

2019 Benefits Overview



COOK
COUNTY
BENEFITS CONNECT



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 cookcountyrisk.com.

Please review this information carefully.

Eligibility for Benefits

Benefits coverage is effective 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
- Documentation of eligibility is required:
 - Spouse/partner: marriage certificate, domestic partner or civil union certificate
 - Child: birth certificate, and if applicable, 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

Enrollment requires using Employee Self Service (ESS). Required documentation must be scanned and uploaded to ESS in order to complete enrollment for dependents. For assistance with logging into ESS, employees should contact their agency’s Technology Desk.



Qualifying Life Events

A Qualifying Life Event (QLE) is required to request changes to your benefits outside of the Open Enrollment period. You can enroll, add or remove dependents, change plans, or enroll in a Flexible Spending Account within 31 days of any of the following events:

- Employment date
- 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

Changes must be completed through Employee Self Service (ESS) within 31 days of the QLE. Appropriate dependent documentation must also be uploaded within 31 days. Newborn birth certificates must be uploaded within 45 days.

Enrollments not completed within the designated time frame will not be accepted. The next opportunity to enroll will be the following Open Enrollment period.

If you are not currently enrolled and your QLE does not include a dependent change, please send an email to risk.mgmt@cookcountyil.gov so we can set-up your eligibility to enroll in ESS.

Enrollments entered more than 31 days after the QLE will not be processed.

Benefits End Date

Benefits end on the last day of the month in which you are employed or become 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 has a change in status that results in a loss of eligibility.

For election information and rates, go to cookcountyrisk.com and select Termination/COBRA.



Medical Plans



BlueCross BlueShield
of Illinois

www.bcbsil.com/cookcounty

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

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

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

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)	\$0	10% coinsurance	40% coinsurance
Facility fee (e.g., ambulatory surgery center)	\$100 copay/visit	10% coinsurance	40% coinsurance
Physician/surgeon fees	\$0	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	\$0 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	\$0	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	\$0	10% coinsurance	40% coinsurance
Skilled nursing care	\$100 copay/admission	10% coinsurance	40% coinsurance
Hospice service	\$0	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 plan selected and 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.		

Employees on an approved leave of absence remain responsible for their regular payroll contributions when billed. Employees on a personal leave of absence are responsible for paying the full County cost for continued coverage.

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



Pharmacy Benefits Plan

caremark.com

Customer Service: 1-866-409-8522



When you enroll in a medical plan, you automatically receive pharmacy benefits coverage through CVS/Health. Prescriptions can be purchased through your

local in-network pharmacy or through mail order. CVS/Health pharmacy is included in all Target stores that offer pharmacy services.

30-day supply at retail

90-day supply

	30-day supply at retail	90-day supply
Generic	\$15	\$30
Formulary brand on the drug list	\$30	\$60
Non-formulary brand not on the drug list	\$50	\$100

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 <https://www.cookcountyil.gov/service/employee-benefits-prescription-drug-benefit> for further explanation of these requirements.

Generic Step Therapy: The 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.

Mandatory Maintenance Choice: After two fills, all maintenance medications must be filled in a 90 day supply through mail order or at a CVS Pharmacy.

Note: 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 nonformulary brand drug cost.



Group Term Life Insurance Plan – Minnesota Life

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. It is important to keep your beneficiary information current.



Dental Plans

guardiananytime.com/cookcounty

Group# 397485

Customer Service:

Dental HMO: 1-866-494-4542

Dental PPO: 1-866-302-4542



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

- Guardian Dental HMO provides access to services performed at participating dental HMO practices
- Guardian PPO allows you to seek dental care from dentists who 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 bone)	\$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.

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

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. The maximum healthcare FSA contribution for 2019 is \$2,650.

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 2019 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

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

connectyourcare.com/cookcounty

Customer Service: 1-844-284-6267



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

allows a maximum of \$260.00 a month in transit expenses as a pre-tax paycheck deduction. Any amount beyond \$260.00 is a post-tax deduction. Enroll by the 10th of each month for the following month.

Pre-Paid Legal Services – Legal Shield

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.

Deferred Compensation – Nationwide

cookcountydcc.com

Customer Service: 1-877-677-3678



Cook County offers a Section 457 deferred compensation plan as a tax-preferred method for you to save for retirement. Employees enrolled in the plan make voluntary contributions each pay period and invest in an array of investment options to help prepare for their income needs in retirement. The plan is designed to provide supplemental income in retirement in addition to an employee's pension benefit.

Cook County Department of Risk Management Employee Benefits Division

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