# CHAMPAIGN COUNTY

# 2021 BENEFITS ENROLLMENT

# BENEFITS OVERVIEW

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**Champaign County** is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and voluntary term life), and Champaign County provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

### Benefits Offered

- Medical - BCBSIL
- Dental - Delta Dental of IL
- Vision - EyeMed
- Group Life and AD&D - Reliance Standard
- Optional Term Life and AD&D - Reliance Standard
- Flexible Spending Accounts - Benefit Planning Consultants (BPC)
- Voluntary Accident Plan - Allstate
- Voluntary Cancer Plan - Allstate

### Eligibility

You and your dependents are eligible for Champaign County benefits once you satisfy your eligibility period.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Champaign County eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

# MEDICAL BENEFITS

**Administered by BlueCross BlueShield of Illinois**

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Champaign County.

Champaign County offers you a PPO medical plan. With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

| | PPO PLAN | |
|---|---|---|
| | **In-Network** | **Out-of-Network** |
| Lifetime Benefit Maximum | Unlimited | |
| Annual Deductible | $2,000 single / $4,000 family | $4,000 single / $8,000 family |
| Annual Out-of-Pocket Maximum | $2,000 single / $4,000 family | $4,000 single / $8,000 family |
| Coinsurance | 0% | 20% |
| DOCTOR'S OFFICE | | |
| Primary Care Office Visit | $25 copay per visit | 20% after deductible |
| Specialist Office Visit | $50 copay per visit | 20% after deductible |
| Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms) | 0% | 20% after deductible |
| Virtual Visit | $25 copay per visit | N / A |
| PRESCRIPTION DRUGS | | |
| Retail—Generic Drug (30-day supply) | $7 copay | $7 copay |
| Retail—Preferred brand Drug (30-day supply) | $25 copay | $25 copay |
| Retail—Non-Preferred brand Drug (30-day supply) | $50 copay | $50 copay |
| Retail—Specialty Drug (30-day supply) | $100 copay | Not covered |
| Mail Order—Generic Drug (90-day supply) | $14 copay | Not covered |
| Mail Order—Preferred brand Drug (90-day supply) | $50 copay | Not covered |
| Mail Order—Non-Preferred brand Drug (90-day supply) | $100 copay | Not covered |

**For Out-of-Network drug provider, you are responsible for 25% of the eligible amount after the copay**

# MEDICAL BENEFITS

| | PPO PLAN | |
|---|---|---|
| | **In-Network** | **Out-of-Network** |
| HOSPITAL SERVICES | | |
| Emergency Room | $200 copay per visit | $200 copay per visit |
| Inpatient | 0% after deductible | 20% after deductible |
| Outpatient Surgery | 0% after deductible | 20% after deductible |
| Ambulance Service | $100 copay per visit | $100 copay per visit |
| MENTAL HEALTH SERVICES | | |
| Inpatient Services | 0% after deductible | 20% after deductible |
| Outpatient Services | $25 copay per visit | 20% after deductible |
| SUBSTANCE ABUSE SERVICES | | |
| Inpatient Services | 0% after deductible | 20% after deductible |
| Outpatient Services | $25 copay per visit | 20% after deductible |
| OTHER SERVICES | | |
| Maternity Services | $25 copay per visit | 20% after deductible |
| All other maternity hospital/ physician services | 0% after deductible | 20% after deductible |
| Muscle Manipulation Services (30 visits per calendar year) | 0% after deductible | 20% after deductible |
| Physical, Occupational and Speech Therapy Services | 0% after deductible | 20% after deductible |
| Skilled Nursing | 0% after deductible | 20% after deductible |

## Prior Authorization / Pre-Certification

Blue Cross and Blue Shield has established programs to review certain services in order to determine if they are medically necessary.

### Prior Authorization Required

- Inpatient Hospital Services
- Skilled Nursing Facility Services
- Services received in a Coordinated Home Care Program
- Private Duty Nursing

Call the Medical Services Advisory (800.635.1928) number on your ID Card PRIOR to services being rendered. There will be a penalty applied to any claim payment when you do not call which will result in a reduction in your benefits.

