

# 2015 COOK COUNTY Benefits Connection



## 2015 BENEFITS OVERVIEW

As a Cook County employee, you have access to a variety of benefits, including:

- Medical and prescription drug coverage
- Dental plans
- Vision plan
- Flexible Spending Accounts - Health care and Dependent care
- Life insurance - Group Term, Supplemental and Whole Life
- Transit pass discounts
- Pre-paid legal services

Please review this information carefully. The Employee Benefits Division of the Department of Risk Management connects you to a wide range of information about your County-sponsored employee benefits on its website, [www.cookcountyrisk.com](http://www.cookcountyrisk.com).

### Eligibility for benefits

Benefits eligibility begins the first day of the month following your employment date.

- Eligible employees include:
  - Full-time employees
  - Part-time employees
  - Employees on leave of absence status
  - COBRA participants
- Eligibility status impacts required contributions.
- Dependent benefits are extended to spouse, domestic partners and civil union partners. If both you and your spouse or partner are Cook County employees, all family members must be covered under one employee.

- Children up to age 26 are eligible for medical coverage as dependents. Military veterans may be covered up to the age of 30.
- Pursuant to collective bargaining agreements, union employees must select a Health Care HMO plan and Dental HMO plan during their first year of employment. Plan changes are only allowed during the next annual open enrollment period.
- You can waive – or “opt out” of your medical benefits if you provide proof of benefits from another source, or another Cook County employee covers you as a dependent.

### Qualifying life events

A qualifying life event is required to request changes in your benefits outside of the open enrollment period. You can add or cancel dependents or enroll in a Flexible Spending Account within 31 days of any of the following events:

- Marriage, the establishment of a domestic partnership or a civil union.
- Birth, adoption or obtaining legal guardianship of a child.
- Loss of other coverage eligibility for you or your dependent(s) for reasons such as legal separation, divorce, death or termination of employment.

A Benefits Enrollment/Change form (available through your Timekeeper or at [www.cookcountyrisk.com](http://www.cookcountyrisk.com)) with the desired plan elections must be submitted within 31 days of the event. Appropriate original documentation is required, though if a document is not available in that timeframe (e.g., birth certificate) the form must be submitted within 31 days.

**Note:** Do not send a birth, marriage or civil union certificate to the Employee Benefits Division without a self-addressed, stamped envelope. Safe return of the document(s) depends on this envelope.

### Benefits end on last day of the month employed

Benefits end on the last day of the month in which you are employed or otherwise are ineligible for coverage.

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows employees and/or their dependents to continue insurance benefits after termination of employment or when a dependent's status changes, resulting in loss of eligibility.



Benefits	HMO Plans HMO Provider*	PPO Plan	
		In-Network Provider	Out-of-Network Provider
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>• Primary care visit to treat an injury or illness</li> <li>• Specialist visit</li> <li>• Other practitioner office visit</li> <li>• Preventive care/screening/immunization</li> </ul>	\$10 copay/visit	\$25 copay/visit	40% coinsurance
<b>Outpatient Services</b>			
Diagnostic test (x-ray, blood work) and imaging (CT/PET scans, MRIs)	No charge	10% coinsurance	40% coinsurance
Facility fee (e.g., ambulatory surgery center)	\$100 copay/visit	10% coinsurance	40% coinsurance
Physician/surgeon fees	No charge	10% coinsurance	40% coinsurance
Maternity prenatal/postnatal care	\$10 copay First prenatal visit only	\$25 copay/visit First prenatal visit only	40% coinsurance
Mental/Behavioral health outpatient services	\$10 copay/visit	\$25 copay/visit	40% coinsurance
Substance use disorder outpatient services	\$10 copay/visit	\$25 copay/visit	40% coinsurance
<b>Emergency Care</b>			
Emergency room services	\$40 copay/visit Waived if admitted. If you use a non-HMO provider, you will be charged the same amount	\$40 copay/visit Waived if admitted	\$40 copay/visit Waived if admitted
Emergency medical transportation	No charge Ground transportation only	10% coinsurance	10% coinsurance
Urgent care	\$10 copay/visit Must be affiliated with chosen medical group or referral required	10% coinsurance	40% coinsurance
<b>Inpatient Benefits</b>			
Facility fee (e.g., hospital room)	\$100 copay/visit	10% coinsurance	40% coinsurance
Physician/surgeon fee	No charge	10% coinsurance	40% coinsurance
Mental/behavioral health inpatient services	\$100 copay/visit	10% coinsurance	40% coinsurance
Substance use disorder inpatient services	\$100 copay/visit	10% coinsurance	40% coinsurance
Delivery and all maternity inpatient services	\$100 copay/admission	10% coinsurance	40% coinsurance
<b>Extended Care</b>			
Home health care	No charge	10% coinsurance	40% coinsurance
Skilled nursing care	\$100 copay/admission	10% coinsurance	40% coinsurance
Hospice service	No charge	10% coinsurance	40% coinsurance

\*Referrals are required in the HMO plan except for primary care visits to treat injury or illness, pre- and post-natal care, and emergency room services/transportation. You are responsible for the full cost of any charges that exceed the Schedule of Maximum Allowances (SMA), sometimes referred to as "R&C" or "reasonable and customary" amount.



