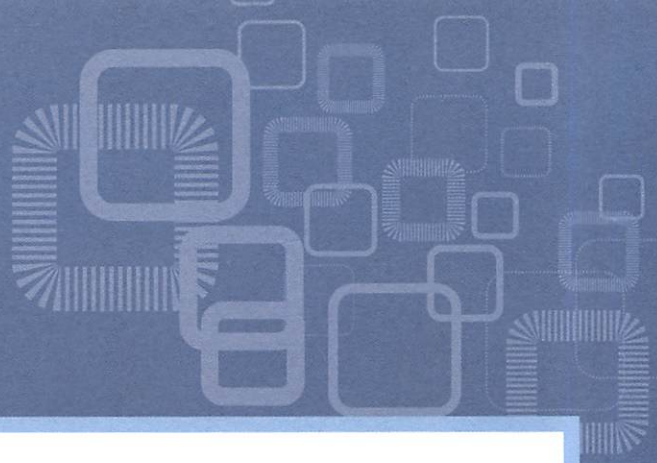




Partners Benefit Group
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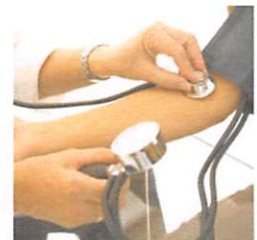


Cook County Board of Commissioners Employee Benefit Guide

- Medical
- Dental
- Vision
- Group Term Life and AD&D
- Short Term Disability
- Long Term Disability
- Voluntary Term Life
- Permanent Life



PLAN YEAR 2020-2021



MEDICAL: ANTHEM (BCBS)

	BASE PLAN	BUY-UP PLAN
	OAP12 5K/30 C	OAP5 5K/30 N
Calendar Year Deductible		
In Network	Individual: \$5,000 Family: \$10,000	Individual: \$5,000 Family: \$10,000
Out-of-Network	Individual: \$15,000 Family: \$30,000	Individual: \$15,000 Family: \$30,000
Out of Pocket Maximum (Includes deductible, co-insurance & all co-pays)		
In-Network	Individual: \$7,900 Family: \$15,800	Individual: \$7,900 Family: \$15,800
Out-of-Network	Individual: \$23,700 Family: \$47,400	Individual: \$23,700 Family: \$47,400
Co-Insurance		
In-Network	Deductible & then you pay 30%	Deductible & then you pay 30%
Out-of-Network	Deductible & then you pay 50%	Deductible & then you pay 50%
Office Co-pay		
Primary Care Physician	\$30 co-pay (in-network)	\$30 co-pay (in-network)
Out-of-Network	Deductible & then you pay 50%	Deductible & then you pay 50%
Specialist	\$60 co-pay (in-network)	\$60 co-pay (in-network)
Out-of-Network	Deductible & then you pay 50%	Deductible & then you pay 50%
Outpatient Therapy: Physical Therapy, Occupational Therapy, Speech Therapy & Manipulation/Chiropractic	Not Covered	\$60 co-pay Deductible does not apply
Advanced Diagnostic Imaging: (In-Network) (MRI, MRA, PET & CT Scans)	Deductible & then you pay 30%	Deductible, & then you pay 30%
Hospital/Inpatient Services		
In-Network Facility	\$500 co-pay, then you pay 30%	Deductible & then you pay 30%
Out-of-Network Facility	Deductible & then you pay 50%	Deductible & then you pay 50%
In-Network Physician/Surgeon	Deductible & then you pay 30%	Deductible & then you pay 30%
Out-of-Network Physician/Surgeon	Deductible & then you pay 50%	Deductible & then you pay 50%
Emergency Room Services		
In Network & Out of Network (deductible does not apply)	\$350 co-pay, then you pay 30%	\$350 co-pay, then you pay 30%
Outpatient Services	Use Labcorp for lab work for best benefit	
Outpatient Surgery at Hospital (In-Network)	Deductible & then you pay 30%	Deductible & then you pay 30%
Outpatient Surgery (Free Standing Outpatient Surgical Center: Not at Hospital or Hospital owned)		
In-Network Facility (deductible does not apply)	\$150 co-pay, then you pay 30%	\$150 co-pay, then you pay 30%
Out-of-Network	Deductible & then you pay 50%	Deductible & then you pay 50%
In-Network Physician (deductible does not apply)	30% coinsurance	30% coinsurance
Out-of-Network Physician	50% coinsurance	50% coinsurance
Preventative Care	100% (In-Network provider)	100% (In-Network provider)
Urgent Care Services (deductible waived)	\$75 co-pay per visit (in-network)	\$75 co-pay per visit (in-network)
Global Maternity (In-Network)		
Prenatal & Childbirth/Delivery Professional Services	Deductible, then you pay 30%	Deductible, then you pay 30%
Childbirth Delivery Facility Services (ded. does not apply)	\$500 co-pay, then you pay 30%	Deductible, then you pay 30%
Prescription Deductible	N/A	\$300 Individual / \$600 Family
Prescription Drug Card (30 day supply)		Level 1 Level 2
Tier 1a	\$15 co-pay	\$ 5 co-pay \$15 co-pay
Tier 1b	\$15 co-pay	\$20 co-pay \$30 co-pay
Tier 2	Not Covered	\$45 co-pay \$55 co-pay
Tier 3	Not Covered	\$90 co-pay \$100 co-pay
Tier 4 (Specialty Drugs)	Not Covered	25% up to \$450 35% up to \$550

