



Your Ease Login

username:

password:

pcschools535.ease.com

Your username is your work email address.

Use the "Forgot" button if you don't remember your password.

IMPORTANT DATES

Open Enrollment Dates: 5.12.25 – 5.21.25

Effective Dates: 7.1.25 – 6.30.26

Deductible runs calendar year.

Benefit Type

Website

ID Cards

Notes

Medical:

Blue Cross Blue
Shield of
Illinois

bcbs.il.com

You will receive a new ID card in the mail only if you are changing plans or enrolling for the first time. This will come in an unmarked envelope.

- You will have 3 plans to choose from.
- Make sure you check that your providers are IN-Network.
- Login to Ease to see the pricing of each plan

Dental:

Blue Cross Blue
Shield of
Illinois

bcbs.il.com

You will have a new ID card mailed to you only if you are enrolling in dental for the first time. This often will come in an unmarked envelope.

- Login to Ease to see cost per pay period

Vision:

Eyemed
through BCBS
of IL

eyemedvisioncare.com/bcbsilvis

You will receive an ID card only if you are enrolling for the first time. You do not need to present your ID card to the eye doctor. Tell your eye doctor you have EyeMed through BCBS and they will be able to look you up with your SSN.

- Login to Ease to see cost per pay period

Life

Insurance:
BCBS of IL

- Basic Life is paid for by your employer
- Voluntary Life is available only at the time of new hire

**Healthiest
You by
Teladoc:**

- Talk to a Doctor 24/7 for a \$0 visit fee.
- Unlimited visits
- General medicine, mental health, back care and dermatology
- Teladoc can be enrolled or waived during this open enrollment period

HSA

- Putnam will contribute \$745.98 for the 2025–2026 school year if you are enrolled in the HSA plan



Putnam County CUSD #535

Providing foundations together, Cultivating individual growth

Available Blue Cross Blue Shield Medical Plans

| | Putnam County 7.1.25 | | |
|---------------------------------|--|--|---------------------------------------|
| Carrier | Blue Cross Blue Shield of IL | | |
| Plan Name | MIBCO2045 | MIBCO2055 | MICOE3013 - HSA |
| Network Name | Blue Choice Options [BCO] | Blue Choice Options [BCO] | Blue Choice Options [BCO] |
| Calendar Year Deductible | Your In-Network Cost | Your In-Network Cost | Your In-Network Cost |
| Individual Deductible | \$1,500 | \$4,250 | \$6,000 |
| Family Deductible | \$4,000 | \$10,500 | \$12,000 |
| Co-Insurance Amount | 10% | 20% | 20% |
| Out-Of-Pocket Max | Your In-Network Cost | Your In-Network Cost | Your In-Network Cost |
| Individual | \$3,500 | \$6,100 | \$7,000 |
| Family | \$10,500 | \$12,200 | \$14,000 |
| Diagnostic | Your In-Network Cost | Your In-Network Cost | Your In-Network Cost |
| Labs/X-Ray | \$35 PCP \$60 Specialist | \$40 PCP \$65 Specialist | 20% after deductible |
| Major Diagnostic | 10% after deductible | 20% coinsurance | 20% after deductible |
| Physician Office Services | Your In-Network Cost | Your In-Network Cost | Your In-Network Cost |
| Primary Care | \$35 | \$40 | 20% after deductible |
| Specialist Visit | \$60 | \$65 | 20% after deductible |
| Services Received at a Facility | Your In-Network Cost | Your In-Network Cost | Your In-Network Cost |
| Inpatient Services | \$250 + 10% after deductible | \$250 + 20% after deductible | 20% after deductible |
| Emergency Room | \$400 + 10% after deductible | \$500 + 20% after deductible | 20% after deductible |
| Urgent Care | \$75 | \$75 | 20% after deductible |
| Out-Of-Network | Your Out-Of-Network Cost | Your Out-Of-Network Cost | Your Out-Of-Network Cost |
| Deductible | \$7,500 Individual \$22,500 Family | \$10,000 Individual \$31,500 Family | Individual \$14,000 Family \$28,000 |
| Out-Of-Pocket Expense | \$18,000 Individual \$36,000 Family | \$18,300 Individual \$36,600 Family | Individual \$22,500 Family \$45,000 |
| Co-Insurance Amount | 50% | 50% | 50% |
| Prescription Drugs Co-Pay | Your In-Network Cost | Your In-Network Cost | Your In-Network Cost |
| | \$5-\$15/\$15-\$25/\$45-\$65 \$85-\$105/\$250/\$350 | \$5-\$15/\$15-\$25/\$45-\$65 \$85-\$105/\$250/\$350 | 10%-20%/20%-30% 30%-40%/40%/50% |



Contact Us



309.691.7900 ext 111.



kepplehealthcare.com



support@keppleco.com

HOW TO LOOK UP YOUR IN-NETWORK PROVIDER

Medical

Go to www.bcbsil.com

Select: Find a Doctor or Hospital

Search for Doctors as a Guest

Enter your zip code

Employer Plans

Illinois

PPO

Blue Choice Options [BCO]

Search for a doctor or hospital by using the search bar

Dental

bcbsil.com

To search for an in-network provider, select

Find Care, Find a Dentist, Blue Care PPO,

search by location, enter your zip code.

Vision

eyemedvisioncare.com/bcbsilvis

To search for an in-network provider, select

Find an eye doctor, Provider Locator - Select

Network, enter your zip code, select **Search.**

Important Contacts

| BENEFIT | CARRIER | WEBSITE | PHONE |
|---------|---------------------|--|--------------|
| Medical | BCBS of IL | bcbsil.com | 800.538.8833 |
| Dental | BCBS of IL | bcbsil.com | 800.477.2000 |
| Vision | Eyemed through BCBS | eyemedvisioncare.com/bcbsilvis | 855.362.5539 |
| Teladoc | Healthiest You | healthiestyou.com | 866.703.1259 |



309.691.7900 ext 111.



kepplehealthcare.com



support@keppleco.com