

# 2020 Benefits Overview



The Employee Benefits Division of the Department of Risk Management connects you to a wide range of information about your County-sponsored employee benefits on [cookcountyrisk.com](https://cookcountyrisk.com). Please review this information carefully.

## Eligibility for Benefits

Benefits coverage is effective the first day of the month following your employment date.

- Eligible employees include:
  - Full-time employees
  - Part-time employees
  - Employees on an approved leave of absence
  - COBRA participants
- Eligibility status impacts required contributions
- Dependent benefits are extended to a spouse, domestic partner (with government-issued domestic partner certificate) or civil union partner. If both you and your spouse or partner are Cook County employees, all family members must be covered under one enrollment
- Documentation of eligibility is required:
  - Spouse/partner: marriage certificate, government-issued domestic partner certificate or civil union certificate
  - Child: government-issued birth certificate, and if applicable, adoption certificate or legal guardian form
- Children up to age 26 are eligible for medical coverage as dependents. Military veterans may be covered up to the age of 30 with a DD214 form, proof of Illinois residency, and a release or discharge (other than a dishonorable discharge)
- Pursuant to collective bargaining agreements, union employees must select the medical HMO Plan and dental HMO plan during their first year of employment. Plan changes may only be made during the next annual Open Enrollment period
- You can waive your medical benefits if you provide proof of benefits from another source

Enrollment requires using Employee Self Service (ESS). Required documentation must be scanned and uploaded to ESS to complete enrollment for dependents. For assistance with logging into ESS, employees should contact their agency's technology desk.

# Qualifying Life Events

A Qualifying Life Event (QLE) is required to request changes to your benefits outside of the Open Enrollment period. You can enroll, add or remove dependents, change plans, or enroll in a Flexible Spending Account within 31 days of any of the following events:

- Employment date
- Marriage, establishment of a domestic partnership (with government-issued domestic partner certificate or civil union certificate)
- Birth, adoption or obtaining legal guardianship of a child
- Loss of other coverage eligibility for you or your dependent(s) for reasons such as legal separation, divorce, death or termination of employment
- A change in employment status significantly impacting the employee contribution rate

Changes must be completed through Employee Self Service (ESS) within 31 days of the QLE. Appropriate dependent documentation must also be uploaded within 31 days. Newborn birth certificates must be uploaded within 45 days. Enrollments not completed within the designated time frame will not be accepted. The next opportunity to enroll will be the following Open Enrollment period.

If you are not currently enrolled and your QLE does not include a dependent change, please send an email to [risk.mgmt@cookcountyil.gov](mailto:risk.mgmt@cookcountyil.gov) to set up your eligibility to enroll in ESS.

Enrollments entered more than 31 days after the QLE will not be processed.

## Benefits End Date

Benefits end on the last day of the month in which you are employed or become ineligible for coverage.

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows employees and/or their eligible dependents to continue insurance benefits after termination of employment or when a dependent has a change in status that results in a loss of eligibility.

For election information and rates, go to [cookcountyrisk.com](http://cookcountyrisk.com) and select Termination/COBRA.



## Medical Plans

[bcbsil.com/cookcounty](http://bcbsil.com/cookcounty)



BlueCross BlueShield  
of Illinois

As a County employee, you have two options for medical coverage:

**BlueAdvantage HMO – Group# B50001**  
**Customer Service: 1-800-892-2803**

**Blue Cross Blue Shield PPO – Group# 289803**  
**Customer Service: 1-800-960-8809**

# Summary of Health Benefits

Benefits	HMO Plan HMO Provider*	PPO Plan	
		In-Network	Out-of-Network

## PRIMARY CARE

Primary care visit to treat an injury or illness	\$15 copay/visit	\$25 copay+10% coinsurance/visit	40% coinsurance/visit
Specialist visit	\$20 copay/visit	\$35 copay+10% coinsurance/visit	40% coinsurance/visit
Other practitioner office visit	\$15 copay/visit	\$25 copay+10% coinsurance/visit	40% coinsurance/visit
Preventative care/screening/immunization	\$0 copay/visit	\$0	\$0

