



Dental Plan

Benefits	Delta Dental PPO Options / Delta Dental of Illinois	
	Delta PPO* & Premier** Network	Out-of-Network***
Deductible	\$50 individual / \$150 family	\$50 individual / \$150 family
Annual Maximum	\$1,500	\$1,500
Orthodontia Lifetime Maximum: Dependent children to age 19	50% up to \$1,700	50% up to \$1,700
Preventive: Cleanings, oral exams	100%	100%
Basic: Fillings	80% after deductible	80% after deductible
Major: Crowns, bridges and dentures	60% after deductible	60% after deductible
Orthodontia: Dependent children to age 19	50% deductible waived	50%; deductible waived

**Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15 - 40% discount off of average billed charges nationally.*
***Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers a 5 - 15% discount off of average billed charges nationally.*
****Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 90th MDR.*

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge.

Vision Plan

Benefits	Your Coverage with a VSP Provider - Plan G		
	Description	Copay	Frequency
Well Vision Exam	<ul style="list-style-type: none">Focuses on your eyes and overall wellness	\$10	Every 12 months
Essential Medical Eye Care	<ul style="list-style-type: none">Retinal screening for members with diabetesAdditional exams and services beyond routine care to treat \$20 per exam immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.Coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0 per screening \$20 per exam	Available as needed
Prescription Glasses		\$25	See frame and lenses
Frames	<ul style="list-style-type: none">\$250 allowance for a wide selection of frames\$300 allowance for featured frame brands20% savings on the amount over your allowance\$135 Costco® frame allowance\$300 Visionworks frame allowance on any frame	Included in prescription glasses	Every 12 months
Lenses	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Included in prescription glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none">Standard progressive lensesPremium progressive lensesCustom progressive lensesAverage savings of 30% on other lens enhancements	\$0 \$95-\$105 \$150-\$175	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none">\$250 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
LightCare™+	<ul style="list-style-type: none">\$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	\$25	Every 12 months
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none">Extra \$20 to spend on featured frame brands. Go to www.vsp.com/offers for details20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision exam		
	Retinal Screening <ul style="list-style-type: none">No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction <ul style="list-style-type: none">Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		
VSP Choice Network			
Your Coverage Goes Further In-Network			
With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to www.vsp.com to find an in-network provider.			

Coverage with a retail chain may be different or not apply. Log in to www.vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.



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

Benefit Summary

The Who's Who of Your City of Lake Forest's Benefit Plans

- HMO:**
- Blue Cross Blue Shield (BCBS)** is the claims administrator for the City of Lake Forest's HMO medical plan.
 - » Contact BCBS for questions concerning membership, plan benefits, or status of claim payments. HMO Customer Service Representatives can be reached at **800.892.2803**; Monday through Friday from 8:00 a.m. to 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, 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 City of Lake Forest's medical plan 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.
 - » **Wondr** assists you in losing weight and improving 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.
- PPO:**
- Blue Cross Blue Shield (BCBS)** is the claims administrator for the City of Lake Forest's PPO medical plans.
 - » Contact BCBS for questions concerning membership, plan benefits, status of claim payments, and more. PPO Customer Service Health Advocates are available at **877.245.5681**, 24 hours a day, 358 days of the year (closed for major holidays).
 - » **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. 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 www.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.myevive.com.
- » **Member Rewards** is 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 gives 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 City of Lake Forest. 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 www.express-scripts.com/90day for more information.
- **Delta Dental** is the claims administrator of dental benefits for you and your family.
 - » **Telephonic:** A Delta Dental Customer Service Representative can be reached at **800.323.1743**, Monday through Thursday from 7:00 a.m. to 7:00 p.m. CST and Friday from 7:00 a.m. to 6:00 p.m. CST 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.
- **VSP (Vision Service Plan)** is the vision carrier for City of Lake Forest. To see a list of participating providers near you, go to www.vsp.com. To speak to a VSP Customer Service Representative, call **800.877.7195**, Monday through Saturday from 6:00 a.m. to 5:00 p.m. PST. Closed on Sunday.
- **Securian** is the life insurance carrier for your basic employer-paid and supplemental employee-paid life insurance benefits. Securian's Customer Service Representatives are managed through Ochs and can be reached at **800.392.7295**, Monday through Friday from 8:00 a.m. to 4:30 p.m. CST.
- **WEX** is the administrator for the Flexible Spending Accounts (FSA). WEX processes all your medical and dependent care expenses that you submit in either paper format or by using your benefit's debit card.
 - » A Customer Service Representative can be reached at **866.451.3399** Monday through Friday from 6:00 a.m. to 9:00 p.m. CST, excluding holidays. You can check your account status 24/7 by going to www.wexinc.com.

