

2012 Overview of Benefits

Cook County employees are provided a wide variety of benefits. Take advantage of annual benefits such as physical, dental and vision check-ups. 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.

Important information about your health care benefits

Newly hired employees are eligible for health/dental/vision benefits on the first day of the month following your hire date, pending receipt of the application within 31 days.

Qualified family status changes must occur within 31 days of the event. This includes:

- Enrolling in a health plan – do not delay sending in the Benefit/Enrollment/Change form. This form is available on www.cookcountyrisk.com or from your Timekeeper. Reminder notices are mailed for outstanding documentation requirements.
- Adding a new baby or spouse
- Removing a dependent

Benefits end on the last day of the month employed.

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows employees and/or their dependents to continue insurance benefits after termination of employment or when dependent status changes.

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 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. Your union representative can explain how this applies to you.

Cook County
Employee
Health Care
Program 2012

YOUR COOK COUNTY
Benefits Connection



OUTPATIENT BENEFITS	HMO Plans	PPO Plan	
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	(H2) HMO Illinois (H3) Classic Blue Blue Cross and Blue Shield Plans	(P2) Blue Cross and Blue Shield of Illinois In-Network	Out-of- Network*
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PREVENTIVE CARE

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%

OUTPATIENT SERVICES

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 each annual maximum)	100%	90%	60%

EMERGENCY CARE

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)	
Dental accident care	100%	90%	60%

INPATIENT BENEFITS	HMO Plans	PPO Plan	
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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%
Inpatient mental health/ substance abuse services, 30 days/yr. max.	100%, after \$100 copay per admission	90%	60%

EXTENDED CARE

Home health care	100%	90%	60%
Hospice care	100%	90%	60%
Skilled nursing care – not custodial care	100%	90%	60%
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.



Go to www.bcbsil.com/cookcounty
for information about your medical plan.



Here's how your contributions are calculated

Each of us contributes toward our health care coverage in some way. The chart here 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.

Plan limits & maximums

When reviewing the options you have for the 2012 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.

PPO plans apply the limits as shown in this chart. The out-of-pocket maximum excludes annual deductibles, co-payments and charges in excess of the Schedule of Maximum Allowances (SMA) - also referred to as Reasonable and Customary (R&C) charges. With HMOs there are no deductibles or out-of-pocket costs or maximums.

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

With HMOs there are no deductibles or out-of-pocket costs.

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.

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	\$1,000,000

Adult children up to age 26 are eligible for medical coverage as dependents if they are not eligible for this coverage through their employer. Your dependent children can be married or unmarried and do not need to be students or IRS dependents to qualify. If you are adding a dependent, you must provide a social security number along with a birth date and birth certificate.

Note: 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.



CVS/Caremark provides prescription benefits

Benefit	HMO Plans (H2) HMO Illinois (H3) HMO Classic Blue Blue Cross and Blue Shield of Illinois Plans	PPO Plan (P2) PPO Blue Cross and 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
NEW-CVS 90-day retail or mail order copays	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.



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

Your Caremark card is easy to use when you visit your pharmacist. Save 30% on your copay cost when you use CVS/Caremark mail order for your long-term prescriptions. You also can ask your doctor to write a 90-day supply prescription and get it filled at your CVS pharmacy. Remember to talk to your doctor about generic medications as opposed to brand-name products to save even more money.

Take advantage of FSAs & transit pass

WageWorks provides Cook County employees with benefits associated with flexible spending accounts (FSAs) and the commuter transit pass. Sign up for flexible spending and set aside up to \$5,000 annually in pre-tax pay to help with certain medical and dependent care costs that aren't covered by insurance. All FSA money must be expensed by December 31, 2012.



A health care FSA can be used to pay medical, dental and vision care expenses, including co-payments and deductibles, for yourself and dependents. FSAs do not reimburse for over-the-counter drugs. Written prescriptions from your doctor are required. 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.

If you count on public transportation to get to work, put the transit pass benefits to work for you. Remember, there is a 2-month waiting period between enrolling and getting the pass. Enroll for the transit pass benefits any time on www.wageworks.com.

Dearborn National provides life insurance

Eligible employees are covered automatically by a basic term life insurance plan equal to one times annual salary, rounded to the next \$1,000. You must have a beneficiary form completed. Get a copy on www.cookcountyrisk.com and fax it to Dearborn National at any time. The most current beneficiary form is the one of record. For more information, go to www.dearbornnational.com or call 800-348-4512.

Vision & Dental coverage

Comprehensive eye exams can find early indicators of common health conditions. You are eligible for free or discounted services through EyeMed's network. Go to www.cookcountyrisk.com for more details.



To learn more about the dental plan, go to www.GuardianAnytime.com/Cookcounty
Dental HMO: 866-494-4542 Dental PPO: 866-302-4542

Go to your Timekeeper or www.cookcountyrisk.com for more information.