## OUTPATIENT SERVICES

Diagnostic test (x-ray, blood work) and imaging (CT/PET scans, MRIs)	\$0	10% coinsurance	40% coinsurance
Facility fee (e.g., ambulatory surgery center)	\$100 copay/visit	10% coinsurance	40% coinsurance
Physician/surgeon fees	\$0	10% coinsurance	40% coinsurance
Maternity prenatal/postnatal care	\$15 copay/visit First prenatal visit only	\$25 copay/visit+10% coinsurance First prenatal visit only	40% coinsurance
Mental/behavioral health outpatient services	\$15 copay/visit	\$25 copay/visit+10% coinsurance	40% coinsurance
Substance use disorder outpatient services	\$15 copay/visit	\$25 copay/visit+10% coinsurance	40% coinsurance
Emergency room services	\$75 copay/visit waived if admitted	\$75 copay/visit waived if admitted	\$75 copay/visit waived if admitted
Emergency medical transportation	\$0 Ground transportation only	10% coinsurance	10% coinsurance
Urgent care	\$15 copay/visit Must be affiliated with chosen medical group or referral required	\$25 copay + 10% coinsurance	\$25 copay + 40% coinsurance

## EMERGENCY CARE INPATIENT BENEFITS

Facility fee (e.g., hospital room)	\$100 copay/visit	10% coinsurance	40% coinsurance
Physician/surgeon fee	\$0	10% coinsurance	40% coinsurance
Mental/behavioral health inpatient services	\$100 copay/admission	10% coinsurance	40% coinsurance
Substance use disorder inpatient services	\$100 copay/admission	10% coinsurance	40% coinsurance
Delivery and all maternity inpatient services	\$100 copay/admission	10% coinsurance	40% coinsurance

## EXTENDED CARE

Home health care	\$0	10% coinsurance	40% coinsurance
Skilled nursing care	\$100 copay/admission	10% coinsurance	40% coinsurance
Hospice service	\$0	10% coinsurance	40% coinsurance

\*Referrals are required in the HMO plan except for primary care visits to treat injury or illness, pre- and post-natal care, and emergency room services/transportation. You are responsible for the full cost of any charges that exceed the Schedule of Maximum Allowances (SMA), sometimes referred to as "R&C" or "reasonable and customary" amount.

## Health Plans Limits and Maximums

Feature	HMO Plan	PPO Plan	
		In-Network	Out-of-Network*
Annual deductible	\$0	\$350 Individual \$700 Family	\$700 Individual \$1,400 Family
Out-of-Pocket (OOP) maximum	\$1,600 Individual \$3,200 Family	\$1,600 Individual \$3,200 Family	\$3,200 Individual \$6,400 Family
*You are responsible for the full cost of any charges that exceed the Schedule of Maximum Allowances (SMA), sometimes referred to as "R&C" or "reasonable and customary" amount.			

## Calculating Your Contributions

This chart shows your cost as a percentage of pre-tax salary based on plan selected and family members you choose to cover.

	HMO	PPO
Employee only	1.5%	2.5%
Employee + spouse	2.0%	3.0%
Employee + child(ren)	1.75%	2.75%
Employee + family	2.25%	3.25%
Employees working less than 30 hours/week may contribute at a different rate. Employees on an approved leave of absence remain responsible for their regular payroll contributions when billed. Employees on a personal leave of absence are responsible for paying the full County cost for continued coverage.		

\* The cost and benefits described here are subject to the collective bargaining process and Cook County Board approval.



# Pharmacy Benefit Plan

[caremark.com](http://caremark.com)

**Customer Service: 1-866-409-8522**



When you enroll in a medical plan, you automatically receive pharmacy benefits coverage through CVS Health. Prescriptions can be purchased through your local in-network pharmacy or through mail order. CVS Health pharmacy is included in all Target stores that offer pharmacy services.

