

Winnebago County 2025

Regular Plan

Basic Plan

Health & Wellness Center

Co-Pay / POS Plan
Blue Cross Blue Shield

High Deductible PPO Plan
Blue Cross Blue Shield

Winnebago County
2025 Comparison Of Health Care Benefits
Active Employees

	REGULAR PLAN Blue Cross Blue Shield Co-Pay POS Plan	BASIC PLAN Blue Cross Blue Shield High Deductible Plan
Network:	BCBS Participating Provider Organization	BCBS Participating Provider Organization
1. CALENDAR YEAR DEDUCTIBLE Must be satisfied before plan pays	\$750* PER INDIVIDUAL / \$1,500* FAMILY	\$2,500 PER INDIVIDUAL* / \$5,000 FAMILY*
	*Deductible does not apply to office visits.	* PRESCRIPTIONS ARE FULL COST UNTIL THE ABOVE DEDUCTIBLE IS SATISFIED
2. OUT OF POCKET LIMIT PER CALENDAR YEAR (In addition to the deductible)	\$1,250 PER INDIVIDUAL / \$3,350 FAMILY (\$2,500 PER PERSON-IF OUT OF NETWORK)	\$2,500 PER INDIVIDUAL / \$5,000 FAMILY (\$2,500 PER PERSON-IF OUT OF NETWORK)
3. PHYSICIAN OFFICE VISITS		DEDUCTIBLE THEN: COVERED AT 80%
IN-NETWORK PROVIDER	\$20 PCP COPAY, \$25 Specialist COPAY for lab tests, x-rays, etc. see #12 below	
OUT-OF-NETWORK PROVIDER	DEDUCTIBLE THEN COVERED AT 60%	COVERED AT 50%
4. WELLNESS/PREVENTIVE CARE Per CDC Guidelines		
IN-NETWORK PROVIDER	PAID AT 100% PER CALENDAR YEAR MUST BE A PARTICIPATING PROVIDER	PAID AT 100% PER CALENDAR YEAR MUST BE A PARTICIPATING PROVIDER
OUT-OF-NETWORK PROVIDER	NONE	NONE
5. IMMUNIZATIONS / Per CDC Guidelines		
IN-NETWORK PROVIDER	PAID AT 100% PER CALENDAR YEAR MUST BE A PARTICIPATING PROVIDER	PAID AT 100% PER CALENDAR YEAR MUST BE A PARTICIPATING PROVIDER
OUT-OF-NETWORK PROVIDER	NONE	NONE
6. IMMEDIATE CARE		DEDUCTIBLE THEN: COVERED AT 80%
IN-NETWORK PROVIDER	\$20 COPAY, THEN 100%	
NON-PARTICIPATING PROVIDER	DEDUCTIBLE THEN COVERED AT 60%	COVERED AT 50%
7. HOSPITALIZATION		DEDUCTIBLE THEN: COVERED AT 80%
IN-NETWORK PROVIDER	DEDUCTIBLE THEN: COVERED AT 80%	
OUT-OF-NETWORK PROVIDER	ADDITIONAL \$400 DEDUCTIBLE PER ADMISSION THEN COVERED AT 60%	ADDITIONAL \$500 DEDUCTIBLE PER ADMISSION THEN COVERED AT 50%
IN-PATIENT HOSPITAL PRE-CERTIFICATION	IN-PATIENT HOSPITAL PRE-CERTIFICATION REQUIRED CALL THE TELEPHONE NUMBER ON YOUR ID CARD	
8. MISCELLANEOUS HOSPITAL SERVICES		DEDUCTIBLE THEN: COVERED AT 80%
IN-NETWORK PROVIDER	DEDUCTIBLE THEN: COVERED AT 80%	
OUT-OF-NETWORK PROVIDER	COVERED AT 60%	COVERED AT 50%
9. PHYSICIAN VISITS HOSPITAL		DEDUCTIBLE THEN: COVERED AT 80%
IN-NETWORK PROVIDER	DEDUCTIBLE THEN: COVERED AT 80%	
OUT-OF-NETWORK PROVIDER	COVERED AT 60%	COVERED AT 50%
10. EMERGENCY SERVICES		DEDUCTIBLE THEN: COVERED AT 80%
HOSPITAL EMERGENCY ROOM	\$250 COPAY, THEN 100%	
11. OUTPATIENT SURGERY		DEDUCTIBLE THEN: COVERED AT 80%
IN-NETWORK PROVIDER	DEDUCTIBLE THEN: COVERED AT 80%	
OUT-OF-NETWORK PROVIDER	COVERED AT 60%	COVERED AT 50%
12. X-RAYS, LAB, RADIATION AND CHEMOTHERAPY		DEDUCTIBLE THEN: COVERED AT 80%
IN-NETWORK PROVIDER	DEDUCTIBLE THEN: COVERED AT 80%	
OUT-OF-NETWORK PROVIDER	COVERED AT 60%	COVERED AT 50%
MRI's, CAT Scan's, EKG's, etc. MUST BE PRE-CERTIFIED	IN-PATIENT HOSPITAL PRE-CERTIFICATION REQUIRED CALL THE TELEPHONE NUMBER ON YOUR ID CARD	

