

## ATTEND AN INFORMATION MEETING IN OCTOBER 2009 TO GET ANSWERS TO YOUR BENEFITS AND OPEN ENROLLMENT QUESTIONS.

<p><b>12</b></p> <p>Columbus Day</p>	<p><b>13</b></p> <p>10:00am - 3:00pm Oak Forest Hospital 15900 S. Cicero Ave. Oak Forest, IL</p>	<p><b>14</b></p> <p>10:00am - 3:00pm Criminal Courts Building 2650 S. California Ave.</p> <p>11:00am - 3:00pm Markham Courthouse 16500 S. Kedzie Pkwy Markham, IL</p>	<p><b>15</b></p> <p>11:00am- 3:00pm Juvenile Detention Center 1100 S. Hamilton Ave.</p> <p>11:00am - 3:00pm Skokie Courthouse 5600 Old Orchard Rd. Skokie, IL</p>	<p><b>16</b></p> <p>10:00am - 4:00pm County Building 10th Floor Lobby 118 N. Clark St.</p>
<p><b>19</b></p> <p>10:00am - 3:00pm Stroger Hospital 1900 W. Polk St. 2nd Floor Foyer School of Nursing</p>	<p><b>20</b></p> <p>11:00am - 3:00pm Maywood Courthouse 1500 S. Maybrook Dr. Maywood, IL</p> <p>11:00am - 3:00pm Domestic Violence Courthouse 555 W. Harrison</p>	<p><b>21</b></p> <p>10:00am - 4:00pm County Building 10th Floor Lobby 118 N. Clark St.</p> <p>11:00am - 3:00pm Rolling Meadows Courthouse 2121 Euclid Rolling Meadows, IL</p>	<p><b>22</b></p> <p>11:00am - 3:00pm Provident Hospital 500 E. 51st Street 2nd Floor Cafeteria</p> <p>12:00pm - 3:00pm Forest Preserve District 536 N. Harlem Ave. River Forest, IL</p>	<p><b>23</b></p> <p>11:00am - 3:00pm Bridgeview Courthouse 10220 S. 76th Ave. Bridgeview, IL</p>



### 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](http://www.cookcountyrisk.com), for more information on this important benefit.



### 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.



### 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!

It's Open Enrollment time for Cook County employees and here's what you can do to take advantage of your medical benefits and plan for the year ahead.

Start by looking back at the past year. What benefits have you used? Do you see a need to make changes?

Did you sign up for and use a Flexible Spending Account? If so, all annual benefits and money in this account must be used by the end of the current plan year, which is December 31, 2009. If you missed out on this valuable benefit make sure you sign up for next year. It's a great way to keep money in your pocket when it comes to medical costs.

Did you take advantage of annual benefits such as physicals, dental and vision checkups and the prescription drug plan? You still have until the end of 2009 to complete these appointments.

It's easy to review your benefit choices and costs on the Employee Contribution Chart available on [www.cookcountyrisk.com](http://www.cookcountyrisk.com). Your Timekeeper is a valuable resource if you have questions at work.

Plan to attend information meetings in October. And ask questions. Make informed decisions about this important part of your life and the lives of your family members.



### 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.


## IMPORTANT REMINDERS


 Open enrollment is the time to change health plans! Health plans cannot be changed during the year except at open enrollment.


 Do not send in a form during open enrollment unless there are changes or updates on it. If everything stays the same, and you are not enrolling in an FSA, you do not need to return the form.


 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 available 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.

### Public Act 95-0958

If you have a child that currently is not eligible for coverage under the Cook County Health Plan, you may be able to add them to your coverage under Public Act 95-0958, which goes into effect December 1, 2009. Under the terms of this Public Act, certain adult children can be added during this special enrollment period, October 1 through December 31, 2009.

The Adult Child must meet these criteria:

- Ages 19 – 26, this adult child no longer qualifies for coverage under the Cook County guidelines for dependents. The child must be unmarried and living within the plan network.
- A Veteran adult child, ages 19 to 30, who is an Illinois resident, has served as a member of the active or reserve components of any of the branches of the United States Armed Forces and has received a release or discharge other than a dishonorable discharge.

The cost of coverage will vary depending on the health plan in which you are enrolled and is calculated based on the premium cost for a dependent. The cost is deducted from each paycheck and factored on 26 pay periods in the year. The first deduction will be taken from the first full pay period in the month that the adult child becomes effective. After December 31, 2009, you will need to have an eligible qualifying event in order to add an adult child to your coverage. For more information and to obtain an enrollment form, go to: [www.cookcountyrisk.com](http://www.cookcountyrisk.com) or see your Timekeeper.

## 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 (H2) HMO Illinois PPO a BlueCross BlueShield HMO Plan (H3) UniCare HMO	PPO Plan (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.caremark.com

## 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.

## 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! Learn more about this important benefit at: [www.wageworks.com](http://www.wageworks.com)



## 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](http://www.cookcountyrisk.com) for more details.