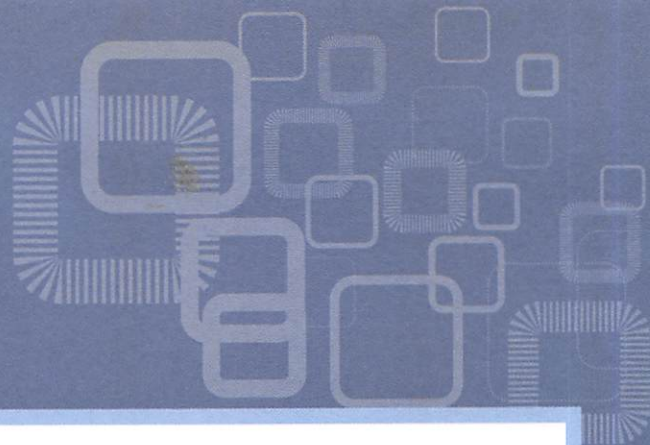




P B G

Partners Benefit Group
INSURANCE. EXPERIENCE. SERVICE.

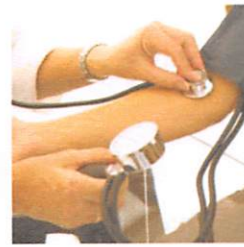


Cook County Board of Commissioners Employee Benefit Guide

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



PLAN YEAR 2021-2022



MEDICAL: United Healthcare**CA6V Choice Plus Advanced Rx Plan: D98****Calendar Year Deductible**

In Network

Individual: \$5,000 / Family: \$10,000

Out-of-Network

Individual: \$10,000 / Family: \$20,000

Out of Pocket Maximum (Includes deductible, co-insurance & all co-pays)

In-Network

Individual: \$8,150 / Family: \$16,300

Out-of-Network

Individual: \$15,000 / Family: \$30,000

Co-Insurance

In-Network

In-Network Deductible & then you pay 20%

Out-of-Network

Out-of-Network Deductible & then you pay 40%

Office Co-pay

Primary Care Physician (In-Network)

\$25 co-pay (deductible waived)

Out-of-Network

Out-of-Network Deductible & then you pay 40%

Specialist (Designated Network)

\$50 co-pay (designated network)

Specialist (Non-Designated Network)

\$75 co-pay (non-designated network)

Out-of-Network

Out-of-Network Deductible & then you pay 40%

Outpatient Therapy: (In-Network)

Chiropractic

(deductible waived)

Office Setting Therapy (Speech, Occupational, or Physical)

\$25 co-pay (20 visits annually)

\$25 co-pay (37 ST, PT, & OT visits annually)

Deductible & then you pay 20%

Durable Medical Equipment**Advanced Diagnostic Imaging:** (In-Network)

(MRI, MRA, PET & CT Scans) at Free Standing Diagnostic Center

In-Network Deductible & then you pay 20%

Hospital Services***Includes inpatient services, hospital-based outpatient surgeries, hospital-based major diagnostics, & hospital-based imaging***

In-Network Facility

\$500 co-pay per admit/occ + deductible, then you pay 20%

Out-of-Network Facility

Out-of-Network Deductible & then you pay 40%

In-Network Physician/Surgeon

In-Network Deductible & then you pay 20%

Out-of-Network Physician/Surgeon

Out-of-Network Deductible & then you pay 40%

Emergency Room Services

In Network & Out of Network (deductible waived)

\$500 co-pay

Outpatient Services***MUST Use LabCorp OR Quest for lab work!******They are the only preferred outpatient lab providers*****Outpatient Surgery at Hospital** (In-Network)

\$500 Co-pay + Deductible & then you pay 20%

Outpatient Surgery (Free Standing Outpatient Surgical Center: Not at Hospital or Hospital owned facility)

In-Network Facility

In-Network Deductible & then you pay 20%

Out-of-Network Facility

Out-of-Network Deductible & then you pay 40%

In-Network Physician (deductible waived)

20% coinsurance

Out-of-Network Physician

40% coinsurance

Preventative Care

100% at In-Network Provider / Not Covered Out-of-Network

Urgent Care Services: (In-Network)

\$50 co-pay per visit (deductible waived)

Out-of-Network

Out-of-Network Deductible & then you pay 40%

Prescription Deductible

\$250 Individual / \$500 Family

Prescription Drug Card (30 day supply)

Tier 1

\$10 co-pay (deductible waived)

Tier 2

\$45 co-pay after Rx Ded.

