

# LIMRiCC

## Illinois Heartland Library System

Ashton Harnung

Your future is limitless.<sup>SM</sup>

# Agenda

- 1 What is LIMRiCC?
- 2 LIMRiCC HIP Plan Offerings
- 3 How to Apply for Membership
- 4 Questions

A photograph of two women in an office environment. The woman on the left has dark, wavy hair and is wearing a dark blazer over a white top. The woman on the right has curly brown hair and is wearing a light blue button-down shirt. They are both smiling and looking down at a laptop screen. A blue semi-transparent overlay covers the bottom left portion of the image, containing white text.

**What is  
LIMRiCC?**

# What is LIMRICC & What are the Benefits of Participating?

- A cooperative is established by like entities allowing groups to come together to purchase goods and services
- LIMRICC is a public library cooperative which consists of UCGA (Unemployment Compensation Group Account) and HIP (Health Insurance Program)
  - Today's discussion will focus on HIP
- The main goal of HIP is to improve bargaining power when purchasing health insurance that individual member libraries would not have
  - Object is to reduce cost while retaining competitive benefits
  - This is done by spreading fixed cost and reducing risk as claims are spread among a larger population

# What are the Benefits of Participating? *continued*

- Benefits of participating in HIP:
  - Access to benefit resource site: <https://limriccbenefits.org/>
  - Employee Navigator Enrollment System
  - Single invoice for all benefits within HIP
  - Free HR benefit education seminars/webinars
  - Employee benefit communication materials
  - Assistance with compliance requirements
  - Wellness Initiatives
    - Virtual Wellness Fair
    - \$50 Gift Card Incentive for completion of biometric screening + HRA

2024 Benefits Presentation



## LIMRICC BENEFITS RESOURCE SITE

A resource guide with tools to help you understand your benefits and make confident decisions. We're proud to offer you and your family members a comprehensive benefits package specifically designed with your health, wellness, and financial security in mind. This dedicated site provides you with the information, tools, and resources you need to understand your benefits and make informed decisions. We encourage you to take time to review the information and other resources included in this resource site. Videos and links are included throughout the site to help educate you on the comprehensive benefits available.



BENEFITS GUIDE

Review the Benefits Guide to learn more about your benefits options and plan details.



ADMIN INFORMATION

Review benefits administration information.



BENEFITS CONTACTS

View your benefits contacts.



NEW MEMBERSHIP

The LIMRICC Model will be accepting applications for new family membership.



BENEFITS HUB

Access useful documents and tools.

## YOUR BENEFITS AT A GLANCE





A woman with blonde hair, wearing a grey blazer over a yellow shirt, is leaning over a desk. A man with a beard, wearing a blue button-down shirt, is sitting at the desk and looking at a laptop screen. They are both focused on the screen, suggesting a collaborative work environment. The background is a bright, out-of-focus office space with large windows.

# Plan Offerings

# HIP Medical Plan Offerings | Aetna

Note: Medical plan must be employer-sponsored and library MUST make a contribution to the premium

|   | Open Access Aetna<br>Select HMO                 | Aetna Choice POS II \$750 PPO                   |   | Aetna Choice POS II \$1500 PPO            |   | Aetna Choice POS II HDHP/HSA   |               |
|---|---|---|---|---|---|--------------------------------|---------------|
| Benefits                                  | Participating Provider                          | In Network                                      | Out Network                                       | In Network                                | Out Network                                       | In Network                     | Out Network   |
| Provider Network                          | Open Access Aetna<br>Select                     | Aetna Choice POS II                             |   | Aetna Choice POS II                       |   | Aetna Choice POS II            |               |
| Individual Deductible                     | \$100   | \$750   | \$750   | \$1,500                                   | \$1,500   | \$3,200                        | \$6,400       |
| Family Deductible                         | \$200   | \$2,250   | \$2,250   | \$4,500                                   | \$4,500   | \$6,400                        | \$12,800      |
| Embedded or Non-Embedded<br>Ded           | N/A   | Embedded  |   | Embedded                                  |   | Embedded                       |               |
| Coinsurance (Member Pays)                 | 20%   | 20%   | 40%   | 20%                                       | 40%   | 0%                             | 20%           |
| Individual Out of Pocket (Incl.<br>Ded)   | \$1,500   | \$1,750   | \$3,750   | \$2,500                                   | \$4,500   | \$3,200                        | \$12,800      |
| Family Out of Pocket (Incl. Ded)          | \$3,000   | \$5,250   | \$10,500  | \$7,500                                   | \$12,000  | \$6,400                        | \$25,600      |
| Inpatient Hospital                        | \$150 Copay per<br>admission<br>+ 20% After Ded | \$150 Copay per<br>Admission + 20%<br>After Ded | \$300 Copay per<br>Admission<br>+ 40% After Ded   | \$150 Per<br>Admission<br>+ 20% After Ded | \$300 Per<br>Admission<br>+ 40% After Ded         | 0% After Ded                   | 20% After Ded |
| Preventive/Well Child Care                | No Charge                                       | No Charge                                       | 40% After Ded                                     | No Charge                                 | 40% After Ded                                     | No Charge                      | 20% After Ded |
| Physicians Services                       | \$30 Copay                                      | \$30 Copay                                      | 40% After Ded                                     | \$30 Copay                                | 40% After Ded                                     | 0% After Ded                   | 20% After Ded |
| Specialist Copay                          | \$40 Copay                                      | \$40 Copay                                      | 40% After Ded                                     | \$40 Copay                                | 40% After Ded                                     | 0% After Ded                   | 20% After Ded |
| Emergency Room                            | \$150 Copay (waived if<br>admitted)             | \$100 Copay (waived if admitted)                |   | \$100 Copay (waived if admitted)          |   | 0% After Ded                   |               |
| Rx Annual Out of Pocket<br>(Indiv/Family) | 1,000 / \$3,000                                 | 1,000 / \$3,000                                 |   | 1,000 / \$3,000                           |   | Refer to Plan OOP Max          |               |
| Retail Rx Benefit                         | Copay:<br>\$20/\$50/\$75/\$125                  | Copay:<br>\$20/\$50/\$75/\$100                  | Copay then 40%:<br>\$10/\$40/\$60/<br>Not Covered | Copay:<br>\$20/\$50/\$75/\$100            | Copay then 40%:<br>\$10/\$40/\$60/ Not<br>Covered | 0% After Ded                   |               |
| # Days Supply                             | 34 Days<br>(30 Days Specialty)                  | 34 Days<br>(30 Days Specialty)                  |   | 34 Days<br>(30 Days Specialty)            |   | 34 Days<br>(30 Days Specialty) |               |

