthly	\$8.78	\$16.12	\$27.27
Bi-Weekly	\$4.39	\$8.06	\$13.64
FULL-TIME EMPLOYEE LIFE INSURANCE RATES			
OPTIONAL LIFE INSURANCE (x1, 2, 3, 4, 5 Salary)		Premium Calculator Example (Age 40)	
Rate per \$1,000 coverage based on age			
Employee & Spouse			
Under 25	\$0.050	45-49	\$0.186
25-29	\$0.060	50-54	\$0.292
30-34	\$0.080	55-59	\$0.486
35-39	\$0.090	60-64	\$0.745
40-44	\$0.122	65-69	\$1.337
		70+	\$2.060
Dependent Children \$0.295 per \$2,000			
$\begin{array}{l} \$35,500 \times 3 \\ \text{Salary} \end{array} = \$106,500 \text{ round} = \$107,000$		$\begin{array}{l} \text{Total Coverage} \\ \text{(round to next \$1,000)} \end{array}$	
$\begin{array}{l} \$107,000 = 107 \\ \text{Total / 1,000} \end{array}$		$\begin{array}{l} \times \$0.122 \\ \text{Age Rate} \end{array} = \$ 13.05$	
Total / 1,000		Monthly Cost	

Rates Effective 01-01-2016

* Traditional PPO available for hires prior to 01-01-2016

Lake County Plan Costs

Benefits	Traditional PPO In-Network	Traditional PPO Out-of-Network	CDHP PPO	CDHP PPO Out-of-Network	HMO/HMO Blue Advantage
Individual Deductible	\$700	\$1,400	\$1,300 (LC will fund this amount into HSA)	\$2,100	--
Family Deductible	\$1,400	\$2,800	\$2,600 (LC will fund this amount into HSA) **	\$4,200	--
Co-Insurance (Your share of the cost for a covered service)	20%	40%	20%	40%	—
Out-of-Pocket Max (OOP) Single Family/Single+1	\$1,850 \$3,700	\$3,800 \$7,600	\$1,500 \$3,000	\$3,000 \$6,000	\$1,500 \$3,000
Once the OOP has been met for each plan, There are no future costs for the member to pay for the remainder of the plan year					
Prescription Drug (RX) (Express Scripts)	Co-Pays: \$10 Generic \$35 Formulary \$50 Non-Formulary	Co-Pays: \$10 Generic \$35 Formulary \$50 Non-Formulary	Subject to Deductible & then OOP		Co-pays: \$10 Generic \$35 Formulary \$50 Non-Formulary
RX Out-of-Pocket Max (OOP) Single Family/Single+1	\$4,300 \$8,600	\$4,300 \$8,600	N/A: see Medical OOP		\$4,300 \$8,600
Preventative Care	No Charge	Subject to Deductible & OOP	No Charge	Subject to Deductible & OOP	No Charge
Physician/Specialist Office Visits	\$30 co-pay	Subject to Deductible & OOP	Subject to Deductible & OOP	Subject to Deductible & OOP	\$25 co-pay / \$30 co-pay
Emergency Room	\$125 co-pay Plus Subject to Deductible & OOP		Subject to Deductible & OOP	Subject to Deductible & OOP	\$125 co-pay

Additional Information:

- ◆ **Deductible Information**
 - Traditional PPO: Has two individual deductibles within the family deductible. Once one member meets an individual deductible, that member will then be subject to the co-insurance.
 - CDHP PPO: There are no individual deductibles imbedded in this plan for family coverage. The full family deductible must be met prior to any member being subject to the co-insurance.
- ◆ Children are covered through the end of the month in which they turn 26.
- ◆ **** In order to receive the full county funding amount for the Health Savings Account, employees must complete the Health Risk Assessment.**