Medical Plans – All Employees

Benefits	Blue Cross Blue Shield of Illinois PPO - HSA* PM2401	Blue Cross Blue Shield of Illinois PPO PM2394
Lifetime Maximum	Unlimited	Unlimited
Coinsurance		
Network	90% after deductible	90% after deductible
Non-Network	70% after deductible	70% after deductible
Deductible		
Network	\$1,700 individual / \$3,400 family	\$750 individual / \$2,250 family
Non-Network	\$1,900 individual / \$5,650 family	\$850 individual / \$3,750 family
Out-of-Pocket (includes deductible)		
Network	\$3,200 individual / \$6,400 family	\$2,000 individual / \$6,000 family
Non-Network	\$5,150 individual / \$10,600 family	\$3,250 individual / \$6,600 family
Outpatient Surgery & Diagnostic		
Network	90% after deductible	90% after deductible
Non-Network	70% after deductible	70% after deductible
Hospital Care – Inpatient		
Network	90% after deductible	90% after deductible
Non-Network	70% after deductible	70% after deductible
Hospital Care – Outpatient		
Network	90% after deductible	90% after deductible
Non-Network	70% after deductible	70% after deductible
Hospital Emergency Care		
Network	90% after deductible	\$200 copay; then 80%; waived if admitted
Non-Network		
Physician Services		
Network	90% after deductible	PCP \$25 / SPC \$35 copay
Non-Network	70% after deductible	70% after deductible
Other Covered Services		
Network	90% after deductible	90% after deductible
Non-Network	70% after deductible	70% after deductible
Preventive Services		
Network	Covered at 100%	Covered at 100%
Non-Network	70% after deductible	70% after deductible
Health Savings Account - Employer Funding	\$1,000 single / \$2,000 family	N/A
Prescription Drug (administered by Express Scripts)		
Retail (30-day supply)	90% generic, brand name formulary and non-formulary	\$10 generic / \$30 brand name formulary / \$50 non-formulary
Mail Order (90-day supply)	90% generic, brand name formulary and non-formulary	\$15 generic / \$35 brand name formulary / \$55 non-formulary

**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. HSA plan has an aggregate deductible.*

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

Blue Cross Blue Shield of Illinois HMOI H00438
Unlimited
100%
N/A
\$1,500 individual / \$3,000 family
Not covered
100%
Not covered
100%
Not covered
100%
Not covered
100% after \$100 copay (waived if admitted)
\$20 copay, then 100% Specialist office visit copay of \$40
Not covered
100%
Not covered
Covered at 100%
Not covered
N/A
\$10 generic / \$30 brand name formulary / \$50 non-formulary
\$15 generic / \$35 brand name formulary / \$55 non-formulary

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



Insurance Premiums

2025 ACTIVE EMPLOYEE CONTRIBUTIONS

January 1, 2025 - December 31, 2025

MEDICAL COVERAGE

PPO - HDHP w/ HSA	Per Pay Period	Monthly	Annual
Employee Only	\$7.50	\$15	\$180
Employee + Spouse	\$80	\$160	\$1920
Employee + Child	\$70	\$140	\$1680
Family	\$112.50	\$225	\$2700

PPO	Per Pay Period	Monthly	Annual
Employee Only	\$15	\$30	\$360
Employee + Spouse	\$110	\$220	\$2640
Employee + Child	\$95	\$190	\$2280
Family	\$155	\$310	\$3720

HMO	Per Pay Period	Monthly	Annual
Employee Only	\$0	\$0	\$0
Employee + Spouse	\$30	\$60	\$720
Employee + Child	\$25	\$50	\$600
Family	\$50	\$100	\$1200

DENTAL COVERAGE

DELTA DENTAL	Per Pay Period	Monthly	Annual
Employee Only	\$0	\$0	\$0
Employee + Spouse	\$43	\$85	\$1020
Employee + Child	\$37	\$73	\$876
Family	\$73	\$145	\$1740

VISION COVERAGE

VSP	Per Pay Period	Monthly	Annual
Employee Only	\$0	\$0	\$0
Employee + Spouse	\$6	\$12	\$144
Employee + Child	\$6	\$12	\$144
Family	\$12.50	\$25	\$300