	30-day supply at retail	90-day supply
Generic	\$15	\$30
Formulary brand on the drug list	\$30	\$60
Non-formulary brand not on the drug list	\$50	\$100

You will save money by purchasing generic drugs rather than brand-name drugs. Generic step therapy and mandatory maintenance choice requirements may apply to medications you or your dependents are taking. See <https://www.cookcountyil.gov/service/employee-benefits-prescription-drug-benefit> for further explanation of these requirements.

Generic Step Therapy: The program requires members to use up to two generic alternatives in certain drug classes before a brand will be covered. A grace period may be provided for existing prescriptions.

Mandatory Maintenance Choice: After two fills, all maintenance medications must be filled in a 90 day supply through mail order or at a CVS Pharmacy.

Note: If you choose to buy a formulary brand (on the drug list) or non-formulary brand (not on the drug list) when a generic substitute is available, you will pay the generic copay, plus the difference in cost between the generic and the full retail formulary brand or nonformulary brand drug cost.



# Group Term Life Insurance Plan

[lifebenefits.com](http://lifebenefits.com)

**Group# 34440**

**Customer Service: 1-877-491-5269**



Cook County provides group term life insurance to full-time employees in an amount equal to their annual salary rounded to the next highest thousand dollars. This coverage pays a cash benefit in the event of your death to a beneficiary (or beneficiaries) you designate. It is important to keep your beneficiary information current.



# Dental Plans

[guardiananytime.com/cookcounty](http://guardiananytime.com/cookcounty)

**Group# 397485**

**Customer Service:**

**Dental HMO: 1-866-494-4542**

**Dental PPO: 1-866-302-4542**



Dental coverage is provided at no charge.

County employees have a choice of two dental plans at no charge:

- Guardian Dental HMO provides access to services performed at participating dental HMO practices.
- Guardian Dental PPO allows you to seek dental care from dentists who are in or out of the PPO network.

## Summary of Dental Plans

Item/Procedure	Dental HMO Copayment (Member Pays)	Dental PPO	
		In-Network	Out-of-Network
Benefit Period Maximum	None	\$1,500	
Deductible	None	\$25 per Individual \$100 per Family (4 individual maximum) Deductible does not apply to preventive and orthodontic services	\$50 per Individual \$200 per Family (4 individual maximum) Deductible does not apply to preventive and orthodontic services

### PREVENTATIVE

Dental Exams (2 exams per benefit period)	\$0	100% of the maximum allowance	80% of the maximum allowance
Prophylaxis (2 cleanings per benefit period)	\$0	100% of the maximum allowance	80% of the maximum allowance
Fluoride Treatment (eligible members up to age 19)	\$0	100% of the maximum allowance	80% of the maximum allowance

### PRIMARY SERVICES

Dental X-Rays	\$0	80% of the maximum allowance	60% of the maximum allowance
Space Maintainers (eligible members up to age 19)	\$63-\$96	80% of the maximum allowance	60% of the maximum allowance

### RESTORATIVE

Amalgams and Anterior Resins	\$17-\$44	80% of the maximum allowance	60% of the maximum allowance
Posterior Resins	\$53-\$105	80% of the maximum allowance	60% of the maximum allowance
Crowns and Fixed Bridges	\$256 to \$300 per unit	50% of the maximum allowance	50% of the maximum allowance

### EMERGENCY SERVICES

Palliative Emergency Treatment	\$0	80% of the maximum allowance	80% of the maximum allowance
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### ENDODONTICS

Root Canal Therapy	\$109-\$162	80% of the maximum allowance	60% of the maximum allowance
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### PERIODONTICS

Scaling and Root Planing	\$37/quadrant	80% of the maximum allowance	60% of the maximum allowance
Gingivectomy	\$111/quadrant	80% of the maximum allowance	60% of the maximum allowance
Osseous Surgery	\$206/quadrant	80% of the maximum allowance	60% of the maximum allowance

### ORAL SURGERY

Routine Extractions	\$18 to \$20	80% of the maximum allowance	60% of the maximum allowance
Removal of Impacted Teeth (soft tissue and partial bone)	\$50-\$65	80% of the maximum allowance	60% of the maximum allowance

