



County of Kankakee Open Enrollment Guide

Retirees

01-01-2026 to 12-31-2026



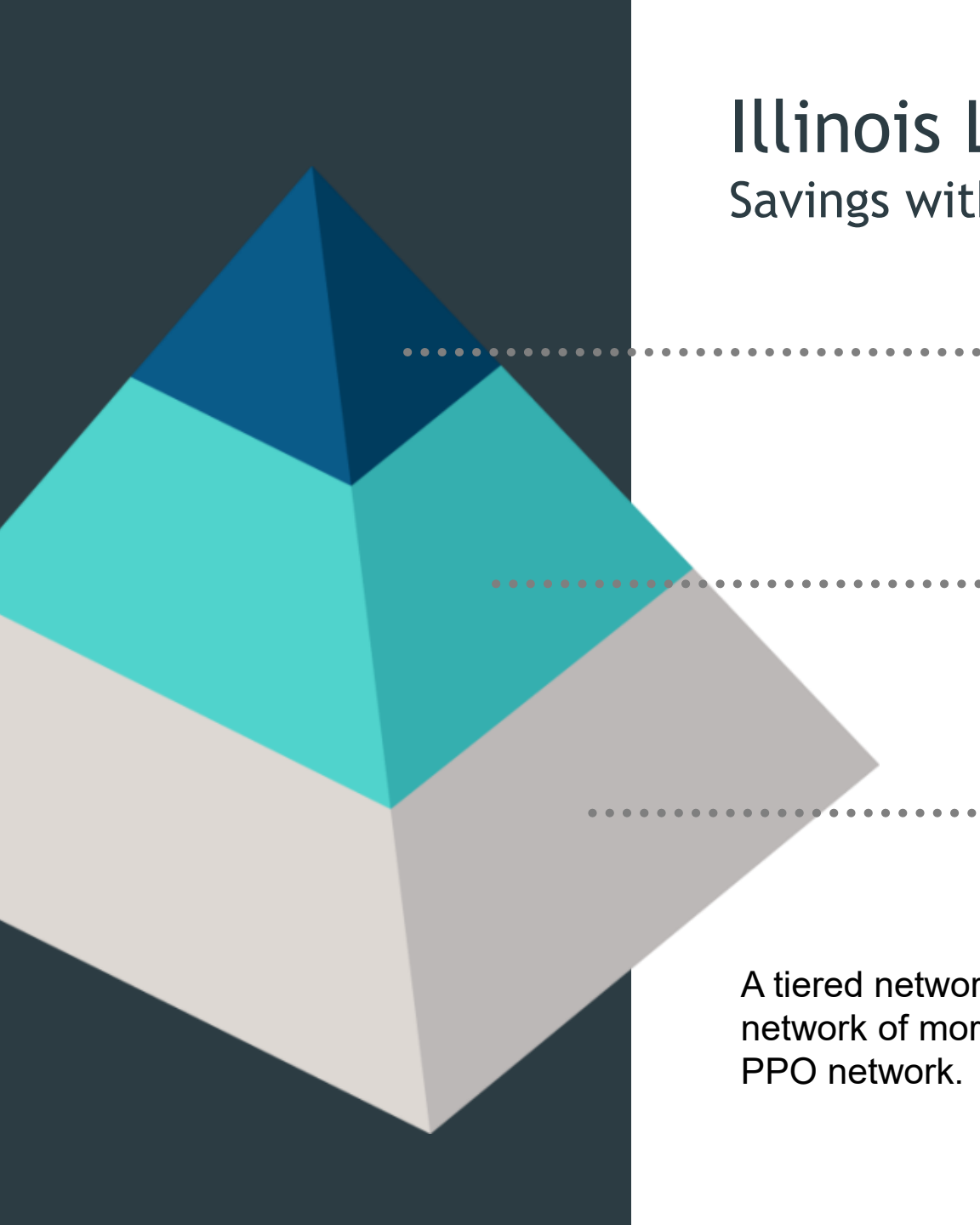
BlueCross BlueShield
of Illinois

GROUP HEALTH INSURANCE

- Same vendor as 2025, but with different plans – only one plan remains the same as last year, so review the plans carefully. This requires an “active open enrollment” this year, which means that you must go into WebBenefits to enroll in one of the 3 new plans. If you do not enroll, you will lose your health insurance benefits on 1/1/2026.
- Option #2 is the same high-deductible plan as last year and the other two plans have similar deductibles to last year’s plans for using BCBS BCO network and a slightly higher deductibles for using the national PPO network.
- Register at Blue Access for Members to check the status of a claim, view Explanation of Benefits statements (EOBs), locate a in-network doctor or hospital or request or print a new ID card. Go to bcbsil.com/member, click on Register Now and complete the registration process.
- Following the explanation of the networks are high level overviews of the three available plans. These overviews are very brief, so please see the BCBS Enrollment Guide for Summary of Benefits for a more complete description of each plan’s benefits available on the County’s website under Human Resources.