Tier 3

\$85 co-pay after Rx Ded.

Tier 4

\$125 co-pay after Rx Ded.

Specialty Drugs

T1 \$10 | T2 \$150 | T3 \$350 | T4 \$500 (Rx Ded applies to T2-T4)

Cook County Board of Commissioners offer an internal Health Reimbursement Arrangement (HRA). This reimbursement can be for approved medical services that are applied to your in-network medical deductible, the RX deductible, co-insurance, & the \$500 inpatient or outpatient copay only. The county will reimburse up to \$2,000 per employee per year. An HRA reimbursement will not be dispersed without an accompanying explanation of benefits (EOB) from the medical carrier, United Healthcare. Some excluded items include copays for physician office visits, emergency room, and prescriptions as well as any services excluded from the plan. New HRA guidelines are for claims dated after June 30, 2021 for employees who have not received the max HRA benefits for 2021.

Employee Premiums**Bi-Weekly****Monthly**

Employee Only

\$35.00

\$75.83

Employee + Spouse

\$423.66

\$917.92

Employee + Child(ren)

\$370.66

\$803.09

Family

\$759.32

\$1,645.19

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. (Expectant mothers, diabetics and heart disease patients get one additional cleaning)	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	\$12.70	\$27.52
Employee + Spouse	\$24.69	\$53.49
Employee + Child(ren)	\$33.68	\$72.98
Employee + Family	\$48.18	\$104.40

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: PRINCIPAL

Frequency

Exam and Lenses	12 Months
Frames	12 Months

Reimbursement Schedule

Exam	\$10 Copay
Eyeglass Frames	\$130 Allowance, then 20% off the balance
Single lenses	\$25 Copay
Bifocal lenses	\$25 Copay
Trifocal lenses	\$25 Copay

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

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

Non-Elective Contacts \$25 Copay

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, or Whole 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 Abbie Williams

1476 Carpenter Rd, Tifton GA 31793

Ph: 229.386.5773

Toll Free: 888.386.5773

Fax: 229.386.5774

ddavis@partnersbenefit.com

awilliams@partnersbenefit.com

General Human Resource Questions:

Vicki Parrish

229.896.2266

vicki@cookcountyga.us

Medical: UnitedHealthcare

www.myuhc.com

Medical: 866.633.2446

Dental, Vision, Short & Long-Term Disability, Basic & 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.

Outpatient Lab Work MUST be completed by LabCorp or Quest to be covered.

If it is done by ANY OTHER provider, it is not covered. Even at an in-network facility or provider.

HOW TO FIND AN IN-NETWORK PROVIDER

For MEDICAL: Go to WWW.UHC.COM. Click on 'Find a Doctor.' Then, choose 'General Provider Search' and click on 'Medical Directory,' then 'Employer and Individual Plans.' Choose 'UHC Member.' Under 'What Plan are you looking for?' choose **CHOICE PLUS**. You will then be allowed to put in your zip code (or the zip code in which you are searching for a provider in) and then search for a provider by category (Doctors, Hospitals, Lab, etc.). You will also be able to log into WWW.MYUHC.COM and register to gain access to various resources including provider finder, cost estimator, and more. This will be available to you once you receive your medical member ID card.

For DENTAL: Go to WWW.PRINCIPAL.COM and on the right-hand side, under 'For Customers', click on 'Find a Dentist.' Type in your zip code and choose 'Continue.' You can search two ways, zip-code/city/radius or by dentist name. The site allows 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.PRINCIPAL.COM. Click on 'Insure' (across the top) and choose 'Find a Vision Provider.' This will open the VSP site. You can search by location, office name, or doctor name. Once you've entered in the desired parameters, choose 'Search.' The list of in-network providers will be displayed for you.

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.