### Pre-Certification Required

- Certain Surgeries (back / gastric bypass are a few examples)
- Imaging (CT / PET / MRI)
- Mental Health / Behavioral Health Services
- Durable Medical Equipment
- Hospice Services

Call the Customer Service (800.828.3116) number on your ID card PRIOR to services being rendered. Failure to pre-certify may result in the denial of claim. Behavioral Health certifications can call 800.851.7498.

This is not a complete list of services requiring Prior Authorization or Pre-Certification. Please review your benefit booklet for details.

## Provider Finder

Call - using the number on the back of your card

Online - go to www.bcbsil.com

Mobile device - get the app, text BCBSILAPP TO 33633 or search for BCBSIL in iTunes App or Google Play

# DENTAL BENEFITS

**Administered by Delta Dental**

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Champaign County dental benefit plan.

The County offers two dental plans to full-time/full-year employees. The first – Network Plan, has the lowest premium rate and requires that you seek services from an in-network provider. The second – Premier Plan, has a higher premium rate and allows you to see any dentist. To search for in-network dentist visit www.deltadentalil.com/provider-search. If the dentist you wish to seek services from does not populate on the search, consider enrolling in the Delta Dental Non-Network plan.

| DELTA DENTAL **NETWORK PLAN** | | | |
|---|---|---|---|
| SERVICES | DELTA DENTAL PPO NETWORK DENTIST | DELTA DENTAL PREMIER® NETWORK DENTIST | NON-NETWORK DENTIST |
| Annual Deductible | $50 per person; $150 family limit | $100 per person; $300 family limit | $100 per person; $300 family limit |
| Annual Benefit Maximum | $1,200 | $1,200 | $1,200 |
| Preventive Dental Services (cleanings, oral evaluations, sealants, x-rays) | 100%* | 70%** | 70%*** |
| Basic Dental Services (fillings, x-rays, emergency exams & palliative) | 80% after deductible* | 50% after deductible** | 50% after deductible*** |
| Major Dental Services (crowns, jackets, cast restorations, endodontics) | 50% after deductible* | 50% after deductible** | 50% after deductible*** |
| Orthodontia Services (covered to age 19) | 50% to $1,000 lifetime maximum | 50% to $1,000 lifetime maximum | 50% to $1,000 lifetime maximum |

This is the benefit summary of the Delta Dental Network Plan. You and each dependent insured, has an annual benefit maximum of $1,200. If you do not expend the full annual benefit, the balance rolls to the next benefit plan year. Certain health conditions qualify you and/or dependents for coverage of additional cleanings in a benefit year. Please review the benefit booklet for a listing of these specific health conditions. Your annual cleanings and bitewing x-rays, aka-preventative services, provided by Delta Dental Network/ PPO provider are covered at 100%. Basic and major services are subject to a deductible as listed above. Once the deductible has been met, Delta pays 80% for basic services and 50% for major services. Orthodontic benefit is available for members under the age of 19. The maximum lifetime orthodontic benefit is $1000.

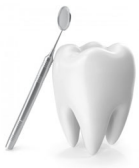
TOGO Benefit - Allows you to carry forward any unused amount of your annual benefit maximum into the future.

**For additional information regarding the Delta Dental Plans, please visit the benefit tab on the county employee website.**

**Provider Finder**

Call - 1.800.323.1743

Online - go to 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.