Illinois Local Tiered Networks

Savings with Choice



1

Blue Choice OPT PPOSM Network

2

PPO Network

3

Out-of-Network

A tiered network offering uses benefit design to encourage members to use a network of more cost-effective providers, while still allowing access to the broad PPO network.



**BlueCross BlueShield
of Illinois**

Blue Choice Options Highlights:

- Tier 1 (BCO network) providers will save you money
- No change in access—all providers within the Broad PPO network will still be available and in-network
- Blue Card claims are claims from employees/retirees/dependents that are outside the State of Illinois. These claims will be paid at their tier 1 benefit level as long as you are using the BCBS nationwide PPO network.
- Deductible and out-of-pocket accruals fill both tier 1 and tier 2 simultaneously
- Prescriptions and physician copays apply towards the out-of-pocket maximums—there is no separate drug out-of-pocket maximum
- Tier 1 doctors and hospitals can be found using Provider Finder on bcbsil.com



BlueCross BlueShield of Illinois

Deductible - BCO Network
Deductible - PPO Network
Coinsurance
Office Charges (PCP/SPC)
Emergency Room Charges
Urgent Care Charges
Max Out-Of-Pocket - BCO
Max Out-Of-Pocket - PPO
Pharmacy

Employee
Employee + Spouse
Employee + Child(ren)
Employee + Family

Option 1	
MIBCO2055 BCO 2055	
Network Single/Family	
Deductible - BCO Network	\$4,250/\$10,500 (Emb)
Deductible - PPO Network	\$5,250/\$10,500
Coinsurance	80%-BCO/60%-PPO
Office Charges (PCP/SPC)	\$40/\$65
Emergency Room Charges	\$500 + 20%/40%/50% Coins
Urgent Care Charges	\$75
Max Out-Of-Pocket - BCO	\$6,100/\$12,200
Max Out-Of-Pocket - PPO	\$6,100/\$12,200
Pharmacy	\$5/\$15/\$45/\$85/\$250/\$350
Monthly Employee Cost	
2025 Cost**	2026 Cost
Employee	\$720.68
Employee + Spouse	\$1,513.39
Employee + Child(ren)	\$1,239.54
Employee + Family	\$2,176.39

Option 1 – BlueChoice Options 2055*

- This plan most closely compares to the 2025 Option #1 – BlueChoice MIBCO1201
- BCO Network: \$4,250 individual deductible, \$10,500 for family
- PPO Network: \$5,250 individual deductible, \$10,500 for family
- BCO Network - Maximum out of pocket is \$6,100 for individual, \$12,200 for family
- PPO Network – Maximum out of pocket is \$6,100 for individual, \$12,200 for family.
- This, as well as all three plans this year, includes the BCO Network with lower deductibles and the BCBS national network we've had in the past with slightly higher deductibles and maximum out of pocket. You should be able to find an in-network provider regardless of your location

This is a high-level overview. Please see the SBC for your plan and/or the BCBS Summary of Benefits for a more complete description of the plan's benefits available on the County's website under Human Resources.

*2025 Rates for BlueChoice MIBCO1201

This is the only plan that is a continuation of the same plan from last year



BlueCross BlueShield of Illinois

Option 2 – BlueChoice Options 3013

Deductible - BCO Network
Deductible - PPO Network
Office Copay (PCP/SPC)
Emergency Room Copay
Urgent Care Copay
Maximum Out-Of-Pocket-BCO
Maximum Out-Of-Pocket-PPO
Pharmacy

Option 2	
MICOE3013 BCO 3013	
HDHP Plan Can Add an HSA	
HSA Contribution from County	
\$500 Ind/\$1,000 Family	
Network Single/Family	
\$6,000/\$12,000 (Emb)	
\$7,000/\$14,000	
Ded + 20%/40%/50% Coins	
Ded + 20%/40%/50% Coins	
Ded + 20%/40%/50% Coins	
\$7,000/\$14,000	
\$7,500/\$15,000	
10%/10%/20%/30%/40%/50%	
Monthly Employee Cost	
2025 Cost**	2026 Cost
Employee	\$694.94
Employee + Spouse	\$1,364.85
Employee + Child(ren)	\$1,117.88
Employee + Family	\$1,962.80

- This is a renewal of the same 2025 plan Option #2 – BlueChoice MICOE3013
- BCO Network: \$6,000 individual deductible, \$12,000 for family
- PPO Network: \$7,000 individual deductible, \$14,000 for family
- This is the highest deductible plan, assists by contributing to an HSA: \$500 for individual or \$1,000 for + spouse, + children and family coverage per year
- BCO Network - Maximum out of pocket is \$7,000 for individual, \$14,000 for family
- PPO Network – Maximum out of pocket is \$7,500 for individual, \$15,000 for family.
- This, as well as all plans this year, includes the BCO Network with lower deductibles and the BCBS national network with slightly higher deductibles and maximum out of pocket. You should be able to find an in-network provider regardless of your location.
- No flat rate Copays – Most charges are at 100% until your deductible is met and then 20% if you are utilizing the BCO network, 40% if you are utilizing the PPO network and 50% if you are out of network

This is a high-level overview. Please see the SBC for your plan and/or the BCBS Summary of Benefits for a more complete description of the plan's benefits available on the County's website under Human Resources.