	REGULAR PLAN Blue Cross Blue Shield Co-Pay POS Plan	BASIC PLAN Blue Cross Blue Shield High Deductible Plan
Network:	BCBS Participating Provider Organization	BCBS Participating Provider Organization
13. PHYSICIAN MATERNITY/NEWBORN SERVICES		
IN-NETWORK PROVIDER	\$400 COPAY PER DELIVERY	DEDUCTIBLE THEN: COVERED AT 80%
OUT-OF-NETWORK PROVIDER	DEDUCTIBLE THEN COVERED AT 60%	COVERED AT 50%
14. CHIROPRACTIC SERVICES		
IN-NETWORK PROVIDER	\$25 COPAY, THEN 100%	DEDUCTIBLE THEN: COVERED AT 80%
OUT-OF-NETWORK PROVIDER	DEDUCTIBLE THEN COVERED AT 60%	COVERED AT 50%
15. MENTAL HEALTH SERVICES	<u>PRE-CERTIFICATION REQUIRED</u>	<u>PRE-CERTIFICATION REQUIRED</u>
IN-NETWORK PROVIDER	\$20 SPECIALIST COPAY	DEDUCTIBLE THEN: COVERED AT 80%
OUT-OF-NETWORK PROVIDER	DEDUCTIBLE THEN COVERED AT 60%	COVERED AT 50%
16. HEARING EXAM		
IN-NETWORK PROVIDER	\$20 COPAY, THEN 100%	100% UP TO MAX OF \$200 (SPECIAL LIMITATIONS)
OUT-OF-NETWORK PROVIDER	DEDUCTIBLE THEN COVERED AT 60%	COVERED AT 50%
17. DEPENDENT CHILDREN	Married or unmarried dependent children up to the age of 26 (or 30 if honorably discharged from the military - if they reside in IL and they provide documentation on the date of their discharge from service)	

THIS IS A SUMMARY OF THE BENEFITS OF EACH PLAN, AND IS NOT INTENDED TO BE A FULL PLAN DESCRIPTION.
CONTACT HUMAN RESOURCES OR THE MEDICAL PLAN PROVIDER FOR ADDITIONAL PLAN INFORMATION.

**Winnebago County
2025 Prescription and Dental Benefits
Active Employees**

	REGULAR PLAN	BASIC PLAN
	Blue Cross Blue Shield Co-Pay/POS Plan	Blue Cross Blue Shield High Deductible Plan
<u>Retail: (Up to a 30 day supply)</u>		
Vendor:	PRIME THERAPUTICS	PRIME THERAPUTICS
GENERIC DRUGS	\$17 COPAY OR BEST DAILY PRICE	\$17 COPAY
PREFERRED DRUGS	\$23 COPAY + 20% COINSURANCE	\$21 COPAY + 20% COINSURANCE
NON PREFERRED DRUGS	\$25 COPAY + 30% COINSURANCE	\$23 COPAY + 30% COINSURANCE
<u>Mail Order: (Up to a 90 day supply)</u>	MANDATORY MAIL ORDER OR WALGREENS EXCLUSIVE FOR MAINTENANCE MEDICATION (on 4th REFILL)	
	EXPRESS SCRIPTS	EXPRESS SCRIPTS
	GENERIC DRUGS	\$34 COPAY OR BEST DAILY PRICE
PREFERRED DRUGS	\$46 COPAY + 20% COINSURANCE	\$42 COPAY + 20% COINSURANCE
NON PREFERRED DRUGS	\$50 COPAY + 30% COINSURANCE	\$46 COPAY + 30% COINSURANCE
COINSURANCE OUT OF POCKET MAXIMUM	\$2,500 PER INDIVIDUAL /\$5,000 FAMILY (COPAY PORTION STILL APPLIES FOR THE REMAINDER OF THE CALENDAR YEAR)	COMBINED WITH MEDICAL FOR OUT-OF-POCKET
<u>Walgreens Exclusive</u>	3 Months of your maintenance medication exclusively at any Walgreens Pharmacy for 3 copayments.	N/A
Vendor:	Northern Illinois Health Plans	Northern Illinois Health Plans
DENTAL BENEFITS		
BENEFIT PER CALENDAR YEAR	\$2,000	\$1,200
ANNUAL DEDUCTIBLE	\$50 PER INDIVIDUAL / \$150 FAMILY	\$75 PER INDIVIDUAL /\$150 FAMILY
PREVENTIVE	100% OF U & C	100% OF U & C
BASIC	80% OF U & C	80% OF U & C
MAJOR	50% OF U & C	50% OF U & C
ORTHODONTIC (Dependent Children)	50% OF U & C	50% OF U & C
ORTHODONTIC LIFETIME MAXIMUM	\$1,500 Lifetime maximum	\$1,000 Lifetime maximum

