# Dental Plan

**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** between 7 a.m. to 7 p.m. CST Monday through Thursday and 7 a.m. to 6 p.m. CST Friday 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 our area.

| Sample Network Comparison | Amount Billed | Delta Dental of Illinois's Allowed Amount | Coverage Percentage Paid by Delta Dental of Illinois | Amount Delta Dental of Illinois Pays | Amount Dentist Can Bill You Over The Allowed Amount | Total Amount You Pay | Your Total Cost Savings |
|---|---|---|---|---|---|---|---|
| Delta Dental PPO™ Network | $1,200 | $850 | 50% | $425 | $0 | **$425** | **$350** |
| Delta Dental Premier Network® | $1,200 | $995 | 50% | $497.50 | $0 | **$497.50** | **$205** |
| Out-of-Network | $1,200 | $995 | 50% | $497.50 | $205 | **$702.50** | **$0** |

| Benefits | Delta Dental PPO Option Delta Dental of Illinois | |
|---|---|---|
| | Delta PPO and Premier Network | Out-of-Network* |
| **Deductible** | | |
| Individual | $50 | $50 |
| Family | $150 | $150 |
| Waived for Type A | Yes | Yes |
| Annual Maximum | $1,500 | $1,500 |
| **Type A**<br>**Preventive Services**<br>*Cleanings, fluoride treatment, exams, x-rays, sealants* | Deductible waived, reimbursed at 100% | Deductible waived, 100% |
| **Type B**<br>**Diagnostic/Basic Services**<br>*Amalgam fillings, oral surgery, periodontics, endodontics* | Deductible applies, 80% | Deductible applies, 80% |
| **Type C**<br>**Major Services**<br>*Cast restorations (inlays, onlays, crowns) partial/full dentures, repair of fixed partial dentures, bridgework, stainless steel crowns, denture reline/repair, recementation of crowns, inlays, onlays, bridges* | Deductible applies, 50% | Deductible applies, 50% |

*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.*

*Note: The comparisons are outlines of the Benefit Schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.*

**Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 90th MDR.*



IPBC Intergovernmental Personnel Benefit Cooperative

# City of Crystal Lake

*This summary is designed to give you an outline of the health benefit programs offered through the City of Crystal Lake. Contained in this summary is a comparison of our medical and dental plans and tips for you on using the plans.*

JULY 2022

# Benefit *Summary*

## The Who's Who of Your City of Crystal Lake's Benefit Plans

- **Blue Cross Blue Shield (BCBS)** is the claims administrator for the City of Crystal Lake's HMO medical plan(s).
  - Contact BCBS for questions concerning membership, plan benefits, or status of claim payments. HMO Customer Service Representatives can be reached at **800.892.2803**. Representatives are available between 7:00 a.m. and 8:00 p.m., CST, Monday through Friday and Saturday from 8:00 a.m. until 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, view claims, learn about available programs, 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 the BCBS medical plan(s) 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** Lose weight and improve 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.
- **Blue Cross Blue Shield of Illinois (BCBS)** is the claims administrator for the City of Crystal Lakes PPO medical plans(s).
  - Contact BCBS for questions concerning membership, plan benefits, status of claim payments, and more. PPO Customer Service Health Advocates are available 24/7 at **877.245.5681**, 358 days of the year (closed for major holidays).
  - **New for 7/1/2022: 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; your Health Advocate has the answers! 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 **myhealth.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.myhealth.myevive.com**.
  - **Member Rewards** – 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** manages the prescription drug program for the City of Crystal Lake. Retail and mail-order prescription services for the medical programs are administered through Express Scripts.
  - Express Scripts member service representatives can be reached at **800.294.7041**, 24 hours a day, 7 days a week (except Thanksgiving and Christmas). Contact Express Scripts for questions regarding orders, account information, or to refill prescriptions.
  - Or you can visit Express Scripts online at **www.express-scripts.com** to order refills, check order status, compare medication costs, find potential lower-cost options, receive time-sensitive alerts and reminders, print forms, and much more. If you are a first time visitor to our site, take a moment to register. Please have your member ID number and a recent prescription number available.
  - **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 **express-scripts.com/90day** for more information.
- **The Standard** is the life insurance carrier for your Basic employer-paid and Supplemental employee-paid life insurance benefits. The Standard Customer Service Representatives can be reached at **866.851.5505** between 8:30 a.m. and 5:00 p.m. CST, Monday through Friday.

IPBC Intergovernmental Personnel Benefit Cooperative


# Medical Plans – All Employees

| Benefits | Blue Cross Blue Shield Medical PPO High Plan P15926 | Blue Cross Blue Shield Medical PPO Standard P15964 | Blue Cross Blue Shield Medical BAHMO B03340 |
|---|---|---|---|
| **Coinsurance** | | | |
| Network | 90% | 80% | 100% |
| Non-Network | 70% | 60% | N/A |
| **Deductible** | | | |
| Network | $600 Single / $900 Single +1/ $1,200 Family | $1,200 Single / $1,800 Single +1/ $2,400 Family | N/A |
| Non-Network | $1,400 Single / $2,800 Single +1/ $4,200 Family | $2,800 Single / $5,600 Single +1/ $8,400 Family | |
| **Out-of-Pocket (includes deductible)** | | | |
| Network | $1,850 Single / $2,775 Single +1/ $3,700 Family | $4,800 Single / $7,200 Single+1/ $9,600 Family | $1,500 individual / $3,000 family |
| Non-Network | $3,500 Single / $7,000 Single + 1/ $10,500 Family | $9,600 Single / $14,400 Single+1/ $19,200 Family | N/A |
| **Office Visit Copay** | N/A* | N/A* | $20 |
| **Hospital Emergency Care** | | | |
| Network | 90% | 80% | $75 (waived if admitted) |
| Non-Network | 90% | 80% | |
| **Wellness** | | | |
| Network | Deductible waived, 100% | Deductible waived, 100% | 100% |
| Non-Network | Deductible applies, 70% | Deductible applies, 60%** | N/A |
| **Prescription Drug**<br>*Administered by Express Scripts*<br>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 | | | |
| Retail (34-day supply) | $15 generic / $30 brand name formulary / $75 non-formulary / $150 specialty | $15 generic / $30 brand name formulary / $75 non-formulary / $150 specialty | $15 generic / $30 brand name formulary / $75 non-formulary / $150 speciality |
| Mail Order (90-day supply) | $30 generic / $60 brand name formulary / $150 non-formulary / $300 specialty<br>Injectable medications available through mail order only | $30 generic / $60 brand name formulary / $150 non-formulary / $300 specialty<br>Injectable medications available through mail order only | $30 generic / $60 brand name formulary / $150 non-formulary / $300 specialty<br>Injectable medications available through mail order only. |
| Prescription Out-of-Pocket (network) | $5,300 individual / $10,600 family | $2,350 individual / $4,700 family | $5,650 individual / $11,300 family |
| **Vision**<br>*Coverage is through BCBS medical plan*<br>*(This is not a separate vision plan)*<br>*May be required to pay in full and submit for reimbursement* | Annual eye exams covered at 100% for all ages. Age 19 and over have $200 allowance every 24 months for frames, lenses or contacts. Under the age of 19 are allowed one pair of glasses (lenses and frames) and one pair of contacts (1-year supply) in a benefit plan year (no maximum dollar amount) | None | Must use EyeMed Vision Provider, $150 contact lens allowance or $0 copay spectacle lenses every 24 months; $225 frame allowance every 24 months. |

**For most visits*

***Limited to specific exams/tests*

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

*This benefit schedule is for illustrative purposes only; please consult benefits booklet for more information.*

*This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.*