BlueCross BlueShield of Illinois

Option 3 – BlueChoice Options 5005*

Deductible - BCO Network
Deductible - PPO Network
Office Copay-BCO (PCP/SPC)
Office Copay-PPO (PCP/SPC)
Maximum Out-Of-Pocket-BCO
Maximum Out-Of-Pocket-PPO
Pharmacy

Employee
Employee + Spouse
Employee + Child(ren)
Employee + Family

Option 3		
MIBCO5005 BlueChoice		
BCO 5005		
No HSA		
Network Single/Family		
\$2,000/\$8,000 (Emb)		
\$4,000/\$16,000		
\$35/\$55		
\$55/\$110		
\$4,500/\$9,000		
\$6,500/\$18,000		
\$5/\$15/\$45/\$85/\$250/\$350		
Monthly Employee Cost		
2025 Cost**	2026 Cost	
Employee	\$841.40	\$967.56
Employee + Spouse	\$1,766.91	\$2,031.86
Employee + Child(ren)	\$1,447.20	\$1,664.19
Employee + Family	\$2,540.99	\$2,922.02

- This plan most closely compares to the 2025 Option #3 – BlueChoice MIBCO2030
- The \$1,000 deductible plan from 2025 is replaced with this plan, which is now the lowest deductible plan with a BCO Network: \$2,000 individual deductible, \$8,000 for family
- PPO Network: \$4,000 individual deductible, \$16,000 for family
- Copays – so you pay \$35 office visits in the BCO network and \$55 in the PPO Network until your maximum out of pocket is met
- BCO Network - Maximum out of pocket is \$4,500 for individual, \$9,000 for family
- PPO Network – Maximum out of pocket is \$6,500 for individual, \$18,000 for family.
- BCO & PPO – there are contracted rates for all in network services
- This as well as all plans this year, includes the BCO Network with lower deductibles and the BCBS national network with slightly higher deductibles and maximum out of pocket. You should be able to find an in-network provider regardless of your location

This is a high-level overview. Please see the SBC for your plan and/or the BCBS Summary of Benefits for a more complete description of the plan's benefits available on the County's website under Human Resources.



BlueCross BlueShield of Illinois

	Option 1	Option 2	Option 3
	MIBCO2055 BCO 2055	MICO3013 BCO 3013	MIBCO5005 BlueChoice BCO 5005
		HDHP Plan Can Add an HSA	No HSA
		HSA Contribution from County \$500 Ind/\$1,000 Family	
	Network Single/Family	Network Single/Family	Network Single/Family
Deductible - BCO Network	\$4,250/\$10,500 (Emb)	\$6,000/\$12,000 (Emb)	\$2,000/\$8,000 (Emb)
Deductible - PPO Network	\$5,250/\$10,500	\$7,000/\$14,000	\$4,000/\$16,000
Office Copay-BCO (PCP/SPC)	\$40/\$65	Deductible + 20% Coins.	\$35/\$55
Office Copay - PPO (PCP/SPC)	\$65/\$130	Deductible + 40% Coins.	\$55/\$110
Maximum Out-of-Pocket-BCO	\$6,100	\$7,000/\$14,000	\$4,500/\$9,000
Maximum Out-Of-Pocket-PPO	\$12,200	\$7,500/\$15,000	\$6,500/\$18,000
Pharmacy	\$5/\$15/\$45/\$85/\$250/\$350	10%/10%/20%/30%/40%/50%	\$5/\$15/\$45/\$85/\$250/\$350
	Monthly Employee Cost	Monthly Employee Cost	Monthly Employee Cost
Employee	\$892.77	\$737.06	\$967.56
Employee + Spouse	\$1,874.81	\$1,547.80	\$2,031.86
Employee + Child(ren)	\$1,535.55	\$1,267.73	\$1,664.19
Employee + Family	\$2,696.16	\$2,225.89	\$2,922.02

You have three medical plans to choose from!

Please see the SBC for your plan and/or the BCBS Summary of Benefits for a more complete description of the plan's benefits you wish to choose.



