



COOK COUNTY BENEFITS CONNECT

BENEFITS OVERVIEW 2016

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.

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.

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- Documentation of eligibility required:
 - Spouse/partner - marriage certificate, civil union or domestic partner certificate
 - Child - birth certificate, adoption certificate or legal guardianship form
- Pursuant to collective bargaining agreements, union employees must select a Health HMO plan and Dental HMO plan during their first year of employment. Plan changes may only be made 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.

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) with the desired plan elections must be submitted within 31 days of the event. Appropriate documentation is required within 45 days if not submitted with the Enrollment/Change form.

Note: Newly hired employees are required to submit supporting documentation, at the same time as the Benefits Enrollment/Change form, or the enrollment will not be processed.

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.

** The cost and benefits described here are subject to the collective bargaining process and Cook County Board approval. If you are a member of a collective bargaining unit that has not ratified the health and pharmacy plan designs and contributions, refer to www.cookcountyrisk.com.*

Benefits	HMO Plans HMO Provider*	PPO Plan	
		In-Network Provider	Out-of-Network Provider
Primary Care			
• Primary care visit to treat an injury or illness	\$15 copay/visit	\$25 copay+10%coinsurance/visit	\$25 copay+40%coinsurance/visit
• Specialist visit	\$20 copay/visit	\$35 copay+10%coinsurance/visit	\$35 copay+40%coinsurance/visit
• Other practitioner office visit	\$15 copay/visit	\$25 copay+10%coinsurance/visit	\$25 copay+40%coinsurance/visit
• Preventive care/screening/immunization	\$0 copay/visit	\$0	\$0
Outpatient Services			
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	\$15 copay First prenatal visit only	\$25 copay/visit First prenatal visit only	40% coinsurance
Mental/Behavioral health outpatient services	\$15 copay/visit	\$25 copay/visit	40% coinsurance
Substance use disorder outpatient services	\$15 copay/visit	\$25 copay/visit	40% coinsurance
Emergency Care			
Emergency room services	\$75 copay/visit Waived if admitted.	\$75 copay/visit Waived if admitted	\$75 copay/visit Waived if admitted
Emergency medical transportation	No charge Ground transportation only	10% coinsurance	10% coinsurance
Urgent care	\$15 copay/visit Must be affiliated with chosen medical group or referral required	\$25 copay + 10% coinsurance	\$25 copay + 40% coinsurance
Inpatient Benefits			
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
Extended Care			
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 for information about your medical plan.

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.



Medical plan choices

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

- Blue Cross and Blue Shield PPO
- BlueAdvantage HMO

Preventive Health Care Benefits in 2016

Preventive care services will be offered beginning with the 2016 plan year at no added cost to you. That means you and your dependents can visit the doctor for yearly physical exams and get the preventive care screenings you need without having to pay additional money out of pocket.

Going in to see your doctor for a wellness exam, immunizations or preventive screenings is one of the best ways to manage your health. Preventive care often leads to identifying health problems early, when your chances for treatment and cure are better. And now that these services are covered by Cook County health plans at no cost, it's much easier to stay healthy in 2016.

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	1.0%	2.0%
Employee + spouse	1.5%	2.5%
Employee + child(ren)	1.25%	2.25%
Employee + family	1.75%	2.75%

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	\$350 Individual \$700 Family	\$700 Individual \$1,400 Family
Out-of-Pocket (OOP) maximum	\$1,600 Individual \$3,200 Family	\$1,600 Individual \$3,200 Family	\$3,200 Individual \$6,400 Family

**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.*

CVS/Caremark provides prescription benefits

	30-day supply at retail	90-day supply*
Generic	\$10	\$20
Formulary brand on the drug list	\$25	\$50
Non-formulary brand not on the drug list	\$40	\$80

A new generic step therapy program requires members to use up to two generic alternatives in certain drug classes before a brand will be covered. A grace period may be provided for existing prescriptions.

The Maintenance Choice Program is now mandatory. After two fills, all maintenance medications must be filled in a 90 day supply through mail order or at a CVS Pharmacy.



*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. 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 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 \$2,550 for 2016.

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.

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

A

- Dental exams
- Cleanings
- Fluoride treatments

Term 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. You can go online to enroll in supplemental life insurance and to make beneficiary designations. For more information call 877-491-5269 or go to www.lifebenefits.com.

