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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.

• Children up to age 26 are eligible for medical coverage as dependents. Military veterans may be covered up to the age of 30 with a DD214 form.

• 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

### Primary Care
- **Primary care visit to treat an injury or illness**
  - **HMO Provider***: $15 copay/visit
  - **In-Network Provider**: $25 copay + 10% coinsurance/visit
  - **Out-of-Network Provider**: $25 copay + 40% coinsurance/visit
- **Specialist visit**
  - **HMO Provider***: $20 copay/visit
  - **In-Network Provider**: $35 copay + 10% coinsurance/visit
  - **Out-of-Network Provider**: $35 copay + 40% coinsurance/visit
- **Other practitioner office visit**
  - **HMO Provider***: $15 copay/visit
  - **In-Network Provider**: $25 copay + 10% coinsurance/visit
  - **Out-of-Network Provider**: $25 copay + 40% coinsurance/visit
- **Preventive care/screening/immunization**
  - **HMO Provider***: $0 copay/visit
  - **In-Network Provider**: $0
  - **Out-of-Network Provider**: $0

### Outpatient Services
- **Diagnostic test (x-ray, blood work) and imaging (CT/PET scans, MRIs)**
  - **HMO Provider***: No charge
  - **In-Network Provider**: 10% coinsurance
  - **Out-of-Network Provider**: 40% coinsurance
- **Facility fee (e.g., ambulatory surgery center)**
  - **HMO Provider***: $100 copay/visit
  - **In-Network Provider**: 10% coinsurance
  - **Out-of-Network Provider**: 40% coinsurance
- **Physician/surgeon fees**
  - **HMO Provider***: No charge
  - **In-Network Provider**: 10% coinsurance
  - **Out-of-Network Provider**: 40% coinsurance
- **Maternity prenatal/postnatal care**
  - **HMO Provider***: $15 copay/visit
  - **In-Network Provider**: First prenatal visit only
  - **Out-of-Network Provider**: First prenatal visit only
- **Mental/Behavioral health outpatient services**
  - **HMO Provider***: $15 copay/visit
  - **In-Network Provider**: $25 copay/visit
  - **Out-of-Network Provider**: 40% coinsurance
- **Substance use disorder outpatient services**
  - **HMO Provider***: $15 copay/visit
  - **In-Network Provider**: $25 copay/visit
  - **Out-of-Network Provider**: 40% coinsurance

### Emergency Care
- **Emergency room services**
  - **HMO Provider***: $75 copay/visit
  - **In-Network Provider**: Waived if admitted
  - **Out-of-Network Provider**: Waived if admitted
- **Emergency medical transportation**
  - **HMO Provider***: No charge
  - **In-Network Provider**: Ground transportation only
  - **Out-of-Network Provider**: 10% coinsurance
  - **Out-of-Network Provider**: 10% coinsurance
- **Urgent care**
  - **HMO Provider***: $15 copay/visit
  - **In-Network Provider**: Must be affiliated with chosen medical group or referral required
  - **Out-of-Network Provider**: $25 copay + 10% coinsurance

### Inpatient Benefits
- **Facility fee (e.g., hospital room)**
  - **HMO Provider***: $100 copay/visit
  - **In-Network Provider**: 10% coinsurance
  - **Out-of-Network Provider**: 40% coinsurance
- **Physician/surgeon fee**
  - **HMO Provider***: No charge
  - **In-Network Provider**: 10% coinsurance
  - **Out-of-Network Provider**: 40% coinsurance
- **Mental/behavioral health inpatient services**
  - **HMO Provider***: $100 copay/visit
  - **In-Network Provider**: 10% coinsurance
  - **Out-of-Network Provider**: 40% coinsurance
- **Substance use disorder inpatient services**
  - **HMO Provider***: $100 copay/visit
  - **In-Network Provider**: 10% coinsurance
  - **Out-of-Network Provider**: 40% coinsurance
- **Delivery and all maternity inpatient services**
  - **HMO Provider***: $100 copay/admission
  - **In-Network Provider**: 10% coinsurance
  - **Out-of-Network Provider**: 40% coinsurance

### Extended Care
- **Home health care**
  - **HMO Provider***: No charge
  - **In-Network Provider**: 10% coinsurance
  - **Out-of-Network Provider**: 40% coinsurance
- **Skilled nursing care**
  - **HMO Provider***: $100 copay/admission
  - **In-Network Provider**: 10% coinsurance
  - **Out-of-Network Provider**: 40% coinsurance
- **Hospice service**
  - **HMO Provider***: No charge
  - **In-Network Provider**: 10% coinsurance
  - **Out-of-Network Provider**: 40% coinsurance

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*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.*

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*Go to www.bcbsil.com/cookcounty for information about your medical plan.*
Calculating your contributions

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

<table>
<thead>
<tr>
<th></th>
<th>HMO</th>
<th>PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>1.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Employee + spouse</td>
<td>1.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Employee + child(ren)</td>
<td>1.25%</td>
<td>2.25%</td>
</tr>
<tr>
<td>Employee + family</td>
<td>1.75%</td>
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</tr>
</tbody>
</table>

Those working less than 30 hours/week may contribute at a different rate.

Plan limits and maximums

<table>
<thead>
<tr>
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<tbody>
<tr>
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<td>IN-NETWORK</td>
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<tr>
<td>Annual deductible</td>
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<tr>
<td></td>
<td></td>
<td>$700 Individual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$700 Family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,400 Family</td>
</tr>
<tr>
<td>Out-of-Pocket (OOP) maximum</td>
<td>$1,600 Individual</td>
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<tr>
<td></td>
<td>$3,200 Family</td>
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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.
CVS/Caremark provides prescription benefits

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.

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<td>Non-formulary brand not on the drug list</td>
<td>$40</td>
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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.

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