

2018 Benefits Overview



**COOK
COUNTY**
BENEFITS CONNECT



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

- Medical and Prescription Drugs*
- Dental
- Vision
- Flexible Spending Accounts – Healthcare and Dependent Care
- Life Insurance – Group Term and Supplemental
- Pre-Tax Commuter Benefit
- Pre-Paid Legal

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. Please review this information carefully.

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 an approved leave of absence
 - 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 enrollment. Note: Employee and dependents must be enrolled in the same benefit plans.
- Documentation of eligibility is required:
 - Spouse/partner – marriage certificate, domestic partner or civil union certificate
 - Child – birth certificate, adoption certificate or legal guardian form
- 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, proof of Illinois residency and a release or discharge other than a dishonorable discharge.
- Pursuant to collective bargaining agreements, union employees must select the medical 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.

* The cost and benefits described here are subject to the collective bargaining process and Cook County Board approval.

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 remove dependents, change plans or enroll in a Flexible Spending Account within 31 days of any of the following events:

- Marriage, the establishment of a domestic partnership or 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 change in employment status significantly impacting the employee contribution rate

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 qualifying life event. Appropriate dependent documentation is required within 45 days if not submitted with the Enrollment/Change form.

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

Benefits Ending Date

Benefits end on the last day of the month in which you are employed or 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 a loss of eligibility.



Medical Plans

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

BlueAdvantage HMO – Group# B50001
Customer Service: 1-800-892-2803

PPO – Group# 289803
Customer Service: 1-800-960-8809



**BlueCross BlueShield
of Illinois**

www.bcbsil.com/cookcounty

Summary of Health Benefits

Benefits	HMO Plan HMO Provider*	PPO Plan	
		In-Network	Out-of-Network

PRIMARY CARE

Primary care visit to treat an injury or illness	\$15 copay/visit	\$25 copay+10% coinsurance/visit	40% coinsurance/visit
Specialist visit	\$20 copay/visit	\$35 copay+10% coinsurance/visit	40% coinsurance/visit
Other practitioner office visit	\$15 copay/visit	\$25 copay+10% coinsurance/visit	40% coinsurance/visit
Preventative 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/visit First prenatal visit only	\$25 copay/visit+10% coinsurance First prenatal visit only	40% coinsurance
Mental/behavioral health outpatient services	\$15 copay/visit	\$25 copay/visit+10% coinsurance	40% coinsurance
Substance use disorder outpatient services	\$15 copay/visit	\$25 copay/visit+10% coinsurance	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/admission	10% coinsurance	40% coinsurance
Substance use disorder inpatient services	\$100 copay/admission	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.

Health Plans Limits and Maximums

Feature	HMO Plan	PPO Plan	
		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.			

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	1.5%	2.5%
Employee + spouse	2.0%	3.0%
Employee + child(ren)	1.75%	2.75%
Employee + family	2.25%	3.25%
Employees working less than 30 hours/week may contribute at a different rate.		



Prescription Drugs

www.caremark.com

Customer Service: 1-866-409-8522



When you enroll in a medical plan, you automatically receive prescription drug coverage through CVS/caremark. Prescriptions can be purchased through your local in-network pharmacy or through mail order*. CVS/caremark pharmacy is included in all Target stores that offer pharmacy services.

	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

*You will save money by purchasing generic drugs rather than brand-name drugs. Generic step therapy and mandatory maintenance choice requirements may apply to medications you or your dependents are taking. See [cookcountyrisk.com/prescription drugs](http://cookcountyrisk.com/prescription-drugs) for an explanation of these requirements.



Group Term Life Insurance – Minnesota Life

www.lifebenefits.com

Customer Service: 1-877-491-5269



Cook County provides group term life insurance to full time employees in an amount equal to their annual salary rounded to the next highest thousand dollars. This coverage pays a cash benefit in the event of your death to a beneficiary (or beneficiaries) you designate.



Dental Plans

www.guardiananytime.com/cookcounty

Customer Service – Group# 397485



Dental HMO: 1-866-494-4542

Dental PPO: 1-866-302-4542

County employees have a choice of two dental plans at no cost:

- Guardian Dental HMO provides access to services performed at participating dental HMO practices
- Guardian PPO allows you to seek dental care from dentists who either are in or out of the PPO network

Summary of Dental Plans

Item/Procedure	Dental HMO Copayment (Member Pays)	Dental PPO	
		In-Network	Out-of-Network
Benefit Period Maximum	None	\$1,500	
Deductible	None	\$25 per Individual \$100 per Family (4 individual maximum) Deductible does not apply to preventive and orthodontic services	\$50 per Individual \$200 per Family (4 individual maximum) Deductible does not apply to preventive and orthodontic services

PREVENTATIVE

Dental Exams (2 exams per benefit period)	\$0	100% of the maximum allowance	80% of the maximum allowance
Prophylaxis (2 cleanings per benefit period)	\$0	100% of the maximum allowance	80% of the maximum allowance
Fluoride Treatment (eligible members up to age 19)	\$0	100% of the maximum allowance	80% of the maximum allowance

PRIMARY SERVICES

Dental X-Rays	\$0	80% of the maximum allowance	60% of the maximum allowance
Space Maintainers (eligible members up to age 19)	\$63-\$96	80% of the maximum allowance	60% of the maximum allowance

RESTORATIVE

Amalgams and Anterior Resins	\$17-\$44	80% of the maximum allowance	60% of the maximum allowance
Posterior Resins	\$53-\$105	80% of the maximum allowance	60% of the maximum allowance
Crowns and Fixed Bridges	\$256 to \$300 per unit	50% of the maximum allowance	50% of the maximum allowance