**BlueCross BlueShield**  
of Illinois

Go to [www.bcsil.com/cookcounty](http://www.bcsil.com/cookcounty) for information about your medical plan.

## Medical plan choices

As a County employee you have three options for medical coverage:

- Blue Cross and Blue Shield PPO
- BlueAdvantage HMO
- Classic Blue HMO

The difference between the HMO plans is that the BlueAdvantage network does not include the following medical groups: NorthShore (284), Saint Anthony (Indiana - 374) and Northwestern (466/467).

[www.cookcountyrisk.com](http://www.cookcountyrisk.com)

Looking for more information? All the details you need, such as fact sheets, plan summaries, forms, COBRA information and FAQs, are just a few clicks away.



## Calculating your contributions

This chart shows your cost as a percentage of pre-tax salary based on family members you choose to cover.

	HMO	PPO
Employee only	0.5%	1.5%
Employee + spouse	1.0%	2.0%
Employee + child(ren)	0.75%	1.75%
Employee + family	1.25%	2.25%

The costs and benefits described here are subject to the collective bargaining process and County Board approval. Those working less than 30 hours/week may contribute at a different rate.

## Plan limits and maximums

FEATURE	HMO PLANS	PPO PLANS	
		IN-NETWORK	OUT-OF-NETWORK*
Annual deductible	\$0	\$125 Individual \$250 Family	\$250 Individual \$500 Family
Out-of-Pocket (OOP) maximum	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Not included in the OOP maximum	Prescription copays, premiums, balance-billed charges and health care this plan does not cover	Deductibles, copays, premiums, balance-billed charges and health care this plan does not cover	
Lifetime maximum	Unlimited	Unlimited	

\*You are responsible for the full cost of any charges that exceed the Schedule of Maximum Allowances (SMA), sometimes referred to as "R&C" or "reasonable and customary" amount.

**Q** What is the difference between a Health Maintenance Organization (HMO) and a Preferred Provider Organization (PPO) plan?

**A** An HMO is an organization that provides health care coverage to its members through a network of doctors, hospitals and other health care providers. As a HMO member, you must select a primary care physician for yourself and each family member. You will also need a referral from your doctor for specialist visits. The PPO Plan allows you to choose any doctor you want at the time of service and you do not have to choose a primary care physician or get referrals. PPO plan benefits are higher if you seek care from an in-network provider than if you go out-of-network.

# CVS/Caremark provides prescription benefits

	30-day supply at retail	90-day supply*
Generic	\$7	\$14
Formulary brand on the drug list	\$15	\$30
Non-formulary brand not on the drug list	\$25	\$50

Your Caremark card is easy to use when you visit your pharmacist. Save 30% on your copay cost when you use CVS/Caremark mail order for your long-term prescriptions. You also can ask your doctor to write a 90-day supply prescription and get it filled at your CVS pharmacy\*. Remember to talk to your doctor about generic medications as opposed to brand-name products to save even more money.



*\*If you choose to buy a formulary brand (on the drug list) or non-formulary brand (not on the drug list) when a generic substitute is available, you will pay the generic copay, plus the difference in cost between the generic and the full retail formulary brand or non-formulary brand drug cost.*

## Use pre-tax money for health and dependent care expenses

When you are estimating your health care and dependent care expenses for the year, keep in mind you can set up a Flexible Spending Account (FSA) to pay for eligible expenses. Saving is simple. When you enroll, you decide how much you will set aside from your pay before taxes. There are two types of accounts:

**Health Care FSA:** Use these funds to pay for a broad array of eligible expenses (such as deductibles, copays, dental and vision care, counseling and prescriptions) incurred by you or your eligible dependents. WageWorks provides a Health Care FSA card for these expenses. Health Care FSA contributions are limited to \$2,500 for 2015.

**Dependent Care FSA:** If you pay to care for dependents while at work, use these funds to cover eligible expenses for day care, babysitting, nursery school and senior day care. You can set aside up to \$5,000 to help with dependent care costs that aren't covered by insurance. You must submit claims forms for dependent care FSA reimbursement.

## Dearborn National provides life insurance

Eligible employees are covered by a basic term life insurance plan equal to one times annual salary, rounded to the next \$1,000. This benefit is provided at no cost to you. Complete an enrollment form as well as a beneficiary designation form. Beneficiary designation forms are available at [www.cookcountyrisk.com](http://www.cookcountyrisk.com), and you may fax it to Dearborn National at any time. For more information go to [www.dearbornnational.com](http://www.dearbornnational.com) or call 800-348-4512.

## Vision benefits

Vision benefits are provided at no charge. EyeMed has an extensive network of providers and services within the network available at no cost, with minimal copays or at significant discounts.

## Dental benefits

You have a choice of two plans when you enroll:

- First Commonwealth/Guardian Dental HMO
- First Commonwealth/Guardian PPO

## Other benefits

You also can participate in:

- Voluntary universal life insurance
- Commuter transit passes, paid for through pre-tax payroll deductions
- Pre-paid legal services

**Q** What in the Dental plan is available to employees and dependents "Free of Charge?"

- A**
- Dental exams
  - Cleanings
  - Fluoride treatments

Additional information is available at [www.cookcountyrisk.com](http://www.cookcountyrisk.com)