

Your County Benefits Connection

Keep Your Health In Check

1. Schedule annual physicals and screenings
2. Get eye exams
3. Take advantage of flexible spending using WageWorks account for medical, dependent care and transit expenses
4. Go to the dentist for 2 cleanings annually
5. Check out www.cookcountyrisk.com and health care provider websites for more information about benefits

OVERVIEW OF BENEFITS

Cook County employees are provided a wide variety of benefits. Our program offers more than medical coverage. Take advantage of annual benefits such as physicals, dental and vision checkups. Leverage the prescription plan and keep more pre-tax money in your pocket with Flexible Spending Accounts. Timekeepers are valuable resources if you have questions at work. Review benefit choices and costs on the Employee Contribution Chart available on www.cookcountyrisk.com.

Employee Contributions Toward Health Care Coverage

Each of us contributes toward our health care coverage in some way. The chart below shows costs as a percentage of pre-tax salary based on family units. Opting out of these costs is an option, but only with proof that we receive benefits from another source, or another County employee covers us as a dependent. If medical coverage is from a source outside of Cook County, check out the dental and vision coverage. Signing up just for dental and/or vision benefits with Cook County is an option. Employees who are part of a collective bargaining group may continue to receive a monetary benefit for waiving their medical plan, but should check with their union representative.

Your cost as a percentage of pre-tax salary based on family unit	HMO	PPO
Employee Only	0.5%	1.5%
Employee + Spouse	1.0%	2.0%
Employee + Child(ren)	0.75%	1.75%
Employee + Family	1.25%	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 2009*. Now is the time to pay close attention and make the right decisions.

Remember, if you are a new employee and a member of a union, you must choose an HMO for the first year of employment. As of 2008, newly hired non-union employees may choose a PPO.

Plan Limits and Maximums

As you review your options for the new benefit plan year – which begins December 1, 2008 – 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.

Plan Limits & Maximums	HMO	PPO in-network / out-of-network	
		In	Out
Individual Deductible	\$0	\$125	\$250
Family Deductible	\$0	\$250	\$500
Individual OOP Maximum	\$0	\$1500	\$3000
Family OOP Maximum	\$0	\$3000	\$6000
Lifetime Maximum	Unlimited	Unlimited	\$1 million

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 here.

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.



Set your sights on healthy vision

Comprehensive eye exams can be early indicators of common health conditions. You're eligible for free or discounted services through Cole Managed Vision Plan's network. Got to www.cookcountyrisk.com for more details.

COBRA - Continuation of insurance coverage after termination

Congress passed the Consolidated Omnibus Budget Reconciliation Act (COBRA) in 1985. This allows employees and/or their dependents to continue their insurance benefits after terminating their employment or dependent status changes.

The County will offer COBRA Continuation Coverage to qualified beneficiaries only after the County has been notified that a qualifying event has occurred. It is YOUR Responsibility to provide notice of the qualifying event. It is Cook County's policy to terminate coverage on the last day of the month in which the qualifying event occurs. In other words, if the qualifying event (i.e., termination of employment, divorce or child attaining maximum age limit) occurs on November 15, the health insurance benefits would end on November 30. Go to your timekeeper or www.cookcountyrisk.com for complete information regarding your rights under COBRA.



Life Insurance coverage

Eligible Cook County employees are automatically covered by a basic term life insurance plan equal to one times annual salary, rounded to the next \$1,000. Be sure to keep beneficiary information updated. For information go to: www.cookcountyrisk.com or ask your Timekeeper.

OUTPATIENT BENEFITS

BENEFIT	HMO Plans	PPO Plan	
	(H2) HMO Illinois a BlueCross BlueShield HMO Plan (H3) UniCare HMO	<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/durable medical equipment	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.



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	
		<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%, after \$100 copay per admission	90%	60%
		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.

New hire health/dental/vision benefits begin on the first day of the month following the hire date, pending receipt of the application within 31 days. Benefits end on the last day of the month in which the person is employed. COBRA must begin on the first day of the month following the end of active coverage.

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
Guardian Dental Plan	www.GuardianLife.com	HMO: 1-866-494-4542 PPO: 1-866-302-4542
CVS 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

Prescription Costs When Using A Participating Pharmacy

Regardless of your health plan, Caremark is 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 PPO a BlueCross BlueShield HMO Plan (H3) UniCare HMO	(P2) BlueCross Blue Shield of Illinois
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 brand or non-formulary brand drug when a generic substitute is available, you will pay the generic copay, plus the difference in cost between the generic and the formulary brand or non-formulary brand drug.



Flex pre-tax earnings with FSAs

Use pre-tax money to pay for health and dependent care expenses using Flexible Spending Accounts (FSAs). Simply determine how much money to deduct annually up to \$5,000. Plan ahead and keep more money in your pocket!

Flexible Spending Makes Sense

Set aside pre-tax pay to help with certain medical and dependent care costs that aren't covered by insurance. Contributions to Flexible Spending Accounts (FSAs) can range up to \$5,000 (or \$2,500 for married couples filing separate tax returns). It's easy to use ... but does require planning.

During Open Enrollment, determine how much money to deduct annually for one or both accounts. This money is put onto a WageWorks Health Care Card to use for expenses throughout the year. Just remember to use all of the money in the account before December 31 of that year. A Health Care FSA can be used to pay many medical, dental and vision care expenses, including co-payments and deductibles, for yourself and dependents. A Dependent Care FSA helps with day care services required so that parents can work, or to provide care for a disabled spouse.



Your WageWorks Health Care Card makes it easy to use your Flexible Spending Account. Learn more about this important benefit at: www.wageworks.com



Take advantage of transit pass

Go to www.wageworks.com for info about a great transit pass benefit. Enrolling is fast and easy. There's a 2-month waiting period between enrolling and getting the pass, so if you enroll November 1, a pass will arrive in December that can be used starting in January.



Give heart problems the brush off!

Taking good care of teeth and gums may help protect against heart disease. See your dentist for regular check-ups!



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 Guardian. All employees must choose between one of these two plans, based on your tenure with the County.

- The Guardian Dental HMO provides access to services performed at participating dental HMO practices.
- The 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 Guardian for additional details.



Check in with your doctor and avoid the ER

Don't forget to see your doctor for an annual physical. Help avoid the ER. In life threatening situations, go to the ER, but don't forget to call your health care plan's customer service # within the timeframe required by your plan.

Your County Benefits Connection

www.cookcountyrisk.com is a great resource for information about benefits. Check out the Employee Contribution Chart. Link to web sites for benefit providers. Get answers to your questions. Find other valuable information.



Stay heart healthy



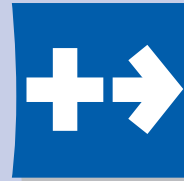
insure for life



Keep focused



Think fit



Avoid the ER



BRUSH up

www.cookcountyrisk.com