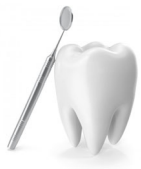
# DENTAL BENEFITS

| DELTA DENTAL **PREMIER PLAN** | | | |
|---|---|---|---|
| SERVICES | DELTA DENTAL PPO NETWORK DENTIST | DELTA DENTAL PREMIER® NETWORK DENTIST | NON-NETWORK DENTIST |
| Annual Deductible | $50 per person; $150 family limit | $50 per person; $150 family limit | $50 per person; $150 family limit |
| Annual Benefit Maximum | $1,200 | $1,200 | $1,200 |
| Preventive Dental Services (cleanings, oral evaluations, sealants, x-rays) | 100%* | 100%** | 100%*** |
| Basic Dental Services (fillings, x-rays, emergency exams & palliative) | 80% after deductible* | 80% after deductible** | 80% after deductible*** |
| Major Dental Services (crowns, jackets, cast restorations, endodontics) | 50% after deductible* | 50% after deductible** | 50% after deductible*** |
| Orthodontia Services (covered to age 19) | 50% to $1,000 lifetime maximum | 50% to $1,000 lifetime maximum | 50% to $1,000 lifetime maximum |

This is the benefit summary of the Delta Dental Non-Network Plan. You and each dependent insured, has an annual benefit maximum of $1,200. If you do not expend the full annual benefit, the balance rolls to the next benefit plan year. Certain health conditions qualify you and/or dependents for coverage of additional cleanings in a benefit year. Please review the benefit booklet for a listing of these specific health conditions. Your annual cleanings and bitewing x-rays, aka-preventative services, provided by Delta Dental Network/PPO provider are covered at 100% of the maximum plan allowance. Basic and major services are subject to a deductible as listed above. Once the deductible has been met, Delta pays 80% of maximum plan allowance for basic services and 50% of maximum plan allowance for major services. Please note that you can be balanced billed by the provider for difference between dentist charge and the maximum plan allowance. Orthodontic benefit is available for members under the age of 19. The maximum lifetime orthodontic benefit is $1000.

TOGO Benefit - Allows you to carry forward any unused amount of your annual benefit maximum into the future.

**For additional information regarding the Delta Dental Plans, please visit the benefit tab on the county employee website.**



**Provider Finder**

Call - 1.800.323.1743

Online - go to 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.

# VISION BENEFITS

## Administered by EyeMed

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

The vision plan covers many services with a variety of low co-pays. An advantage of this plan over many vision plans is that you can obtain exams, lenses and frames every 12 months if you wish.

Contacts are available instead of glasses. Some employees alternate their benefits obtaining glasses one year and contacts the next year.

If you purchase frames above the plan network allowance, the additional amounts are discounted so you never pay full price for your frames with this plan.

### Your coverage from a EyeMed doctor

| SERVICE | IN-NETWORK | OUT-OF-NETWORK |
|---|---|---|
| Eye Exam — once every 12 months | $10 copay | Up to $40 |
| LENSES — ONCE EVERY 12 MONTHS | | |
| Single Vision Lenses | $25 copay | Up to $30 |
| Lined Bifocal Lenses | $25 copay | Up to $50 |
| Lined Trifocal Lenses | $25 copay | Up to $70 |
| Lenticular Lenses | $25 copay | Up to $70 |
| Frames — once every 12 months | $130 allowance; 20% off balance over $130 | Up to $91 |
| CONTACT LENSES — ONCE EVERY 12 MONTHS IF YOU ELECT CONTACTS INSTEAD OF LENSES/FRAMES | | |
| Conventional | $130 allowance; 15% off balance over $130 | Up to $130 |
| Disposable | $130 allowance; plus balance over $130 | Up to $130 |
| Medically necessary | Paid in full | Up to $210 |

No need for an ID card. To take advantage of your EyeMed vision benefit, simply contact a EyeMed provider and let them know you have EyeMed coverage—they handle the paperwork for you.

As you can see there is a copayment required for an eye exam and lenses. Eye Med pays the first $130 for frames and you receive a 20% discount on the frame balance. You may get an eye exam, lenses and frames once PER 12 months. A copy of the Eye Med plan booklet is available on the benefits tab of the Champaign County employee website.

### Provider Finder

Call - 1.866.723.0596

Online - go to www.eyemed.com. You're on the ACCESS Network

# LIFE INSURANCE

## LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

**Insured by Reliance Standard Life Insurance**

### Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Champaign County. The company provides basic life insurance of $20,000 at no cost to you.

### Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Champaign County provides AD&D coverage of $20,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above.