Cook County Board of Commissioners have an internal Health Reimbursement Arrangement (HRA). This reimbursement will be for approved medical services that are applied to your in-network deductible and co-insurance only, including RX deductibles. The county will reimburse up to \$1,500 per employee per year. An HRA reimbursement will not be dispersed without an accompanying explanation of benefits (EOB) from the medical carrier, ANTHEM. Some excluded items include copays and any services excluded from the plan. New HRA guidelines are for claims dated after June 30, 2020 for employees who have not received the max HRA benefits for 2020.

Medical Election	BASE PLAN		BUY-UP PLAN	
	Bi-Weekly	Monthly	Bi-Weekly	Monthly
Employee Only	\$35.00	\$75.83	\$92.60	\$200.64
Employee + Spouse	\$406.67	\$881.11	\$527.64	\$1,143.21
Employee + Child(ren)	\$355.98	\$771.29	\$468.31	\$1,014.67
Family	\$727.66	\$1,576.59	\$903.35	\$1,957.26

DENTAL: PRINCIPAL

Annual Deductible (does not apply to preventive services)

Individual	\$50 per covered person
Family	3 Deductibles per family maximum (\$150)

Unit 1: Preventive Services

(Routine Oral Exams, Fluoride Treatments, X-Rays, Routine Cleanings, Sealants. <i>(Expectant mothers, diabetics and heart disease patients get one additional cleaning)</i>)	100%
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Unit 2: Basic Services

(Fillings, Space Maintainers, Periodontics, Endodontics, Simple & Complex Oral surgery)	80% of UCR after Deductible
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Unit 3: Major Services

(Bridges, Crowns, Dentures, Inlays, Onlays, General anesthesia)	50% of UCR after Deductible
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Unit 4: Orthodontia

(Children under age 19)	50% of UCR
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Lifetime Maximum for Orthodontia \$1,000 per person

Calendar Year Plan Maximum \$1,000 per person

Maximum Accumulation Plan: A portion of unused max benefit each year (up to \$250) can carry over to the following year as long as the dental benefit was used during the year and total charges did not exceed \$500. A member can accumulate no more than four times the carry over amount (\$1,000)

Contributions	Bi-Weekly	Monthly
Employee	\$12.21	\$26.46
Employee + Spouse	\$23.74	\$51.43
Employee + Child(ren)	\$32.39	\$70.17
Employee + Family	\$46.33	\$100.38

Dependent Children can be covered on Dental, Vision and Voluntary Term Life up to age 26.

VOLUNTARY TERM LIFE/AD&D: PRINCIPAL

Employee: Increments of \$10,000 up to a maximum of \$500,000

Guarantee Issue: \$130,000 (under 70)

(At Initial Offering) \$10,000 (over 70)

Age Reductions (based on 35% at age 65;
initial covered amount) additional 15% at age 70

Spouse: Increments of \$5,000 not to exceed \$100,000
or 100% of employee's coverage amount

Guarantee Issue: \$30,000 (under 70) \$10,000 (over 70)

Child: 14 days and under: \$1,000
14 days and older: \$5,000 or \$10,000

Employee coverage is required to enroll in dependent coverage (spouse or child)

Employee can increase coverage by 2 increments up to max benefit for them and their spouse at annual open enrollment.

VISION: ANTHEM (BCBS)

Frequency

Exam and Lenses	12 Months
Frames	12 Months

Reimbursement Schedule

Exam	\$10 Copay
Eye-glass Frames	\$130 Allowance, then 20% off the balance
Single lenses	\$20 Copay
Bifocal lenses	\$20 Copay
Trifocal lenses	\$20 Copay

Conventional Contacts (Elective) \$130 allowance,
then 15% Discount

Disposable Contacts (Elective) \$130 allowance (no
additional discount)

Non-Elective Contacts Covered in Full

Contributions	Bi-Weekly	Monthly
Employee	\$3.13	\$6.78
Employee + Spouse	\$5.48	\$11.87
Employee + Child(ren)	\$5.94	\$12.88
Employee + Family	\$9.07	\$19.66

