



Choose Well

2022 BENEFITS OVERVIEW

The Employee Benefits Division of the Department of Risk Management connects you to your County-sponsored employee benefits.

The 2022 Benefits Overview provides important information on the wide range of benefits offered to County employees to assist in your physical and financial health and well-being.

Please carefully review the information in this document and at cookcountyrisk.com.



Benefits Eligibility

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 a spouse, domestic partner or civil union partner. 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: government-issued marriage certificate or domestic partner/civil union certificate
 - Child: government-issued birth certificate, and if applicable, adoption certificate or legal guardian form
- Children up to age 26. 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
- All benefits except basic group term life insurance require completion of enrollment. You must enroll in flexible spending during Open Enrollment to have coverage for the next plan year

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

*Basic group term life insurance coverage is effective for eligible employees the first day of employment.



Qualifying Life Events

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

- Employment date
- Marriage, establishment of 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 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 to set up your eligibility to enroll in ESS.

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



Benefits Termination Date

Benefits coverage terminates 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 eligible dependents to continue specific insurance benefits after termination of employment or when a dependent has a change in status that results in loss of eligibility.

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



Medical Plans

bcbsil.com/cookcounty



BlueCross BlueShield of Illinois

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 # 289804
Customer Service: 1-800-960-8809

Summary of Health Benefits

| Feature | HMO Plan | Cook County Domestic Tier | PPO Plan In-Network | PPO Plan 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 |

Note: 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.

| Benefits | HMO Plan | Cook County Domestic Tier | PPO Plan In-Network | PPO Plan 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% coinsurance | 0% coinsurance | 10% coinsurance | 40% coinsurance |
| Facility fee (e.g., ambulatory surgery center) | \$100 copay/visit | 0% coinsurance | 10% coinsurance | 40% coinsurance |
| Physician/surgeon fees | 0% coinsurance | 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 | |
| Emergency medical transportation | \$0 Ground transportation only | | 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 | 0% coinsurance | 10% coinsurance | 40% coinsurance |
| Physician/surgeon fee | \$0 | 10% coinsurance | | 40% coinsurance |
| Mental/behavioral health inpatient services | \$100 copay/admission | 0% coinsurance | 10% coinsurance | 40% coinsurance |
| Substance use disorder inpatient services | \$100 copay/admission | 0% coinsurance | 10% coinsurance | 40% coinsurance |
| Delivery and all maternity inpatient services | \$100 copay/admission | 0% coinsurance | 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 |

Note: Effective 12/1/21, The County PPO plan will incorporate a Cook County Health tier ("Domestic Tier") wherein covered members will have lower out-of-pocket costs when choosing to access health care within CCH facilities. Facility charges will be 0% after the annual plan deductible is met. Hospital-based facility services not obtained at CCH will be paid based on their network status (in or out of network rate).

Calculating Your Contributions

This chart shows your cost as a percentage of pre-tax standard salary based on plan selected and family members you elect 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.

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





Pharmacy Benefit 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 can also be accessed in all Target stores that offer pharmacy services.

| | 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 non-formulary brand drug cost.



Group Term Life Insurance Plan

metlife.com/mybenefits

Group/Customer # 227860

Customer Service: 1-866-492-6983



Cook County provides basic group term life insurance to full-time employees in an amount equal to their annual standard salary rounded to the next highest thousand dollars. Basic group term life insurance is provided at no cost to the employee. 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. Coverage can be ported or converted upon termination of eligibility.



Dental Plans

guardiananytime.com/cookcounty

Group # 397485

Customer Service:

Dental HMO: 1-866-494-4542

Dental PPO: 1-866-302-4542



Dental coverage is provided at no charge.

County employees have a choice of two dental plans:

- Guardian Dental HMO provides access to services performed at participating dental HMO practices
- Guardian Dental 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 maximums) Deductible does not apply to preventive and orthodontic services | \$50 per Individual \$200 per Family (4 individual maximums) 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 exams 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

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|--|-----------|------------------------------|------------------------------|
| 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 |
|--------------------------------|-----|------------------------------|------------------------------|

ENDODONTICS

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

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 Plan

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



Vision coverage is provided at no charge.

| 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 |
|-------------------------------|--|-----|

FREQUENCY

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



Flexible Spending Accounts

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 enroll in 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. Review the differences between the two types of accounts.

Healthcare FSA

Use Healthcare FSA funds to pay for a broad array of eligible health expenses (such as deductibles, copays, dental and vision care, and prescriptions) incurred by you or your eligible dependents. The maximum healthcare FSA contribution for 2022 is \$2,750 and must be used by March 15, 2023. All claims must be submitted by March 31, 2023.