2025 Employee Contributions Per Pay Period	2025 Contributions	2025 Contribution Wellness Discount 1/1/2025	2025 Contribution Additional Wellness Discount 3/31/2025	2025 Contribution Additional Wellness Discount 3/31/2025
BCBS Co-Pay/Point of Service Plan EMPLOYEE Coverage	\$70.11	\$60.49	\$55.23	
BCBS Co-Pay/Point of Service Plan EMPLOYEE + 1 Coverage	\$142.49	\$119.41	\$114.15	\$108.89
BCBS Co-Pay/Point of Service Plan FAMILY Coverage	\$176.74	\$153.66	\$148.40	\$143.14
BCBS High Deductible PPO Plan EMPLOYEE Coverage	\$32.80	N/A		
BCBS High Deductible PPO Plan EMPLOYEE + 1 Coverage	\$66.67			
BCBS High Deductible PPO Plan FAMILY Coverage	\$96.46			
<p style="text-align: center;">Betterlife Wellness 779-696-9700</p> <p style="text-align: center;">REQUIREMENTS FOR INITIAL DISCOUNT:</p> <p>1. Lipid/Glucose, (A1C if necessary) and Biometrics completed at Betterlife Wellness.</p> <p>2. On-line Personal Health Assessment at https://winnebago.personalhealthportal.net</p> <p>3. Follow up/feedback session with Betterlife Wellness.</p>		Discount if 3 REQUIREMENTS FOR INITIAL DISCOUNT are completed.	Additional discount if 9 additional activities are completed, see list.	Additional discount for Family Coverage or Employee + 1 with 1 Person (EE or Spouse) completing the additional 9 activities

Wellness Discount 1/1/2025:
 \$250/Year For **Employee Only** Coverage (\$9.62/per pay period)
 \$600/Year For **Employee + 1** or **Family** Coverage (\$23.08/per pay period)
Additional Wellness Discount Effective 3/31/2025
 \$100 3/31/2025-12/31/2025 For **Employee Only** Coverage (\$5.26/per pay period)
 \$100 OR \$200 3/31/2025-12/31/2025 For **Employee + 1** or **Family** Coverage (\$10.52 per pay period)
 \$100 if either employee or spouse completes activities / \$200 if both employee and spouse complete activities

EMPLOYEE + 1 or FAMILY COVERAGE: If employee has a spouse on the plan, both the EMPLOYEE and the SPOUSE must complete the above requirements for the initial discount. For the additional discount both the employee and spouse must complete the additional activities for the full discount. If only 1 individual (employee or spouse) completes the additional activities the employee will receive half of the additional discount listed above.

WORKING SPOUSE RULE: In the event that the spouse of an employee is eligible to participate in a group health insurance plan sponsored by the spouse's employer, for which that employer pays a minimum of 80% of the insurance premium, that plan, even if the spouse fails to enroll, will be considered primary. Proof of the employers premium will need to be provided. This does not apply to FOP deputies.

2025 WINNEBAGO COUNTY GROUP HEALTH INSURANCE DISCOUNTS

BUILDING A HEALTHIER LIFESTYLE

At Winnebago County we want YOU to be a part of **BUILDING A HEALTHIER LIFESTYLE**. It is no secret that an active lifestyle and focused nutrition choices have the greatest impact on

♥ Spend less time at the Doctor

⚙ Take less medication

💪 Feel & Function better

🕒 Live Longer

INITIAL DISCOUNT: The 3 items listed below are **REQUIRED** to receive the initial discount on the group insurance plan:

1. Complete the Lipid/Glucose (A1C if necessary) Screening and Biometrics with Betterlife Wellness.
2. Complete the Personal Health Assessment (PHA) on-line at <https://winnebago.personalhealthportal.net>
3. Complete the group or individual feedback session.