## VOLUNTARY LIFE AND AD&D INSURANCE

**Insured by Reliance Standard Life Insurance**

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to $200,000 and up to $30,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

**Employee**— In increment of $10,000; up to $300,000 maximum amount
(Amount of life insurance equal to $150,000 or more may be subject to an earnings cap)

**Spouse**— In increment of $5,000; up to $100,000 maximum amount
(spouse amount may not exceed 50% of employee amount)

**Children**— Birth to age 6 months : $250
6 months to age 26 : $10,000

During open enrollment you can purchase optional term life insurance coverage. You can purchase up to $20,000 guaranteed issue for yourself, $10,000 guaranteed issue for your spouse and $10,000 for each of your children. If you currently have optional term life insurance coverage, you can increase your coverage by $20,000 and increase spouse coverage by $10,000. The employee maximum is 5 times your annual salary or $300,000; whichever is less. Spouse coverage cannot be more than 50% of employee coverage, with a maximum amount of $100,000. Premiums are based upon employee date of birth. The premium cost for child coverage is $.50 per paycheck, no matter the number of children covered. Child coverage ends at age 19.

### *Additional Value Added Services with Reliance Standard

Travel Assistance 24-Hour
Anytime you need assistance while traveling 24 hours a day, 365 days a year we can help with -

- Pre-Trip Assistance
- Emergency Medical Transportation
- Emergency Personal Assistance
- Medical Assistance Services

Calling within the US 800.456.3893
Calling worldwide 603.328.1966

### *Bereavement Support

Provides confidential and professional support services to covered employees and family members to cope with the loss of a loved one - at no additional cost. To access services contact ACI Specialty Benefits at rsli@acieap.com or call 855.775.4357.

- Grief Counseling
- Legal and Financial Services

# FLEXIBLE SPENDING

## Administered by Benefit Planning Consultants (BPC)

A Flexible Spending Account allows you to set aside pre-tax dollars to pay for medical and/or dependent care expenses. By participating in this plan, you will save on payroll taxes. Money set aside in the medical flexible spending account is available to you on the first day of the plan year – January 1 or your effective date.

### MEDICAL Flexible Spending Accounts

#### Medical Flex Summary

You may use your medical flexible spending account funds for yourself, your spouse and eligible children to the age of 26. Your spouse and children do not have to be enrolled on your medical insurance in order to submit request for reimbursement. Expenses that you can submit for reimbursement include, copayments, deductible expenses, prescription copayments, dental and vision expenses. Over the counter supplies and medicines are also eligible for reimbursement. There are some items that are not eligible for reimbursement – such as, cosmetic surgery, teeth whitening, weight loss program food items.

### DEPENDENT CARE Flexible Spending Accounts

#### Dependent Care Flex Summary

The Dependent Care Flexible Spending account can be used for reimbursement of childcare expenses, including before and after school care and summer day camps. These flex dollars are available after they have been deducted from your paycheck – which is different that the medical flexible spending account. The maximum you can set aside in a dependent care flexible spending account is $5000 per family. Only expenses from providers with a tax ID number are eligible to be reimbursed from a dependent care flexible spending account.

#### Limitations on Flex

You are unable to change your flexible spending account unless you have a qualifying life change event. Expenses must be incurred within the plan year. Our plan year is January 1 to December 31. You cannot move medical fund to dependent care account and vice versa. You have 90 days after the plan year end to submit reimbursements. Any unused funds at the end of the plan year are forfeited. If you have not participated in a Flexible Spending Account before, be conservative in your first year.

### Flex Plan Election Limits

The maximum you can set aside in a medical flexible spending account in 2021 is $2750 or $114.58 per paycheck. The maximum you can set aside in a dependent care flexible spending account in 2021 (PER FAMILY) is $5,000 or $208.33 per paycheck.