### PROSTHETICS

Full and Partial Dentures	\$383-\$396	50% of the maximum allowance	50% of the maximum allowance
Denture Reline	\$40-\$72	50% of the maximum allowance	50% of the maximum allowance
Endosseous Implants	Not covered	50% of the maximum allowance	50% of the maximum allowance

### ORTHODONTICS

Adults (19 or older)	Not covered	50% of the maximum allowance	
Dependent Children (up to age 19)	\$3,233 - \$3,356 not including x-rays or orthodontic records	50% of the maximum allowance	
Lifetime Maximum	One full course of treatment for dependent children under age 19	\$1,250	



# Vision Plan

[davisvision.com/member](https://davisvision.com/member)

Customer Service: 1-800-381-6420



Vision coverage is provided at no charge.

## Summary of Vision Benefits

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam with dilation as necessary	\$0 copay	N/A
Frames	\$0 copay, \$100 allowance, plus 20% discount off balance Benefits specific to Davis Vision, \$150 allowance at Visionworks, or Davis Vision "Exclusive Collection" covered in full	N/A

### STANDARD PLASTIC LENSES

Single Vision	\$0 copay	N/A
Bifocal	\$0 copay	N/A
Trifocal	\$0 copay	N/A
Lenticular	\$0 copay	N/A

### LENS OPTIONS *(paid by the member in addition to the price of the lenses)*

Standard Progressive Lens	\$0	N/A
Premium Progressive Lens	\$40	N/A
Ultra Progressive Lens	\$90	N/A
High-Index Lenses	\$60	N/A
Plastic Photosensitive Lenses (Transitions)	\$70	N/A
Scratch Protection Plan: Single Vision / Multifocal Lenses	\$20 / \$40	N/A
UV Treatment	\$12	N/A
Tint (Solid and Gradient)	\$0	N/A
Standard Polycarbonate—Adults	\$35	N/A
Standard Polycarbonate—Kids under 19	\$0	N/A
Standard Anti-Reflective Coating	\$40	N/A
Premium Anti-Reflective Coating	\$55	N/A
Ultra Anti-Reflective Coating	\$69	N/A
Polarized	\$75	N/A
Other Add-Ons and Services	20% discount (where applicable) balance from insured frame purchase; 30% discount on additional pairs of eyeglasses	N/A

### CONTACT LENS FIT & FOLLOW-UP *(Contact lens fit and follow-up visits are available once a comprehensive eye exam has been completed)*

Standard Contact Lens Fit & Follow-Up	\$0 copay, covered in full	N/A
Specialty Contact Lens Fit & Follow-Up	\$0 copay, up to \$60 allowance plus 15% discount on any overage	N/A

### CONTACT LENSES *(Contact lens allowance includes materials only)*

Conventional and Disposable	\$0 copay, \$100 allowance, 15% off balance over \$100	N/A
Medically Necessary	\$0 copay, covered in full (Prior approval required)	N/A

### LASER VISION CORRECTION

Laser Vision Coverage (LASIK)	40-50% off the national average price of traditional LASIK	N/A
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### FREQUENCY

Examination	Once every 12 months
Lenses or Contact Lenses	Once every 12 months
Frame	Once every 24 months



# Flexible Spending

[connectyourcare.com/cookcounty](https://connectyourcare.com/cookcounty)

Customer Service: 1-844-284-6267



When you are estimating your healthcare and dependent care expenses for the year, keep in mind that you can enroll in a Flexible Spending Account (FSA) to pay for eligible expenses.

When you enroll, you decide how much you will set aside from your pay before taxes. There are two types of accounts:

## Healthcare FSA

Use these funds to pay for a broad array of eligible expenses (such as deductibles, copays, dental and vision care and prescriptions) incurred by you or your eligible dependents. Use your Healthcare FSA card for these expenses. The maximum healthcare FSA contribution for 2020 is \$2,700.

