

Your Cook County Benefits Program

BENEFITS OVERVIEW

Cook County offers a variety of benefits that you can tailor to meet your needs and those of your family. If your family is growing (e.g., a new spouse or child), be sure to enroll your new dependent **within 31 days** of their joining your family. Otherwise, you must wait until the next Open Enrollment period to do so.

MEDICAL AND DENTAL PLANS

- ◆ If you're a new employee, you must select an HMO for your medical and dental plans for your first year of coverage.
- ◆ During the first Open Enrollment period after you've been enrolled in an HMO for one full year, you can switch to a PPO (preferred provider option) for your medical and/or dental care.
- ◆ HMOs require you to obtain services from providers within their networks. If you seek care outside the network – and without a referral from your primary care physician – your costs will not be covered.
 - You must choose a primary care physician/medical center (or a primary care dentist/dental office) to coordinate your care.
 - Your eligible dependents may choose their own primary care providers/centers within your health plan.
 - Your cost is set with passage of the FY05 budget and is subject to change during upcoming labor negotiations.
 - Non-union employees who earn less than \$65,000 a year, as well as union employees (per the current collective bargaining agreement), contribute 0.5% of annual base pay (pre-tax) – up to \$8 per pay period toward medical coverage.
 - Non-union employees who earn more than \$65,000 a year contribute 0.7% of annual base pay (pre-tax) for single coverage, or 1.4% of annual base pay (pre-tax) for family coverage.
 - The First Commonwealth Dental Plan is offered at no additional cost.
- ◆ PPOs (preferred provider options) allow you to seek "in-network" or "out-of-network" service every time you need care, without a referral.
 - In-network benefits generally are greater.
 - To maximize your benefits, verify that the doctor or dentist you plan to see is part of the PPO network.
 - Your cost is set with passage of the FY05 budget and is subject to change during upcoming labor negotiations.
 - All PPO enrollees, regardless of union status, contribute 1.5% of annual base pay (pre-tax) toward medical coverage.
 - You'll also pay deductible and copays toward some medical and dental services.

Your medical benefits are summarized on the next two pages. This is not a complete description of benefits. You must refer to the individual plan documents for more detailed information. This summary was approved as of 9/8/06. In case of discrepancies between it and the actual plan documents, the actual plan documents prevail.

OPTING OUT

- ◆ You can waive – or "opt out" – of your medical benefits if you can prove that you have benefits from another source, or that another County employee covers you as a dependent. If that's the case, remember: you're also covered by that person for dental and vision care.
- ◆ If your medical coverage is from another source, you may elect to enroll in the County's dental and/or vision plans.
- ◆ You may opt out of your benefits at any time during the year. Just provide proof of other coverage at the time that you wish to opt out.
- ◆ Those people who are part of a collective bargaining group may continue to receive a monetary benefit for waiving their medical plan. Please see your union representative to find out if this applies to you.

Inpatient

A Comparison of Your Cook

BENEFIT	HMO PLANS		PPO PLAN	
	(H2) HMO Illinois a BlueCross BlueShield HMO plan	(H3) UniCare HMO	(P2) BlueCross BlueShield of Illinois PPO	
Current benefit levels are subject to change pending union contract ratification and County Board approval.				
			In-Network	Out-of-Network*
Hospital semi-private room	100%		90%	60%
X-ray/diagnostic services	100%		90%	60%
Doctor/surgeon/anesthesiologist services	100%		90%	60%
All facility charges	100%		90%	60%
Emergency room visits for life-threatening illness/injury	100%		100%	100%
Emergency doctor services	100%		100%	100%
Ambulance	100%		80%	80%
Maternity-prenatal/postnatal care including doctor services		\$3 copay/member for initial visit	\$20 copay/member for initial visit	60%
Maternity-inpatient obstetrical care facility charges	100%		90%	60%
Mental health - inpatient services	100%		90%	60%
Alcohol/substance abuse - inpatient services	100%		90%	60%
Supplemental substance abuse - inpatient program 2/lifetime, 30 days (adult), 45 days (youth)	100%		90%	60%

For Further Information

For more information about limits, costs, covered services and participating doctors/hospitals, contact the benefit providers directly.

Plan Name	Web Site	Year-Round Member Services
HMO Illinois (BCBSIL)	www.bcbsil.com	1-800-892-2803
UniCare HMO	www.unicare.com	1-888-234-8855
BlueCross BlueShield PPO	www.bcbsil.com	1-800-960-8809
First Commonwealth	www.firstcommonwealth.net	HMO: 1-866-494-4542 PPO: 1-866-302-4542
Caremark (Prescriptions)	www.caremark.com	1-866-409-8522
WageWorks (FSAs)	www.wageworks.com	1-877-924-3967
Cole Managed Vision	www.colemanagedvision.com	1-800-334-7591

Plan Limits and Maximums

With HMOs, there are no deductibles, out-of-pocket costs or lifetime maximums; mental health and alcohol/substance abuse lifetime maximum limits do not apply.

