

WHAT IS THE ADULT CHILD PUBLIC ACT 95-0958?

This act allows you to purchase the County's health plan for your dependent child that may no longer be eligible for coverage under the County's guidelines. If your child is under the age of 26 and is unmarried, but no longer is eligible for the County's coverage, you may apply during October through December 2009 to purchase benefits through Cook County.

IS THERE A SPECIAL PROVISION FOR MILITARY VETERANS?

Yes. If your child is living in Illinois and has a release or discharge from the military, and is single, you may choose to purchase the County's plan for that dependent up to the age of 30.



Our website is working for you. Visit the website to review options and costs, and make changes to your plan choices or enroll in an FSA by October 31.

- **Review options and costs.**
- **Make changes to your plan.**
- **Review your current benefits.**
- **Useful links to health care providers.**
- **Look over your coverage options.**
- **Get answers to questions.**



**Plan now for
Open Enrollment 2010
OCTOBER 1-31**

2010 OPEN ENROLLMENT QUESTIONS & ANSWERS



GETTING STARTED

DO I HAVE TO CHANGE MY HEALTH CARE PLAN DURING OPEN ENROLLMENT?

No. The open enrollment period gives you a chance to evaluate how well your current health care plan meets your needs. If you want, you may change to another health care plan at this time. If you are satisfied with your plans, you do not need to respond during open enrollment. The flexible spending plans are the only plans that have to be re-designated each year.

IF I WANT TO CHANGE MY PLAN, HOW DO I DO SO?

From October 1 through October 31, you can go onto the Cook County website and

change your health or dental plan and enroll in the flexible spending accounts. If you don't want to change your HMO, but want to change your doctor, please call the plan directly at the number listed.

DO I HAVE TO COMPLETE A NEW ENROLLMENT FORM?

No. You will receive a Personal Information Statement in the mail that shows you the benefit choices you currently have and what you can extend into the plan year 2010. If you are happy with those choices, simply file the statement away with your other health care documents. If you decide to make a change, our website is available 24/7. But remember, all changes need to be made by October 31, 2009.

Please note: if you are interested in participating in the County's Flexible Spending Account benefit, you may enroll on our website or you may return your Personal Information Sheet to the Benefits Office before October 31. You must re-enroll in the FSA each year to participate! This is true each year, regardless of whether you've used an FSA in prior years.

Your
County
Benefits
Connection

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HOW DO I KNOW WHICH PLAN IS RIGHT FOR ME?

You need to consider your health care needs and those of your family – and the way you prefer to receive care. HMO members choose a primary care physician and a medical center at which they receive all of their care. PPO members may choose whether to receive service inside or outside the PPO network. A PPO member does not need to pre-select a primary care physician. Because PPO members have a wider variety of choices, they are asked to help pay for their coverage through contributions, deductibles and co-payments. Review the costs for each plan thoroughly before making your decision.

IF I'VE BEEN OPTING OUT OF MY MEDICAL BENEFITS, DO I NEED TO RE-ENROLL FOR THAT CHOICE?

No. Your choice to opt out will be continued automatically. If you need to “opt back in” at any time, outside of open enrollment, you will need to provide proof that your other coverage was terminated within 31 days.

IF I CHANGE MY MIND ABOUT MY PLAN LATER IN THE YEAR, CAN I MAKE A CHANGE AT THAT TIME?

No. You may not change plans again until the next open enrollment period. In certain circumstances, you may qualify to change the number of dependents covered and/or the specific site where you receive your care (as long as it's within the same network). In most cases, however, the changes you make now remain in effect until the next open enrollment period.

ARE MY CONTRIBUTIONS CHANGING?

The contributions from your paycheck will not be changing. The amount that you will pay will continue to be based on who is being covered on your health plan. Our website and our open enrollment materials outline these changes. Please review the costs, as you will be unable to change your plan until the next open enrollment in October 2010.

WHAT HAPPENS IF I AM “OFF” THE PAYROLL BECAUSE OF A LEAVE OF ABSENCE OR WORKERS’ COMPENSATION? DO I STILL MAKE CONTRIBUTIONS?

Yes. You will be billed from the Revenue Department. If you do not make the required contributions, your coverage will be terminated.

CAN I CHANGE MY PRIMARY CARE PHYSICIAN DURING THE YEAR?

Yes. Just simply contact your plan at the toll-free number provided. You may change your primary care physician at any time during the year. Open enrollment is the time to change plans, not doctor sites.

DO MY DEPENDENTS HAVE TO GO TO THE SAME PRIMARY CARE PHYSICIAN THAT I DO?

No. While you and all of your dependents must be covered by the same plan, each person may select his or her own primary care physician.

**EMERGENCY CARE/HOSPITALIZATION****MY HMO PLAN SAYS THAT COVERAGE IS PROVIDED FOR “EMERGENCIES” ONLY IF THE SITUATION MEETS CERTAIN CRITERIA. WHAT ARE THOSE “CRITERIA?”**

Most medical plans define “emergencies” as situations that are immediately life-threatening, such as severe chest pains, unconsciousness, massive bleeding and shock. While the plans realize that your immediate concern is to get help, they suggest you call your primary care physician, or its 24-hour answering service, before going to a hospital. Of course, in extreme situations, obtain care immediately – but be sure to call, or have a family member call, your primary care physician within 24 hours of the emergency.

**DEPENDENT/FAMILY COVERAGE****IF MY SPOUSE AND I BOTH WORK FOR THE COUNTY, HOW CAN WE COVER OUR CHILDREN?**

All family members must be covered under the same plan. You may select which employee is primary, and this person will cover all family members.

WHAT IF I WANT TO ADD A DEPENDENT, LIKE A NEW SPOUSE OR CHILD?

You may enroll a new dependent during the open enrollment period as long as he or she is eligible for coverage. (Eligible dependents include your spouse/domestic partner, unmarried natural or adopted children and stepchildren.) Complete the Personal Information Statement and forward it to the address at the top of the form – along with certified copies of marriage and/or birth certificates. These documents will be returned to you; for faster service, enclose a self-addressed stamped envelope. Enrollment of dependents is not available on our website. Please deliver or mail the Personal Information Statement.

To enroll new, qualified dependents during the year, you must complete and submit the Employee Benefits Enrollment Form within 31 days of the event (marriage, birth, adoption, etc.). It's understood that certificates take some time to process, however you must submit an enrollment form within 31 days to qualify for coverage. Forward the appropriate certificates/documents upon receipt to the benefits office, and they will be returned to you as soon as possible. If you do not enroll within this time period, you must wait until the next open enrollment period to enroll the dependent.

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