Vision benefits

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

Dental benefits

Dental coverage is provided at no charge. 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

Additional information is available at www.cookcountyrisk.com



**COOK
COUNTY**
BENEFITS CONNECT

**O P E N E N R O L L M E N T
2 0 1 6**

OPEN ENROLLMENT October 1-31, 2015

Annual Open Enrollment is the time of year to re-evaluate your benefits options, consider your health care needs and make your elections for 2016. Now is the time to take the steps to make important decisions about your benefit plans for the coming year.

What's important this year

Open enrollment starts Wednesday, October 1, 2015 and ends Saturday, October 31, 2015. Enrollment changes become effective December 1, 2015. **Enrollments submitted after October 31, 2015 will not be processed.**

Choose your benefits carefully. It is your responsibility to know your benefits options in order to make an informed decision. All changes are binding from December 1, 2015 through November 30, 2016, unless you experience a qualifying life event. In this case, you may add, change or drop coverage or dependents within 31 days of the event. Documentation of the life event must be provided to the Employee Benefits Division of the Department of Risk Management. See the Benefits Overview for required eligibility documentation.*

Key benefit changes for 2016 plan year

A number of benefits changes are being introduced for the 2016 plan year. These changes apply to employees in unions that have ratified new agreements and to non-union employees.



Medical Benefit Plans

The County will offer two medical benefit plans: Blue Advantage HMO and Blue Cross Blue Shield PPO. The Classic Blue HMO is no longer offered. Following are the changes effective in each plan:

Plan Feature	Blue Advantage HMO	Blue Cross Blue Shield PPO (in network)
Annual deductible	\$0	\$350 single/\$700 family
Out-of-pocket maximum	\$1,600 single/\$3,200 family	\$1,600 single/\$3,200 family
Preventive care	\$0 copay	\$0 copay
Primary care	\$15 copay	90% coinsurance after \$25 copay/ 60% coinsurance out of network
Specialists	\$20 copay	90% coinsurance after \$35 copay/ 60% coinsurance out of network
Urgent care	\$15 copay	90% coinsurance after \$25 copay/ 60% coinsurance out of network
Emergency room	\$75 copay (waived if admitted)	\$75 copay (waived if admitted)

You can find the new employee contribution rates in the 2016 Benefits Overview.

*For spouses/partners added due to loss of coverage from the Dependent Eligibility Verification Program, a current supporting document with proof of address also is required.

Key benefit changes - continued



Prescription Drugs

CVS/Caremark will continue as the County's pharmacy benefit manager.

Following are the new copays effective 12/1/15:

Generic: \$10

Brand formulary: \$25

Brand non-formulary: \$40

Two new programs are effective in the new plan year - Generic Step Therapy and Mandatory Maintenance Choice. Both are explained in more detail in the enclosed flyer from CVS/Caremark.



Dental and Vision Plans

There are no changes in dental or vision carriers or benefits, and these plans

continue to be offered to employees at no cost.



Flexible Spending Accounts

(for health care and/or dependent care)

You can contribute pre-tax dollars to cover eligible expenses.



Transit benefit

You can contribute on a pre-tax basis to cover eligible transit expenses.



Life insurance

Group term life insurance equivalent to one times your base pay is provided at no cost. Supplemental term, as well as whole life for you and your dependents, is available on a pre-tax basis.

Steps to connecting for benefits enrollment

Step 1:

Think about your needs for next year and review the options provided.

Step 2:

Review your Benefit Information Statement in this packet and/or visit www.cookcountyrisk.com and select the "Open Enrollment" tab. You will need your Social Security and employee ID numbers (the ID number can be found on your pay stub or Benefit Information Statement).

Attend one of the conveniently scheduled Open Enrollment Informational Events to learn more and ask any questions. For events and locations, see the schedule provided with this mailing, look for a poster in your work area or ask your Timekeeper.

Step 3:

Between October 1 and October 31, 2015 - Enroll online or submit your completed Benefits Information Statement via mail, fax or hand-deliver to the Department of Risk Management, Employee Benefits Division, 118 N. Clark Street, Room 1072, Chicago, IL 60602. Fax: 866-729-3040. **Enrollments submitted after October 31, 2015 will not be processed.**

Step 4:

If you enroll online, print the confirmation page for your records as proof of the changes you made. If you submit a form, make a copy for your records.