EMERGENCY SERVICES

Palliative Emergency Treatment	\$0	80% of the maximum allowance	80% of the maximum allowance
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ENDODONTICS

Root Canal Therapy	\$109-\$162	80% of the maximum allowance	60% of the maximum allowance
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PERIODONTICS

Scaling and Root Planing	\$37/quadrant	80% of the maximum allowance	60% of the maximum allowance
Gingivectomy	\$111/quadrant	80% of the maximum allowance	60% of the maximum allowance
Osseous Surgery	\$206/quadrant	80% of the maximum allowance	60% of the maximum allowance

ORAL SURGERY

Routine Extractions	\$18 to \$20	80% of the maximum allowance	60% of the maximum allowance
Removal of Impacted Teeth (soft tissue and partial bony)	\$50-\$65	80% of the maximum allowance	60% of the maximum allowance

PROSTHETICS

Full and Partial Dentures	\$383-\$396	50% of the maximum allowance	50% of the maximum allowance
Denture Reline	\$40-\$72	50% of the maximum allowance	50% of the maximum allowance
Endosseous Implants	Not covered	50% of the maximum allowance	50% of the maximum allowance

ORTHODONTICS

Adults (19 or older)	Not covered	50% of the maximum allowance	
Dependent Children (up to age 19)	\$3,233 - \$3,356 not including x-rays or orthodontic records	50% of the maximum allowance	
Lifetime Maximum	One full course of treatment for dependent children under age 19	\$1,250	



Vision coverage is provided at no charge.

www.davisvision.com/member
Customer Service: 1-800-381-6420

Summary of Vision Benefits

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam with dilation as necessary	\$0 copay	N/A
Frames	\$0 copay, \$100 allowance, plus 20% discount off balance	N/A
	Benefits specific to Davis Vision, \$150 allowance at Visionworks, or Davis Vision "Exclusive Collection" covered in full	

STANDARD PLASTIC LENSES

Single Vision	\$0 copay	N/A
Bifocal	\$0 copay	N/A
Trifocal	\$0 copay	N/A
Lenticular	\$0 copay	N/A

LENS OPTIONS (paid by the member in addition to the price of the lenses)

Standard Progressive Lens	\$0	N/A
Premium Progressive Lens	\$40	N/A
Ultra Progressive Lens	\$90	N/A
High-Index Lenses	\$60	N/A
Plastic Photosensitive Lenses (Transitions)	\$70	N/A
Scratch Protection Plan: Single Vision / Multifocal Lenses	\$20 / \$40	N/A
UV Treatment	\$12	N/A
Tint (Solid and Gradient)	\$0	N/A
Standard Polycarbonate—Adults	\$35	N/A
Standard Polycarbonate—Kids under 19	\$0	N/A
Standard Anti-Reflective Coating	\$40	N/A
Premium Anti-Reflective Coating	\$55	N/A
Ultra Anti-Reflective Coating	\$69	N/A
Polarized	\$75	N/A
Other Add-Ons and Services	20% discount (where applicable) balance from insured frame purchase; 30% discount on additional pairs of eyeglasses	N/A

CONTACT LENS FIT & FOLLOW-UP (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)

Standard Contact Lens Fit & Follow-Up	\$0 copay, covered in full	N/A
Specialty Contact Lens Fit & Follow-Up	\$0 copay, up to \$60 allowance plus 15% discount on any overage	N/A

CONTACT LENSES (Contact lens allowance includes materials only)

Conventional and Disposable	\$0 copay, \$100 allowance, 15% off balance over \$100	N/A
Medically Necessary	\$0 copay, covered in full (Prior approval required)	N/A

LASER VISION CORRECTION

Laser Vision Coverage (LASIK)	40-50% off the national average price of traditional LASIK	N/A
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FREQUENCY

Examination	Once every 12 months
Lenses or Contact Lenses	Once every 12 months
Frame	Once every 24 months



Flexible Spending – ConnectYourCare

www.connectyourcare.com/cookcounty
Customer Service: 1-844-284-6267



When you are estimating your healthcare and dependent care expenses for the year, keep in mind that 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:

Healthcare 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. Use your Healthcare FSA card for these expenses. Healthcare FSA contributions are limited to \$2,600 for 2018.

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 for 2018 to help with dependent care costs. You must submit claim forms for dependent care FSA reimbursement.

You can also participate in voluntary benefits:

Supplemental Life Insurance – Minnesota Life



www.lifebenefits.com Customer Service: 1-877-491-5269

Employees can purchase supplemental life coverage in increments of \$1,000 up to an additional three times salary up to a maximum of \$500,000. Employees may elect four to five times salary with Evidence of Insurability (EOI). EOI is also required if enrolling more than 31 days after your employment date. New hires may elect up to three times salary with no EOI. You can go online to enroll in supplemental life insurance and to make beneficiary designations.

Commuter Benefits – ConnectYourCare



www.connectyourcare.com/cookcounty Customer Service: 1-844-284-6267

Take advantage of the Commuter Benefits and reduce your commuting expenses.

The IRS allows a maximum of \$255.00 a month transit expenses as a pre-tax paycheck deduction. Any amount beyond \$255.00 is a post-tax deduction.

Pre-Paid Legal Services – Legal Shield



www.prepaidlegal.com/info/cookcounty Customer Service: 1-260-580-2636 | 1-708-205-7573

Through payroll deductions, you can participate in this plan that provides assistance with a variety of planned and unplanned legal issues.

Cook County Department of Risk Management Employee Benefits Division

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