

Your County Benefits Connection

COOK COUNTY Benefits Overview

Cook County offers a variety of benefits that you can tailor to meet your needs and those of your family. This year, we're introducing several changes that help provide a comprehensive program while addressing increasing health care costs. Some changes go into effect with the new plan year on December 1; others take effect as of June 1, 2008. Be sure to review all of your Open Enrollment materials carefully.

One of the biggest changes has to do with cost. The amount you contribute toward your coverage continues to be determined by your annual base pay and the type of plan (HMO or PPO) you select. Effective June 1, 2008, a new employee contribution structure becomes effective and brings with it new options based on the number of dependents you choose to cover. It also helps control costs, so that all Cook County employees continue to benefit from an excellent health care program.

Employee Contributions Toward Health Care Coverage

Your cost as a percentage of pre-tax salary based on family unit	HMO		PPO	
	Current	As of 6/1/08	Current	As of 6/1/08
Employee Only	0.5%	0.5%	1.5%	1.5%
Employee + Spouse	0.5%	1.0%	1.5%	2.0%
Employee + Child(ren)	N/A	0.75%	N/A	1.75%
Employee + Family	0.5%	1.25%	1.5%	2.25%

The costs and benefits described here are subject to change pending union contract ratification and County Board approval.

Regardless of the effective dates, *no changes will be permitted until the next Open Enrollment period in October 2008.* So now is the time to pay close attention and make the right decisions.

Spotlight On: Some Basic Rules

- ◆ If you're a new employee, you must select an HMO for your medical and dental plans for your first year of coverage.
- ◆ If your family is growing (e.g., a new spouse, partner 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.
- ◆ If you participate in a Flexible Spending Account (FSA) to help pay for health care and/or dependent care costs, you must re-enroll for this benefit each year during Open Enrollment.

You'll see these icons used on our printed benefits materials and information on www.cookcountyrisk.com. We want to make it easy for you to find details specific to your family unit.



employee



employee
+
spouse



employee
+
child(ren)



employee
+
family

OUTPATIENT BENEFITS

BENEFIT	HMO Plans	PPO Plan	
	(H2) HMO Illinois a BlueCross BlueShield HMO Plan (H3) UniCare HMO <u>Benefit Level as of 12/1/07</u>	<u>Benefit Level as of 12/1/07</u> <i>In-Network</i> <i>Out-of-Network</i>	
Doctor office visits	\$10 copay/member/visit	90% after \$25 copay/ member/visit	60%
Routine physical exams/preventive screenings	\$10 copay/member/visit	90% after \$25 copay/ member/visit	60%
Well-child care	\$10 copay/member/visit	90% after \$25 copay/ member/visit	60%
X-ray/diagnostic tests performed in lab/hospital	100%	90%	60%
Maternity prenatal/postnatal care	\$10 copay/member (initial visit)	90% after \$25 copay (initial visit)	60%
Outpatient surgery – facility charges	100% after \$100 copay	90%	60%
Outpatient surgery – doctor services	100%	90%	60%
Outpatient surgery – other (chemo, radiation, renal dialysis)	100%	90%	60%
Allergy testing/ injections/immunizations	\$10 copay/member/visit	90% after \$25 copay/ member/visit	60%
Infertility treatments as defined by plan	\$10 copay/member/visit	90% after \$25 copay/ member/visit	60%
Physical, speech and occupational therapy (60 visits combined annual maximum)	100%	90%	60%
Ambulance services	100%	80%	80%
Emergency services – life-threatening illness or injury	100% after \$40 copay (waived if admitted as inpatient)	100% after \$40 copay (waived if admitted as inpatient)	
Medically necessary dental services	100%	90%	60%
Home health care	100%	90%	60%
Skilled nursing care – not custodial care	100%	90%	60%
Prosthetic devices	100%	90%	60%

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

Current benefit levels are subject to change pending union contract ratification and County Board approval.

Please note that this year we have updated the traditional "Comparison of Benefits" chart shown above and on the following page.