BASIC LIFE/AD&D: PRINCIPAL

Term Life/AD&D Coverage \$25,000

Age Reductions None

This Basic Life coverage is paid by your employer

SHORT TERM DISABILITY: PRINCIPAL

Weekly Benefit Percentage	60%
Maximum Weekly Benefit	\$1,000
Maximum Benefit Period	11 Weeks
Benefit Begins	15 th day for accident & sickness
Maximum Benefit Period	11 Weeks
Pre-existing: 3/12	EOI REQUIRED

LONG TERM DISABILITY: PRINCIPAL

Monthly Benefit	60%
Maximum Monthly Benefit	\$5,000
Benefit Waiting Period	90 Days
Maximum Benefit Period	Up to 5 Years
Pre-existing: 6/12	EOI REQUIRED

PERMANENT LIFE INSURANCE: CINCINNATI LIFE INSURANCE COMPANY

Cincinnati Life Insurance: helps provide financial protection by promising to pay a benefit in the event of a covered employee's death or covered family member's death. Employees who want to supplement their group life insurance benefits may purchase additional coverage with this 20 Year Term, 20 Year Term Return of Premium, Whole Life or Universal Life coverage. This coverage is portable which means you can take it with you if you leave employment and the rates and benefits stay the same. This coverage is guaranteed issue the initial time it is offered to eligible employees.

CONTACT INFORMATION

Partners Benefit Group

Karen Willis, Courtney Howell or Josh Bean

Customer Service Representative:

Dee Davis or Pennie Pisciotta

1476 Carpenter Rd, Tifton GA 31793

Ph: 229.386.5773

Toll Free: 888.386.5773

Fax: 229.386.5774

ppisciotta@partnersbenefit.com

ddavis@partnersbenefit.com

General Human Resource Questions:

Vicki Parrish

229.896.2266

vicki@cookcountyga.us

Medical & Vision: ANTHEM

Blue Cross Blue Shield of Georgia

www.anthem.com

Medical: 855.397.9267

Vision: 866.723.0515

Dental, Short & Long Term Disability, Basic and

Voluntary Life & AD&D: Principal Financial

Customer Service 800.247.4695

www.principal.com

Permanent Life: Cincinnati Life Insurance Co.

800.783.4479

www.cinfin.com

To access your employee benefit website, go to: <https://benefits.plansource.com>. Username: first initial of your first name, first 6 letters of your last name and the last four digits of your social security number. Password: Your Date of Birth (YYYYMMDD). This is a customized benefits website that is available 24/7 for you to access information about your benefits including detailed summaries and what you are enrolled in.

HOW TO FIND AN IN-NETWORK PROVIDER

For MEDICAL Plans 1: Go to WWW.ANTHEM.COM. Click on 'Individual & Family' and under 'Care,' click on 'FIND A DOCTOR'. Go under 'Search as a Guest'. **You will see,** what type of care are you searching for? Select 'Medical'. What state do you want to search in? 'Georgia'. You will see how do you get insurance? You will select 'Medical Employer-Sponsored'. Then you will go under Select a plan/network. You will select 'Blue Open Access POS'. Then click 'Continue'. You will then be able to search under a specific name or specialty as well as your city and miles radius you would prefer to look in.

For MEDICAL Plan 2: Follow the same directions as above but under the Select a Network area select 'Blue Essential Open Access POS'. **For all plans,** If you are selecting a state outside of Georgia, you need to select 'National PPO (BlueCard PPO)'. If you are selecting a state outside of Georgia, you need to select 'National PPO (BlueCard PPO)'.

Note: You need to use Labcorp for labs for best benefit.

For DENTAL: go to WWW.PRINCIPAL.COM and to right of the logo, Click on Individuals and then you will click on 'Insure'. Under Get Started, click on 'Find a Dentist.' Choose your state and specify the network as **Principal Plan Dental Network**. You can search two ways, zip-code/city/radius or by dentist name. It will allow you to pick a specialty such as oral surgeon etc. Remember, you may see any dentist of your choice and the insurance will pay the 100/80/50% of usual and customary for all providers. Dentist not in the network may require you to pay the difference on top of your percentage.

For VISION: Go to WWW.ANTHEM.COM. Click on 'Individual & Family' and under 'Care,' click on 'FIND A DOCTOR'. Go under 'Search as a Guest'. It will ask, how do you get insurance? You will answer 'Through my employer'. What state do you want to search in? 'Georgia' and what type of care are you searching for? Select 'Vision' Then you will go under Select a plan/network. You will choose 'Blue View Vision'. Then click 'Continue.' You will then be able to search under a specific name or specialty as well as your city and miles radius you would prefer to look in.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer and carriers. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.