With a PPO plan:

	In-network	Out-of-network
Indiv. annual deductible	\$0	\$200
Family annual deductible	\$0	\$400
Indiv. out-of-pocket max.	\$1,000	\$3,000
Family out-of-pocket max.	\$2,000	\$6,000
Lifetime maximum	Unlimited	\$1 million

Be sure to read your benefit provider's materials carefully for a full description of limits, costs and covered services.

*All PPO out-of-network benefits are subject to scheduled maximum allowance of eligible charges, in addition to deductibles and copays.

County Medical Benefits

Outpatient

BENEFIT	HMO PLANS	PPO PLAN	
	(H2) HMO Illinois a BlueCross BlueShield HMO plan (H3) UniCare HMO	(P2) BlueCross BlueShield of Illinois PPO	
Current benefit levels are subject to change pending union contract ratification and County Board approval.			
		In-Network	Out-of-Network*
Doctor office visits	\$3 copay/member/visit	100% after \$20 copay/ member/visit	60%
Routine physical exams preventive screenings for adults	\$3 copay/member/visit	100% after \$20 copay/ member/visit	60%
X-ray/diagnostic tests performed in lab/hospital	100%	90%	60%
Outpatient surgery facility charges	100%	90%	60%
Outpatient surgery doctor services	100%	90%	60%
Well-child care	\$3 copay/member/visit	100% after \$20 copay/ member/visit	60%
Allergy testing/injections/immunizations	\$3 copay/member/visit	100% after \$20 copay/ member/visit	60%
Infertility treatments as defined by plans	\$3 copay/member/visit	90% after \$20 copay/ member/visit	60%
Physical, speech and occupational therapy (60 visits)	100%	90%	60%
Other outpatient services including chemotherapy, radiation, renal dialysis	100%	90%	60%
Mental Health - outpatient services	\$3 copay/member/visit	70%	50%
Alcohol/substance abuse medically necessary detox in hospital	100%	90%	60%
Alcohol/substance abuse outpatient services	\$3 copay/member/visit	70%	50%
Supplemental substance abuse - outpatient program 2/lifetime, 4hrs./night, 4 nights/wk., 4 consecutive weeks	\$3 copay/member/visit	70%	50%
Supplemental substance abuse - after care	\$3 copay/member/visit	70%	50%
Supplemental substance abuse - intensive therapy	\$3 copay/member/visit	90%	60%
Medically necessary dental services	\$3 copay/member/visit	90%	60%
Home health care	100%	90%	60%
Skilled nursing care not custodial care	100%	90%	60%
Prosthetic devices	100%	90%	60%
Prescription medications Copays may vary by union contract; all prescription benefits are administered by Caremark, a third party vendor.	\$5 generic/\$10 brand-name for retail (30-day supply) or mail-service (90-day supply)	\$5 copay (generic); \$10 copay (brand-name)	

*All PPO out-of-network benefits are subject to scheduled maximum allowance of eligible charges, in addition to deductibles and copays.

VISION PLANS

- ◆ You're eligible for free or discounted services – as long as you seek care through Cole Managed Vision plan's network of participating providers.
- ◆ There's no coverage for services you receive from out-of-network providers.

LIFE INSURANCE

- ◆ You're automatically covered by a basic term life insurance plan equal to one times your annual salary, rounded to the next \$1,000.
- ◆ You also may choose to purchase universal life insurance (via payroll deduction) equal to three times your salary, up to \$250,000.
 - Coverage is available for your eligible dependents.
 - Earnings accumulate on a tax-deferred basis.
- ◆ If you choose not to purchase optional coverage within the first 31 days of employment, you may be subject to additional requirements by the insurance company, such as medical evidence of insurability.

The Internet is a great place to get information on all of your Cook County benefits. In addition to our own site (www.cookcountyrisk.com) and the sites already listed, you can get details from:

- ◆ www.colemanagedvision.com
- ◆ www.wageworks.com
- ◆ www.aigag.com

FLEXIBLE SPENDING ACCOUNTS

- ◆ You can choose to set aside some of your pay – pre-tax – to help cover certain medical and dependent care costs that aren't covered by insurance. Contributions can range up to \$5,000 (or \$2,500 if you're married but filing separate tax returns).
- ◆ A "health care FSA" can be used to pay many [medical, dental and vision care expenses](#), including copayments and deductibles, for yourself and your dependents.
- ◆ A "dependent care FSA" can help you plan for costs associated with [day care services](#) needed for a disabled spouse, elderly parents or children.
- ◆ FSAs are easy to use, but require careful planning:
 - You decide how much money to deduct from each paycheck.
 - Use your WageWorks card to pay for expenses. The card's stored value represents the amount of your pre-tax contributions.
 - You must use all of the money in your FSA by year-end (and file your claim by March 31 of the following year), or it's forfeited in accordance with IRS rules.
 - You can't use an FSA and claim the same expenses as itemized credits on your income tax forms.
- ◆ You must re-enroll for your FSA(s) every year. The FSA plan year runs from January 1 through December 31.

Flexible spending accounts can be a great way to cover certain expenses that aren't paid by your insurance company. But plan carefully! FSA dollars have to be used up by December 31, or you'll lose them.