

IMPORTANT REMINDERS

All status changes must occur within 31 days of the event. This includes the following:

- Adding a new baby or spouse
- Removing a dependent
- Enrolling in a health plan – don't delay sending in the Change Form

If you are covered by a health plan with the County, your prescription plan is CVS/Caremark, not your health plan.

Make sure you have a beneficiary form completed for your life insurance. The form is avail-

able on the County's web site and can be faxed to AETNA at any time. The most current beneficiary form on file is the one of record.

If you want a flexible spending plan each year, you must enroll. FSA plans do not roll over. You must re-enroll.

Do not send a marriage license or birth certificate to the Employee Benefits office without a self-addressed, stamped envelope. Safe return of the document depends on this envelope.

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.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) was passed by Congress in 1985. This allows employees and/or their dependents to continue their insurance benefits after terminating their employment or when their dependent status changes. It is the policy of Cook County to terminate coverage on the last day of the month in which the qualifying event occurs. In other words, if your employment terminated on November 15, your health insurance benefits would end on November 30. Go to your Timekeeper, or www.cookcountyrisk.com, for more information on this important benefit.

PRESCRIPTION COSTS WHEN USING A PARTICIPATING PHARMACY

Regardless of your health plan, CVS/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 brand (30-day supply at retail)	\$15	\$15
Non-Formulary brand (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.



www.cookcountyrisk.com is a great resource for benefits information.

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



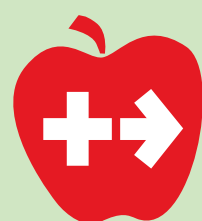
Insure for life



Keep focused



Think fit



Avoid the ER



Brush up

Review your options
cookcountyrisk.com
Make your changes

BLUECROSS BLUESHIELD OF ILLINOIS

Looking for a doctor or hospital? Go to www.bcbsil.com/cookcounty to find a current list of contracting HMO and PPO providers.

- Click on Provider Finder
- Select HMO Illinois or PPO from the Group Products drop down menu
- Enter your address and/or zip code
- Select the type of Provider you are searching for (physician, medical group/IPA or hospital)

If you already are a member, check out Blue Care Connection for the following:

- Personal Health Manager
- Blue Points
- Blue Care Advisor
- 24/7 Nurseline
- Healthy Expectations

Blue Access for Members lets you manage your health and manage your benefits. How does it work? Just go to

our website and check hospital outcome data on specific procedures and diagnoses with the "Hospital Comparison Tool." Find estimated costs for common health care services with the "Treatment Cost Advisor." You can check the status of a claim, confirm your coverage or dependent coverage and even order a replacement ID card.

New to Blue Care Connections? Just follow the easy log-in directions at www.bcbsil.com.

www.bcbsil.com/cookcounty



BlueCross BlueShield of Illinois

UNICARE.
A Healthy Dose of Innovation®

At UniCare, we are committed to putting you in control of your health. MemberAccess tools and resources help you manage your health and the health of your family. UniCare's Full Circle Health Program is a way of life that includes a comprehensive suite of health care management programs to help engage and empower you to take control of your health.

Log on today for more information at www.unicare.com!

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. Time-

keepers are valuable resources if you have questions at work. Review benefit choices and

costs on the Employee Contribution Chart available on

www.cookcountyrisk.com.

MAKE HEALTHY LIFE CHOICES
OVERVIEW OF BENEFITS



Your County Benefits Connection

Review your options
cookcountyrisk.com
Make your changes

HERE'S HOW OUR CONTRIBUTIONS ARE CALCULATED

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, you can still opt to have your dental and vision coverage provided by Cook County. Employees who are part of a collective bargaining group may continue to receive a monetary benefit for waiving their medical plan, but make sure to check with a 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 2010.** Now is the time to pay close attention and make the right decisions.

OUTPATIENT BENEFITS

BENEFIT	HMO Plans	PPO Plan	
	(H2) HMO Illinois a BlueCross BlueShield HMO Plan (H3) UniCare HMO	(P2) BlueCross Blue Shield of Illinois PPO	
		In-Network	Out-of-Network*
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	
		In-Network	Out-of-Network
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	Please refer to your certificate booklet located on the BCBSIL/Cook County website at: www.bcsil.com/cookcounty	
Outpatient services – unlimited	\$10 copay/member/visit	70% subject to overall plan limits stated above	50%
Inpatient mental health/ substance abuse services	100%, after \$100 copay per admission	90% subject to overall plan limits stated above	60%

* 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.



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.



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

PLAN LIMITS AND MAXIMUMS

When reviewing the options you have for the 2010 benefit plan year, it's important that you understand some key 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.

PPO plans apply these limits, as shown in this chart.

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

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

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

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.



SAVE MONEY WITH FLEXIBLE SPENDING

Sign up for flexible spending and set aside pre-tax pay to help with certain medical and dependent care costs that aren't covered by insurance. Whether you had an FSA last year or not, you still need to enroll. This doesn't rollover from one year to the next. Review the out-of-pocket costs you had for health care expenses last year. Then determine how much you would like to have deducted annually, up to \$5,000 (or \$2,500 for married couples filing separate tax returns). This money goes into a Wage-

Works account to use for expenses throughout the year. You must use this money before December 31.

A health care FSA can be used to pay 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. The health care card is used for the health care FSA only. The dependent care account utilizes claim forms only.



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 EyeMed's network. Go to www.cookcountyrisk.com for more details.