



**COOK COUNTY
EMPLOYEE GROUP BENEFITS TERMINATION SUMMARY**

BENEFIT	NON-UNION EMPLOYEES	UNION EMPLOYEES								
HEALTH and DENTAL INSURANCE BENEFITS Blue Cross Blue Shield Guardian	<p>Coverage ends the last day of the month based on your actual termination date.*</p> <table><tr><th>Termination Date</th><th>Benefits End Date</th></tr><tr><td>11/01/2020</td><td>11/30/2020</td></tr><tr><td>11/18/2020</td><td>11/30/2020</td></tr><tr><td>11/30/2020</td><td>11/30/2020</td></tr></table>	Termination Date	Benefits End Date	11/01/2020	11/30/2020	11/18/2020	11/30/2020	11/30/2020	11/30/2020	<p>Coverage ends the last day of the month based on your actual termination date.</p> <p>You <i>may</i> have extended <i>health and dental</i> benefits based on a layoff provision in a Collective Bargaining Agreement.* Depending on the CBA provision, you may be billed monthly in an amount equal to your monthly payroll contributions for these extended benefits. You may elect COBRA continuation after your benefit extension expires.*</p>
Termination Date	Benefits End Date									
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11/18/2020	11/30/2020									
11/30/2020	11/30/2020									
VISION BENEFITS Davis Vision	<p>Your coverage ends the last day of the month based on your actual termination date.*</p> <table><tr><th>Termination Date</th><th>Benefits End Date</th></tr><tr><td>11/01/2020</td><td>11/30/2020</td></tr><tr><td>11/18/2020</td><td>11/30/2020</td></tr><tr><td>11/30/2020</td><td>11/30/2020</td></tr></table>	Termination Date	Benefits End Date	11/01/2020	11/30/2020	11/18/2020	11/30/2020	11/30/2020	11/30/2020	
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BASIC TERM and SUPPLEMENTAL TERM LIFE INSURANCE MetLife	<p>Your coverage ends the last day of the month based on your actual termination date.</p> <p>Your group coverage may be ported or converted to an individual direct pay policy through MetLife. This must be requested within 31 days of termination. Applications for porting coverage are available online: www.cookcountyrisk.com (Employee Benefits tab). If you have questions call 1-866-492-6983.</p>									
VOLUNTARY BENEFITS Mercer	<p>Your coverage ends the last day of the month based on your actual termination date. To discuss continuation, contact Mercer within 31 days of termination at 1-800-698-2849.</p>									
FLEXIBLE SPENDING ACCOUNTS ConnectYourCare	<p>Health FSA expenses must be incurred by the end of the month of termination. Claims may be filed until the end of the plan year. Dependent Care FSA claims may be filed against deposited funds until the end of the plan year. For further information, call 1-844-284-6267.</p>									