## Dependent Day Care FSA

If you pay to care for dependents while at work, use these funds to cover eligible expenses for dependent day care, babysitting, nursery school and senior day care. You can set aside up to \$5,000 for 2020 to help with dependent day care costs. You must submit claim forms for dependent day care FSA reimbursement.





# Voluntary Benefits

## Supplemental Life Insurance – Securian

[lifebenefits.com](http://lifebenefits.com)

Group# 34448

Customer Service: 1-877-491-5269



You can purchase supplemental life coverage in increments of \$1,000 up to an additional three times salary up to a maximum of \$500,000. You may elect four to five times salary with Evidence of Insurability (EOI). EOI is also required if enrolling more than 31 days after your employment date. New hires may elect up to three times salary with no EOI. Enrollment and beneficiary designations are completed online.

## Cook County Voluntary Benefits

[CookCountyVoluntaryBenefits.com](http://CookCountyVoluntaryBenefits.com)

Customer Service: 1-800-698-2849

Voluntary Benefits Open Enrollment occurs once a year and allows for direct deductions from your paycheck for a variety of supplemental benefits.

## Universal Life Insurance – Allstate



Universal Life Insurance provides your beneficiary a lump-sum cash benefit when you die and builds a cash value. Coverage is available for spouses and children.

## Short Term Disability Insurance - Allstate

Short Term Disability Insurance provides a monthly benefit if you are disabled from an off-the-job injury and cannot work.

## Group Accident Insurance – Aflac



Accident Insurance pays a lump sum benefit directly to you (unless otherwise assigned) for injuries caused by a covered accident.

## Group Critical Illness Insurance - Aflac



Critical Illness Insurance pays a lump sum benefit upon diagnosis of a covered critical illness, such as a heart attack, stroke or internal cancer.

## Group Hospital Indemnity Insurance - Aflac

If you have a covered illness or injury which results in hospitalization, Hospital Indemnity Insurance pays out a lump sum regardless of the cost of care.

## Legal Service Plan – LegalShield



LegalShield provides you with direct access to a dedicated law firm who will answer your personal legal questions and help resolve life's legal matters.

## IDShield – LegalShield

IDShield provides identity theft protection and identity restoration services.

## Commuter Benefits – ConnectYourCare

[connectyourcare.com/cookcounty](https://connectyourcare.com/cookcounty)

**Customer Service: 1-844-284-6267**



Take advantage of the Commuter Benefits Plan and reduce your commuting expenses. The IRS allows a maximum of \$265.00 a month in transit expenses as a pre-tax paycheck deduction. Any amount beyond \$265.00 is a post-tax deduction. Enroll by the 10th of each month for the following month.

## Deferred Compensation – Nationwide

[cookcountydcc.com](http://cookcountydcc.com)

**Customer Service: 1-877-677-3678**



Cook County offers a Section 457(b) deferred compensation plan as a tax-preferred method to save for retirement. Employees enrolled in the plan make voluntary contributions each pay period and invest in an array of investment options to help prepare for their income needs in retirement. The plan is designed to provide supplemental income in retirement in addition to your pension benefit. Schedule an appointment directly with Nationwide to discuss your options.

## Employee Assistance

Cook County is now partnering with BCBSIL and Magellan to offer an Employee Assistance Program (EAP). Magellan EAP can assist with whatever life challenges you may face. Get expert help and tap into a vast array of resources and tools through the EAP. Service is provided to employees and immediate family members. No enrollment is required.



## Charitable Giving

Cook County is pleased to offer all employees an opportunity to participate in a **Cook County Charitable Giving Campaign hosted by United Way**. The program is offered once a year during Open Enrollment and it is easy to contribute directly from your paycheck.

**Cook County Department of Risk Management Employee Benefits Division**

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Phone: (312) 603-6385 Fax: (866) 729-3040

[cookcountyrisk.com](http://cookcountyrisk.com)

[email: risk.mgmt@cookcountyil.gov](mailto:risk.mgmt@cookcountyil.gov)



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