#### Provider Phone and Website

Call - 800.355.2350

Online - go to www.bpcinc.com

# VOLUNTARY PLANS

## VOLUNTARY ACCIDENT PLAN

**Insured by Allstate**

The accident coverage pays cash benefits for expenses associated with an off the job accidental injury. On the job accidents are covered by the County's worker's compensation policy. The Allstate accident brochure can be found on the Champaign County employee's website.

| | COST PER PAYCHECK | | |
|---|---|---|---|
| TIER | PLAN A | PLAN B | PLAN C |
| Employee | $7.76 | $14.59 | $39.79 |
| EE + Spouse | $14.44 | $21.27 | $46.47 |
| EE + Child(ren) | $15.93 | $22.76 | $47.96 |
| EE + Family | $19.64 | $26.47 | $51.67 |

Here are the premium rates for the Allstate accident coverage. Plan B includes disability rider benefit for an employee. The disability benefit is $1000 per month. The disability benefit pays if you have an off the job accident that prevents you from working. Plan C includes a disability rider benefit if you become ill and cannot work. Maternity leave would be in this category. Please see the brochure for a listing of other illnesses that would qualify for disability benefit.

## VOLUNTARY CANCER PLAN

**Insured by Allstate**

The cancer coverage pays cash benefits for cancer expenses over and above medical benefits paid. The plan also covers numerous other illness, please see the plan brochure for a listing of other illnesses covered. A copy of the plan brochure can be found on the Champaign County Employee's website.

| | COST PER PAYCHECK | |
|---|---|---|
| TIER | LOW OPTION | HIGH OPTION |
| Employee | $13.02 | $15.18 |
| EE + Family | $21.98 | $26.38 |

These are the premium rates for the Allstate cancer policy. Premiums are deducted twice per month.

# EMPLOYEE CONTRIBUTIONS

## EMPLOYEE CONTRIBUTIONS FOR BENEFITS

| BENEFIT PLAN |
| --- |
| MEDICAL/RX PPO PLAN |
| Contributions for the Medical Plan are based on the employee's department and contribution agreements in place. |

| BENEFIT PLAN | |
| --- | --- |
| PER PAY VISION RATES | |
| Employee | $3.49 |
| Employee + Spouse | $7.34 |
| Employee + Child(ren) | $5.91 |
| Family | $9.85 |

These are the premium rates for vision insurance. These rates are deducted twice per month. The rates are guaranteed through December 31, 2024.

| BENEFIT PLAN | |
| --- | --- |
| DELTA DENTAL PER PAY RATES * **NETWORK PLAN** | |
| Employee | $ 8.98 |
| Employee + Spouse | $17.96 |
| Employee + Child(ren) | $25.50 |
| Family | $40.62 |
| DELTA DENTAL PER PAY RATES * **PREMIER PLAN** | |
| Employee | $15.56 |
| Employee + Spouse | $31.09 |
| Employee + Child(ren) | $31.33 |
| Family | $57.92 |

These are premium rates for dental insurance. These rates are deducted twice per month. These rates are guaranteed through December 31, 2022.

# CONTACT INFORMATION

## CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

| BENEFIT | ADMINISTRATOR | PHONE | WEBSITE/EMAIL |
|---|---|---|---|
| Medical | BlueCross BlueShield of Illinois | 800.828.3116 | www.bcbsil.com |
| Dental | Delta Dental | 800.323.1743 | www.deltadentalil.com |
| Vision | EyeMed | 866.723.0596 | www.eyemed.com |
| Life and AD&D Insurance | Reliance Standard Life Insurance | 800.922.0509 | www.RelianceStandard.com |
| Voluntary Life and AD&D Insurance | Reliance Standard Life Insurance | 800.922.0509 | www.RelianceStandard.com |
| Flexible Spending Account | Benefit Planning Consultants (BPC) | 800.355.2350 | www.bpcinc.com |
| Voluntary Accident Plan | Allstate | 800.521.3535 | www.allstatebenefits.com |
| Voluntary Cancer Plan | Allstate | 800.521.3535 | www.allstatebenefits.com |
| Insurance Specialist | Debbie Heiser | 217.384.3776 | dheiser@co.champaign.il.us |

# NOTES

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*This benefit summary prepared by*