**BlueCross BlueShield
of Illinois**

Pharmacy Costs – All 3 plans have 4 Tiers of Coverage

Tiers are based on Prescription Type:

- Preferred Generic
- Non-Preferred Generic
- Preferred Brand
- Non-Preferred Brand
- Preferred Specialty
- Non-Preferred Specialty



**BlueCross BlueShield
of Illinois**

In Network Pharmacy Lists

National Network of Preferred (In-Network) Pharmacies:

- ☐ Walgreens Pharmacy
- ☐ Riverside Family Pharmacy
- ☐ Osco Drug

Non-Preferred:

- ☐ Kankakee Area Pharmacy
- ☐ Sam's
- ☐ Meijer Pharmacy
- ☐ Kroger Pharmacy

NOTE: CVS and Target are not contracted - THEY ARE OUT OF NETWORK

- 800-400-6354
- www.mdlive.com
- MDLIVE Mobile App

Virtual Visits

► What are Virtual Visits?

- Virtual Visits lets your employees engage with a physician via telephone, online, or mobile app for simple, non-emergency medical and behavioral health conditions.
- If appropriate, members can have an electronic prescription sent to the pharmacy of their choice and ultimately save costs for themselves and you, the employer.

How does it work?



► When to use virtual visits?

Non-Emergent Medical Conditions

- Allergies
- Cold and flu
- Diarrhea
- Earache
- Fever
- Headache
- Insect bites
- Nausea
- Pink eye
- Sore throat

Pediatric Care

- Cold and flu
- Earache
- Nausea

Behavioral Health

- Marital problems
- Child behavior and learning issues
- Financial hardship
- Coping with loss and grief
- Parenting counseling and advice
- Problems at work
- Stresses and challenges of everyday life



Kankakee County Website Reference Materials Available

County website: www.kankakeecountyil.gov

- Select County Administration from the top of the page.
- Then select Human Resources on the left side of the screen
- Click on 2026 Benefits Information

Reference Materials Available:

- Open Enrollment Guides
 - General Employees
 - Retirees
 - KanComm
 - Schools
 - COBRA
- Cost sheet that list costs for each of the above groups
- BCBS Provider Finder instructions – use this guide to find BCO and PPO in-network physicians, clinics or hospitals
- BCBS Medication Search Instructions – detailed instructions on how to search for costs by medication

Voluntary Dental Plan



Dental Benefit

	PPO	Premier	Out Netw
➤ Preventative Care (e.g. cleanings)	100%	100%	100%
➤ Basic Care (e.g. fillings)	100%	80%	80%
➤ Major Care (e.g. crowns, dentures)	60%	50%	50%
➤ Orthodontics (eligible for <19)	50%	50%	50%

Calendar Year Deductible

➤ Individual	\$50.00 PPO / \$75 Premier & OON
➤ Family Limit	3 per family \$150 / \$225
➤ Annual Maximum Benefit	\$1,500.00/person
➤ Waived for Preventative Care	
➤ Orthodontia Lifetime Max (Ortho elig <19)	\$1,500.00/dependent

Monthly Premiums

Single:	\$26.00
Emp + Sp:	\$51.00
Emp + Child:	\$62.00
Family:	\$101.00



**BlueCross BlueShield
of Illinois**

using the



provider network

Benefit

Well Vision Exam
Frames
Lenses
Lens Options

Contacts
Laser Correction
Hearing Discount

Description

Focuses on overall eye wellness
\$130 allowance & 20% disc on over \$150
Single vision, Lined bifocal & trifocal lenses
* Standard progressive lenses
* Premium Progressive lenses
* Other: Anti Reflective/Photochromic
\$130 allowance for contacts, no copay
Average 15% off the regular price
40% off exam and low price guarantee

Copay

\$10

\$25
\$90
\$90 - \$135
\$15 - \$75
Up to \$104

Frequency

Every Plan Year
Every Other Plan Year
Every Plan Year
Every Plan Year
Every Plan Year
Every Plan Year
Every Plan Year

Monthly Premiums

Single	Emp/SP	Emp/Ch	Family
\$6.79	\$12.90	\$13.58	\$19.96

Log in to eyemedvisioncare.com/bcbsilvis, and then select "Click here to find a provider."



KEY INFORMATION:

- Retirees' deadline is **December 10, 2025**, to meet the IMRF deadline
- Log into WebBenefits and enter your selections online. The WebBenefits system electronically feeds the changes to the vendors, so they must be in the system to be updated.
 - Access to online enrollment: <http://www.paylocity.com/>
 - Health Department & Schools Employees & Retirees: <http://www.kankakeebenefits.bswift.com/>



Additional Questions?

- Benefit summaries for each BCBS plan are available on the County Website under the Human Resources tab
- Joanne Langlois at 815-936-5515 or e-mail jlangois@k3county.net