Dependent Day Care FSA

If you pay to care for dependents while at work, use Dependent Day Care FSA funds to cover eligible expenses for dependent day care, babysitting, nursery school and senior day care. You can set aside up to \$5,000 for 2022 to help with dependent day care costs. You must submit claim forms for dependent day care FSA reimbursement of funds deposited to your account and must be used by March 15, 2023. All claims must be submitted by March 31, 2023.





Voluntary Benefits

Group Term Supplemental Life Insurance



[metlife.com/mybenefits](https://www.metlife.com/mybenefits)

Group/Customer # 227860 | Customer Service: 1-866-492-6983

You can purchase supplemental life coverage in increments of \$1,000 up to an additional three times salary up to a maximum of \$500,000. You 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. Enrollment and beneficiary designations are completed online.

Cook County Voluntary Benefits

CookCountyVoluntaryBenefits.com | Customer Service: 1-800-698-2849

Voluntary Benefits Open Enrollment occurs once a year and allows for direct deductions from your paycheck for a variety of supplemental benefits. During the Open Enrollment period you can enroll, change plans, or cancel your enrollment in these benefits.

Universal Life Insurance



Universal Life Insurance builds cash value and provides your beneficiary a lump-sum cash benefit when you die. Coverage is available for spouses and children.

Short Term Disability Insurance

Short Term Disability Insurance provides a monthly benefit if you are disabled from an off-the-job injury and cannot work.

Group Accident Insurance



Accident Insurance pays a lump sum benefit directly to you (unless otherwise assigned) for injuries caused by a covered accident.

Group Critical Illness Insurance

Critical Illness Insurance pays a lump sum benefit upon diagnosis of a covered critical illness such as a heart attack, stroke, or internal cancer.

Group Hospital Indemnity Insurance

If you have a covered illness or injury which results in hospitalization, Hospital Indemnity Insurance pays out a lump sum regardless of the cost of care.

Legal Service Plan

LegalShield provides you with direct access to a dedicated law firm that will answer your personal legal questions and help you resolve life's legal matters.



IDShield

IDShield provides identity theft protection and identity restoration services.

Commuter Benefits

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 \$270 a month in transit expenses as a pre-tax paycheck deduction. On a pilot basis, work-related parking expenses are now included in the County's plan. Any amount beyond \$270 is a post-tax deduction. Orders must be placed by the 10th of each month for benefits applied in the following month.

Deferred Compensation

cookcountydcc.com | Customer Service: 1-877-677-3678



Cook County offers a Section 457(b) deferred compensation plan as a tax-preferred method to augment retirement income. Employees enrolled in the plan make voluntary contributions each pay period and participate 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 your pension benefit. Contact Nationwide directly to review your options or schedule an appointment with a representative.



Employee Assistance Program

MagellanAscend.com | 1-800-327-5048



The Employee Assistance Program (EAP) through Magellan can assist you in navigating life's challenges. You can get expert help and tap into a vast array of resources and tools through the EAP. Service is provided to employees and immediate household members. No enrollment is required.

Benefits Contact Information

Medical Plans

Blue Cross Blue Shield of Illinois

BlueAdvantage HMO
Group #B50001
1-800-892-2803
bcbsil.com/cookcounty

Blue Cross Blue Shield PPO

Group #289804
1-800-960-8809

Pharmacy Benefit Plan

CVS Pharmacy

1-866-409-8522
caremark.com

Group Term Life and Supplemental Life Insurance

MetLife

Group/Customer # 227860
1-866-492-6983
metlife.com/mybenefits

Dental Plans

Guardian

Group # 397485
Dental HMO: 1-866-494-4542
Dental PPO: 1-866-302-4542
guardiananytime.com/cookcounty

Vision Plan

1-800-381-6420
davisvision.com/member

Flexible Spending Accounts and Commuter Benefits

Optum Financial

(Formerly known as ConnectYourCare)
1-844-284-6267
connectyourcare.com/cookcounty

Cook County Voluntary Benefits

1-800-698-2849
CookCountyVoluntaryBenefits.com

Deferred Compensation

Nationwide

1-877-677-3678
cookcountydcc.com

Employee Assistance Program

Magellan Ascend

1-800-327-5048
MagellanAscend.com





Charitable Giving

Cook County is pleased to offer all employees an opportunity to participate in a Cook County Charitable Giving Campaign hosted by United Way. The program is offered once a year during Open Enrollment and it is easy to contribute directly from your paycheck. For more information, go to www.cookcountyil.gov/gives

Cook County Department of Risk Management Employee Benefits Division

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cookcountyrisk.com

email: risk.mgmt@cookcountyil.gov



**COOK
COUNTY**
BENEFITS CONNECT