Step 5:

All insurance plan changes will begin the new plan year, December 1, 2015. Flexible Spending elections begin on January 1, 2016.

Make the most of Medical Plan Resources

Blue Cross and Blue Shield of Illinois offers a wide variety of online resources to help you manage and improve your health. You can:

- Confirm benefit coverage, check the status of a claim and estimate the cost of various medical procedures.
- Take a health risk assessment to identify potential risk factors.
- Become tobacco free through a smoking cessation program.
- Lose weight to achieve a healthier lifestyle.
- Identify how you experience stress and find healthy ways to manage it.

For more information about resources, go to:
www.bcbsil.com/cookcounty.

When you can make changes

You do not need to re-enroll, but if you take no action before October 31, you will not be able to change your coverage until the next open enrollment period, unless you have a qualifying life event.

You can add or cancel dependents or enroll in a Flexible Spending Account within 31 days of any of the following events:

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

Important terms to know

The annual deductible is what you pay out of your own pocket before your insurance plan begins to pay.

Copayments (“copays”) are fixed dollar amounts you pay for covered health care, usually when you receive the service.

Coinsurance is your share of the costs of a covered service in the PPO plan, calculated as a percentage of the allowed amount for the service.

Out-of-Pocket (OOP) maximum amounts are the most you will pay out of your own pocket.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to pay eligible health and dependent care expenses with pre-tax dollars.

During Open Enrollment, you can elect to contribute to either a Health Care FSA, Dependent Care FSA, or both for the coming year.

You must enroll in the Flexible Spending Accounts each year.

There are two types of accounts

Health Care FSA: Use these funds to pay for eligible expenses (such as deductibles, copays, dental and vision care, and prescriptions) incurred by you or your eligible dependents. To comply with federal tax law, the maximum amount you can contribute to a Health Care FSA is \$2,550 for the calendar year. Keep in mind that the limit is per employee. If you have a spouse with a Health Care FSA, he or she can contribute up to \$2,550 into an account as well, even if you both work for the same employer.

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. The maximum Dependent Care FSA amount is \$5,000 for your child or senior day care needs.

Attend an Open Enrollment Informational Event and learn more about your options!

Don't miss your chance to get answers to your questions from the experts on benefit options. Use the schedule below to find the location that works best for you. There's no need to RSVP - just drop in when you can and learn how to make your benefits work for you and your family.

Have additional questions? Contact your Timekeeper or the Employee Benefits Division of the Department of Risk Management at 312-603-6385.

Attend an Open Enrollment Informational Event!

Drop by any location to get answers from experts on your benefits options.

OCTOBER 6 • TUESDAY

10:00am - 3:00pm

Juvenile Detention Center

1100 S. Hamilton

Lower Level

OCTOBER 7 • WEDNESDAY

10:00am - 3:00pm

County Building

118 N. Clark St.

10th Floor

OCTOBER 8 • THURSDAY

10:00am - 3:00pm

Bridgeview Courthouse

10220 S. 76th Ave.

1st Floor Lobby

OCTOBER 13 • TUESDAY

11:00am - 4:00pm

Stroger Hospital

1969 W. Ogden Ave.

Lower Level Cafeteria

OCTOBER 14 • WEDNESDAY

10:00am - 3:00pm

Criminal Courts Building

2650 S. California Ave.

2nd Floor Cafeteria

OCTOBER 16 • FRIDAY

10:00am - 2:00pm

Provident Hospital

500 E. 51st St.

Cafeteria

OCTOBER 19 • MONDAY

9:30am - 11:30am

Forest Preserve District

536 N. Harlem Ave.

Museum Room

OCTOBER 19 • MONDAY

1:30pm - 3:30pm

Maywood Courthouse

1500 S. Maybrook Dr.

Cafeteria

OCTOBER 20 • TUESDAY

10:00am - 3:00pm

Cook County

Administration Building

69 W. Washington

Concourse Level (CL)

Conference Room B

OCTOBER 21 • WEDNESDAY

9:00am - 11:00am

Markham Courthouse

16500 S. Kedzie Pkwy.

Lower Level

OCTOBER 22 • THURSDAY

9:30am - 11:30am

Skokie Courthouse

5600 Old Orchard Rd.

Rm 201

OCTOBER 22 • THURSDAY

1:30pm - 3:30pm

Rolling Meadows Courthouse

2121 Euclid Ave.

Lower Level Cafeteria