Can I re-enroll my over-age dependent because of the new law from the Federal Government?

The new law from the Federal Government regarding eligible dependents will require employers to begin coverage for those dependents on the first day of the plan year following the enactment of the law. The law was enacted on September 23, 2010. The County's plan year will begin on December 1, 2010. During the month of October you will be able to add your adult children under the age of 26 to your health plan. Adult children up to age 26 will be eligible for medical coverage as dependents. This applies as long as the dependent child is not eligible for their own coverage through their employer. Your dependent children can be married or unmarried and they do not need to be students or IRS dependents to qualify.

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 between the ages of 26 and 30. The State Public Act 95-0958 extends benefits for veterans. The special enrollment form for veterans is available on our website along with the cost of the program.

RETIREMENT

I am retiring soon. What happens to my benefits?

Before retiring, contact the pension office to find out about your health insurance. All of the benefits that you have as a County employee end on the last day of the month in which you are employed. You may convert your life insurance policy with Dearborn National within 31 days after retirement. You will need to contact them directly for the information regarding this conversion. The pension office also does not provide dental insurance. If you would like to continue your dental plan with the County through COBRA, please contact the benefits office @ 312-603-6385 for more information. To find out more about COBRA, click on the COBRA informational pdf on our website.

www.cookcountyrisk.com is a great resource for benefits information. Review costs on the Employee Contribution Chart. Link to web sites for benefit providers. Get answers to your questions. Find other valuable information.

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2011 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 and dental care plans meet your needs. If you want, you may change to another health care or dental 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 are satisfied with your HMO but want to change your doctor, please call the plan directly at the number listed. This can be done at any time throughout the year.

Do I have to complete a new enrollment form?

No. You will receive a Personal Information Statement in the mail that shows you your current benefits choices and covered dependents. 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 from October 1 through October 31.

Do I have to re-enroll for my Flexible Spending Plan?

If you are interested in participating in the County's Flexible Spending Account benefit, you may enroll on our website from October 1 through October 31. Or, you may return your personal information sheet to the benefits office before the 31st. This is required each year, regardless of whether you've elected an FSA in previous years.

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 select a primary care physician. Because PPO members have a wider variety of choices, employees are asked to help pay for their coverage through larger contributions, deductibles and co-payments. Review the costs for each plan thoroughly before making your decision.

If I've been opting out of medical benefits, do I need to re-enroll for that choice?

No. Your choice to opt out will continue automatically. If you need to "opt back in" at any time, you will need to provide proof that your other coverage was terminated within 31 days.

What if I am a new Cook County employee?

New hire health/dental/vision benefits begin on the first day of the month following the hire date, pending receipt of the Benefit Enrollment/ Change Form within 31 days.

How does the transit program work?

Enroll for the transit program at any time during the year directly on the WageWorks website. Choose the pass that best suits your needs and get a tax savings by having the cost taken directly from your pay check. Remember that there is a two-month waiting period between enrolling and getting your pass. There is also a nominal monthly administration fee that is taken whenever you request a pass.

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. Please watch your mail between 4 and 6 weeks after your last payroll check to receive the billing from the Revenue department. Because of the timing of this billing, you might be back to work before receiving your final bill from your leave of absence. If you do not make the required contributions, your coverage will be terminated.

What happens when I leave employment with Cook County?

Benefits end on the last day of the month in which the person is employed and on payroll. COBRA elections must begin on the first day of the month following the end of active coverage with no lapse in coverage.

Can I change my primary care physician/dentist during the year?

Yes. 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.

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 health plan network). In most cases, however, the changes you make now remain in effect until the next open enrollment period.

How is coverage for mental health and addiction issues handled?

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) which was effective 10/3/09, requires group health plans to treat Mental Health and Substance Abuse (MH/SU) as any other medical or surgical benefit. For Cook County, this means the same co-payments, deductible, coinsurance, out-of-pocket limits, and maximums for mental health and substance abuse as we have for medical or surgical benefits.

Why is Blue Cross asking for my spouse's social security number?

In order for Medicare to properly coordinate Medicare payments with other insurance and/or workers' compensation benefits, Medicare relies on the collection of both employee and spouse's social security numbers. Medicare has made it mandatory for employers to have this information readily available. When neither the County nor Blue Cross has a social security number on record, Blue Cross generates a letter to the employee requesting this information.

EMERGENCY CARE/ HOSPITALIZATION

My 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, 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 send 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. The Benefits Office sends monthly reminders of outstanding documentation requirements. If you do not enroll within this time period, you must wait until the next open enrollment period to enroll the dependent.