INPATIENT BENEFITS

BENEFIT	HMO Plans		PPO Plan	
	(H2) HMO Illinois a BlueCross BlueShield HMO Plan	(H3) UniCare HMO	(P2) BlueCross Blue Shield of Illinois PPO	
	<u>Benefit Level as of 12/1/07</u>		<u>Benefit Level as of 12/1/07</u>	
			<i>In-Network</i>	<i>Out-of-Network</i>
Hospital semi-private room, including maternity inpatient care	100%, after \$100 copay per admission		90%	60%
Physician/surgeon/ anesthesiologist services	100%		90%	60%
X-ray/diagnostic services	100%		90%	60%
Facility charges	100%		90%	60%
Mental Health/ Chemical Dependency/ Substance Abuse Combined maximum benefit for in- or out-of-network treatment limits	100% Unlimited		\$5,000 annual maximum (outpatient) and \$25,000 combined in- and outpatient maximum per individual per calendar year. \$100,000 lifetime maximum (this benefit maximum doesn't apply to mental health benefits).	
Outpatient services – unlimited	\$10 copay/member/visit		70%	50% subject to overall plan limits stated above
Inpatient mental health/ substance abuse services, 30 days/yr. max.	100%		90%	60% subject to overall plan limits stated above
Supplemental outpatient mental health/substance abuse program – limit of 2/lifetime, 4 hrs./night, 4 nights/wk., 4 consecutive wks.	\$10 copay/member/visit		70%	50% subject to overall plan limits stated above

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

Open Enrollment meetings begin October 15. Plan to attend one of these informational sessions where you can ask questions of representatives from the Cook County Benefits Department and each of the health care plans.

NAME OF PLAN	WEB SITE	HOTLINE NUMBER
HMO Illinois, a BlueCross BlueShield HMO Plan	www.bcbsil.com/cookcounty	1-800-892-2803 (press 1, then 2, then 4)
UniCare HMO	www.unicare.com	1-888-234-8855
BlueCross BlueShield of Illinois PPO Plan	www.bcbsil.com/cookcounty	1-800-960-8809 (press 3)
First Commonwealth Dental HMO/PPO Plans	www.firstcommonwealth.net	HMO: 1-866-494-4542 PPO: 1-866-302-4542
Caremark Prescription Plan	www.caremark.com	1-866-409-8522
WageWorks (FSA)	www.wageworks.com	1-877-924-3967
Cole Managed Vision	www.colemanagedvision.com	1-800-334-7591
American General Universal Life	www.aigag.com	1-800-299-1377

Plan Limits and Maximums

As you review your options for the new benefit plan year – which begins December 1, 2007 – it's important that you understand these terms and concepts.

Annual Deductible: This is what you pay out of your own pocket before your insurance plan “kicks in” and begins to pay. For example, if you have an individual in-network deductible of \$125, you must pay the first \$125 of eligible expenses before the plan begins to pay.

Annual Out-of-Pocket (OOP) Maximum: This “caps” the amount you pay out of your own pocket. Continuing our example, you've met your \$125 deductible. The plan begins to pay your eligible expenses according to your co-insurance level (in this example, you're choosing in-network PPO coverage). Once your co-insurance payments reach the individual in-network out-of-pocket maximum of \$1,500, the plan will begin paying 100% of those eligible expenses.

Lifetime Maximum: This is the highest amount of money your insurance company will pay during your lifetime.

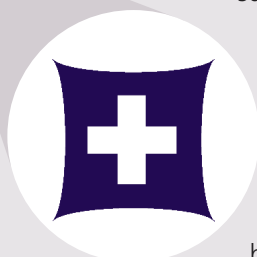
With HMOs, there are no deductibles, out-of-pocket costs or lifetime maximums; mental health and alcohol/substance abuse lifetime maximums do not apply. PPO plans do apply these limits, as shown below. Please note that some of these limits change with the new plan year on December 1, 2007.

Plan Limits & Maximums	HMO As of 12/1/07	PPO in-network / out- of-network			
		Current Level		As of 12/1/07	
		In	Out	In	Out
Individual Deductible	\$0	\$0	\$200	\$125	\$250
Family Deductible	\$0	\$0	\$400	\$250	\$500
Individual OOP Maximum	\$0	\$1000	\$3000	\$1500	\$3000
Family OOP Maximum	\$0	\$2000	\$6000	\$3000	\$6000
Lifetime Maximum	Unlimited	Unlimited	\$1 million	Unlimited	\$1 million

As always, the out-of-pocket maximum excludes annual deductibles, copayments, and charges in excess of the Schedule of Maximum Allowances (SMA) – sometimes referred to as “R&C” or “reasonable and customary” charges.

Spotlight On: Emergency Services

Our medical plans recognize that in an emergency, your first concern is to get help. But that doesn't always mean a trip to the ER. Most medical plans define “emergencies” as situations that are immediately life-threatening, such as severe chest pains, unconsciousness, massive bleeding and shock. If at all possible, call your primary care physician's office (or its 24-hour answering service) before going to the hospital. In extreme situations, of course, seek help immediately – but be sure to call your health care plan's customer service number within the timeframe specified in your plan documents.



Spotlight On: Rising Copay Costs

If you've noticed that copays for certain services have increased, you're right. Why? It's no secret that medical and prescription costs continue to rise. Cook County continues to work with the various providers to offer the most comprehensive coverage possible for the best available price. We also are committed to providing choices for your health care – but we all have to help pay for some of these choices and coverages.