Winnebago County Employee and Family Health & Wellness Center
526 West State Street Wellness Center 779-696-2770 Better Life Wellness 779-696-9700
Monday - Friday 8:00-5:00

ADDITIONAL DISCOUNT: Complete 9 of the Additional Activities listed below for an additional premium discount listed below:

ADDITIONAL ACTIVITIES

A=Annual point

O=One time point the year it was done

Complete any of the 9 items listed below by 3/15/2024 for an additional discount on your premium. See below for more information.

HEALTH/SCREENINGS	ACTIVITY	EDUCATIONAL	OTHER
Normal Blood Pressure / A	Utilize a fitness center on a regular basis / A	Attend a Lunch & Learn (max credit 4) / A	Did you participate in a Wellness Plan in previous year / A
Non Smoker / A	Community Event: (max credit 3) / A	Attend the annual Wellness Fair / A	Have a current Will and share with family / O
Normal range BMI / A	Examples:	Smoking Cessation Program / A	Create an Advance Care plan/Power of Attorney / O
Use a blood pressure log/tracker* / A	Heart Walk	Health Education outside of work / A	Register to be a organ donor / O
Annual Physical Exam / A	Relay for Life	CPR Certification / O	Donate Blood (max credit 2) / A
Dental Check-up (2 per year) / A	American Cancer Society Walk		Participate in Winnebago County Adopt a Road / A
Preventive Mammogram* / A	Get Moving - record 10,000 or more steps		Volunteer at a non-profit agency (max credit 2) / A
Triglycerides below 150 and LDL below 130 / A	for 20x/month / A		Use a Fitness tracker to track your activity / A
PSA screening* / A			Use a Food Tracker / A
Colonoscopy* / O			Complete the Initial Requirements by 12/11/2024 / A
Bone Density screening* / O			On-Site Fitness Class (max 3/must complete) / A
Vision Screening* / A			
Skin Cancer Check / O			
Vaccines*			
Flu / A			
COVID 19 / A			
TDAP / O			
Shingles / O			
Pneumonia / O			
Hepatitis B / O			
HPV / O			
Decrease BMI by 2 points / A			
Decrease weight by # pounds / A			
Decrease BP to physician or NP recommendation / A			
Chronic Disease Management:			
Diabetes / A			
COPD / A			
Rheumatoid arthritis, etc / A			

*if applicable

INITIAL DISCOUNT: Completion of the Initial 3 Wellness Activities discount effective January 2025. (See employee contributions for details)

EMPLOYEE coverage \$250 discount, **EMPLOYEE + 1** OR **FAMILY** coverage \$600 discount.

If employee has elected Employee + 1 or Family coverage and there is a spouse on the plan, the spouse must complete the first 3 REQUIRED activities (listed above) for the discount.

ADDITIONAL DISCOUNT: Beginning 4/18/2025 payroll thru 12/31/2025 If additional 9 activities are completed by 3/16/2025.

EMPLOYEE coverage additional \$100 discount, **EMPLOYEE +1** or **Family** coverage either \$100 or \$200 discount (\$100 if either employee or spouse completes activities / \$200 if both complete activities).

It is your responsibility to track all of your completed activities on <https://winnebago.personalhealthportal.net> by March 16, 2025.

**Voluntary / Supplemental Options – In addition to the BCBS medical plans.
For employees / dependents covered under the Winnebago County group insurance plans.**



**WINNEBAGO COUNTY HEALTH AND
WELLNESS CENTER:**

Services offered at the Wellness Center:

Acute Care
Wellness Care
Laboratory
Health education classes
Health coaching
Limited generic prescriptions
Same-day access
Immunizations

Please call the Wellness Center for more
information 779-696-2770.



Services offered at Orthollinois:

Office visits / Injury Express*
MRI
Physical Therapy / Occupational Therapy
Specified surgical procedures

**Please present your BCBS ID
Card at the time of service.**

Please call the Case Management
Department at Orthollinois for more
information 779-774-1230.

(*Miscellaneous expenses may apply.)



Services offered at Zero Providers:

Labs
Imaging
Physical Therapy
Orthopedics
Gastroenterology
ENT
Limited same day surgeries

Get your ZERO ID card at
<https://zero.health>

Please call a Personal Health Assistant at
Zero for more information 855-816-0001.