# HIP Dental and Vision Plan Offerings

| Dental – Aetna           | Dental HMO             | Dental PPO                                |             |
|--------------------------|------------------------|---|-------------|
| Benefits                 | Participating Provider | In Network                                | Out Network |
| Provider Network         | DMO/DNO                | Passive PPO w/PPOII and ExtendSM Networks |             |
| Calendar Year Maximum    | Unlimited              | \$1,000                                   | \$1,000     |
| Office Visit Copay       | \$0                    | N/A                                       | N/A         |
| Calendar Year Deductible |                        |   |             |
| Individual               | \$0                    | \$50                                      | \$50        |
| Family                   | \$0                    | \$150                                     | \$150       |
| Waived for Preventative? | N/A                    | Yes                                       | Yes         |
| Coinsurance Levels       |                        |   |             |
| Preventive               | Scheduled Fee          | 100%                                      | 100%        |
| Basic                    | Scheduled Fee          | 80%                                       | 80%         |
| Major                    | Scheduled Fee          | 50%                                       | 50%         |
| *Orthodontia             | Scheduled Fee          | 50%                                       | 50%         |
| Orthodontia Maximum      | Scheduled Fee          | \$1,000                                   | \$1,000     |
| Orthodontia Age Limit    | N/A                    | Child(ren) to age 19                      |             |
| Usual & Customary %      | N/A                    | Negotiated Fee Schedule                   | UCR 90th    |

| Vision – VSP             | VSP Signature                       |                      |
|--------------------------|-------------------------------------|----------------------|
| Service & Copays         | In Network                          | Out Network          |
| Eye Exam Copay           | \$20 Copay                          | Up to \$50           |
| Materials Copay          | No Copay                            | Reimbursement Varies |
| Frequency                |                                     |                      |
| Exams                    | Every 12 months                     |                      |
| Frames                   | Every 24 months                     |                      |
| Lenses                   | Every 12 months (in lieu of frames) |                      |
| Benefits                 |                                     |                      |
| Single Vision Lenses     | Combined with Exam                  | Up to \$50           |
| Bifocal Lenses           | Combined with Exam                  | Up to \$75           |
| Trifocal Lenses          | Combined with Exam                  | Up to \$100          |
| Lenticular Lenses        | Combined with Exam                  | Up to \$125          |
| Frames                   | \$120 Allowance + 20% Off Balance   | Up to \$70           |
| Elective Contact Lenses  | \$120 Allowance                     | Up to \$105          |
| Necessary Contact Lenses | Covered in full                     | Up to \$210          |



# Additional HIP Benefits

- Basic Life/AD&D – required to be offered to ALL full-time employees
  - \$30,000 benefit
- Voluntary Life/AD&D
  - Employees can purchase for themselves, their spouses, and/or their dependents
    - Employee: Increments of \$10K to max of \$300K
    - Spouse: Increments of \$5K to max of \$150K
    - Child(ren): Increments of \$5K to max of \$15K
- Voluntary Accident
  - Pays specific dollar amounts for covered accidents
- Voluntary Critical Illness
  - Pays a flat benefit if diagnosed with covered condition
- Voluntary Hospital Indemnity
  - Pays a flat benefit for hospital admissions and confinements

A person wearing a white blazer is seated at a desk, holding a dark pen over a laptop. The background is a bright, out-of-focus office with large windows and another person working in the distance. A solid blue rectangular overlay covers the bottom-left portion of the image, containing the text "How to Apply" in white.

# How to Apply

# How to Apply for Membership

## For 1/1/2025 Entry

- Required documents for submission:
  1. Health Risk Assessment – disclosure of potentially high-claim cost conditions within employee population
  2. Employee Census – includes all benefit eligible employees (even if not enrolled in coverage), retirees, and COBRA
  3. If library has over 50 employees, past 24 months of historical claim information
- Documents must be submitted to [MWIL.LIMRiCC-EB@MarshMMA.com](mailto:MWIL.LIMRiCC-EB@MarshMMA.com) by **March 8<sup>th</sup>, 2024** for coverage risk review by Aetna
- Libraries that score 1.00 or less on Aetna's assessment tool will be eligible to join
- Applicant libraries will be informed of application status by **April 19<sup>th</sup>, 2024**. If approved and wish to join LIMRiCC, confirmation is required by no later than May 24<sup>th</sup>, 2024.
- *If your library is self-funded (or part of another cooperative that is self-funded) and entry is needed for a date other than 1/1 (for instance, you can only join at 7/1), reach out to [MWIL.LIMRiCC-EB@MarshMMA.com](mailto:MWIL.LIMRiCC-EB@MarshMMA.com) to discuss*

# Questions?

# Your future is limitless.<sup>SM</sup>

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