Covering Other Expenses

Your Cook County benefits program offers more than medical coverage. You also have the opportunity to manage costs through our prescription plan, and by using Flexible Spending Accounts (FSAs).

Paying for Prescriptions

Prescriptions are quickly becoming the most expensive part of many medical plans. The amount you pay is in part determined by the choices you make – retail vs. mail service, generic vs. brand-name, etc.

Prescription Costs When Using a Participating Pharmacy

Benefits are administered by Caremark, our pharmacy benefit manager. Current benefit levels are subject to change pending union contract ratification and County Board approval.

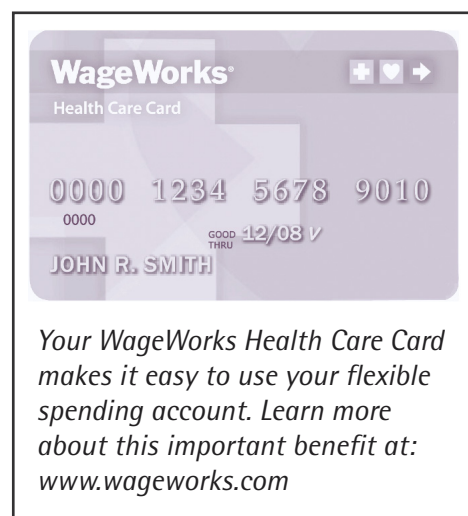
BENEFIT	HMO Plans	PPO Plan
	(H2) HMO Illinois a BlueCross BlueShield HMO Plan	(P2) BlueCross Blue Shield of Illinois PPO
	(H3) UniCare HMO	
	Benefit Level as of 12/1/07	Benefit Level as of 12/1/07
Generic (30 day supply at retail)	\$7	\$7
Formulary (30 day supply at retail)	\$15	\$15
Non-Formulary (30 day supply at retail)	\$25	\$25
Mail Order Copays (90 day supply)	2 x retail copay	2 x retail copay

Note: If you choose to buy a formulary or non-formulary drug when a generic substitute is available, you will pay the generic copay, plus the cost difference between the generic and the formulary or non-formulary drug.

Making “Flex” Work for You

You can choose to set aside some of your pre-tax pay to help cover certain medical and dependent care costs that aren't covered by insurance. Contributions to your Flexible Spending Account (FSA) can range up to \$5,000 (or \$2,500 if you're married but filing separate tax returns).

FSAs are easy to use, but require careful planning. During Open Enrollment, simply determine how much money to deduct from your paycheck for one or both accounts. Use your WageWorks card to pay for expenses. (The card's stored value represents the amount of your pre-tax contributions.) Just remember: you must use all of the money in your FSA by year-end, or it's forfeited in accordance with IRS rules.



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.

You also can establish a Dependent Care FSA can help you plan for costs associated with day care services that are required so that parents can work, or to provide care for a disabled spouse.

More Choices to Consider

These options are available to all Cook County employees.

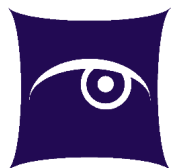
Opting Out

- ◆ 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 still elect to enroll in the County’s dental and/or vision plans.
- ◆ Employees 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.



Dental Care

- ◆ We offer an HMO and a PPO through First Commonwealth. All employees must choose between one of these two plans, based on your tenure with the County.
 - The First Commonwealth Dental HMO provides access to services performed at participating dental HMO practices.
 - The First Commonwealth/Guardian PPO plan allows you to seek dental care from dentists either inside or outside of the PPO network. As with other PPO plans, in-network services typically offer better coverage.
- ◆ Be sure to review the separate flier from First Commonwealth for additional details.



Vision Care

- ◆ You’re eligible for free or discounted services – as long as you seek care through Cole Managed Vision plan’s network of participating providers.
- ◆ For more detailed information and a list of providers, visit our website: www.cookcountyrisk.com



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.
- ◆ If you elect to purchase optional coverage after your first 31 days of employment, our insurance company may require you to provide medical evidence of insurability or other information.
- ◆ 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 do not receive a paycheck for any reason during the year, you must personally arrange to continue these payroll deductions.
 - To contact American General, call 1-800-231-3655.
 - To contact AETNA for your optional life plan, call The Owen’s Group at 312-368-5110.

COBRA

- ◆ As a qualified beneficiary – that is, someone who loses benefits coverage under certain circumstances – you are eligible to continue your coverage under COBRA laws.
- ◆ You will be required to pay for any such COBRA coverage.
- ◆ Additional information is found elsewhere in this package.

