



HEALTHCARE AND OTHER BENEFITS
OPEN ENROLLMENT GUIDE
Seasonal Employees

2021



For non-represented employees, and for employees covered under the City's collective bargaining agreements with: The American Federation of State, County and Municipal Employees Council 31, Coalition of Unionized Public Employees (Chicago Building Trades Coalition); Illinois Nurses Association; Public Safety Employees Unit II; Police Captains Association, Police Lieutenants Association, and Police Sergeants represented by the Policemen's Benevolent & Protective Association of Illinois (PB&PA); Supervising Police Communications Operators represented by Teamsters Local 700; Aviation Security Sergeants represented by the Illinois Council of Police; Public Health Nurse III's and IV's represented by Teamsters Local 743, and Uniformed Firefighters and Paramedics represented by the Chicago Fire Fighters Union Local No. 2 and the Shift Supervisors of Security Communications Center represented by Teamsters Local 700.

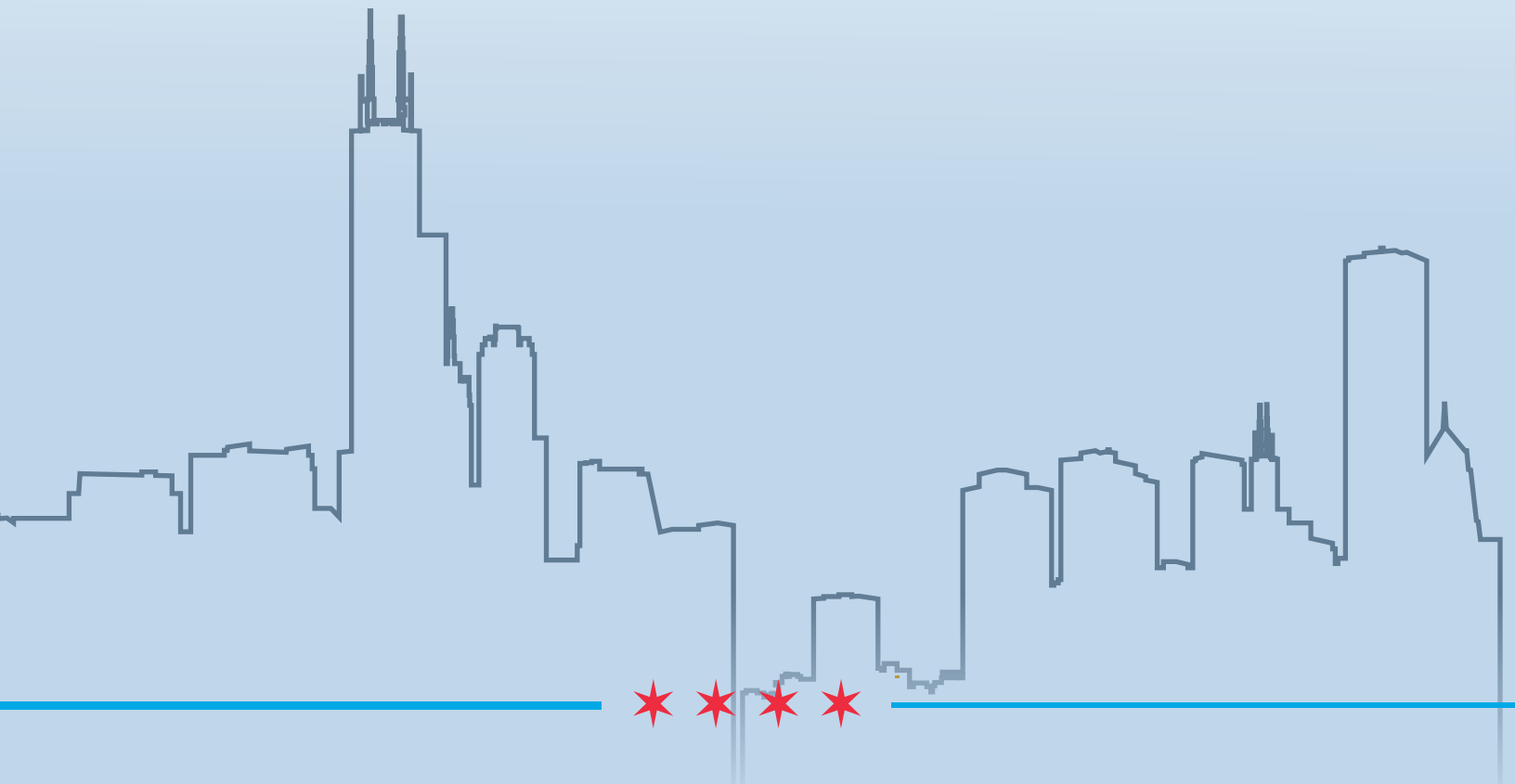


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WELCOME

As a City of Chicago (CoC) employee, you have access to a wide variety of benefits. Your benefits are designed to help keep you and your family healthy and financially secure with coverage options that feature choice, flexibility, and tax-savings.

Annually, the Chicago Benefits Office coordinates an Open Enrollment period to allow you and your family to review your coverage and make changes or add a new benefit, as desired. This year, Open Enrollment is from **October 14, 2020 through October 28, 2020**, with **changes effective January 1, 2021**.

This Healthcare and Other Benefits Open Enrollment Guide is intended to provide an overview of the benefits available and the deadlines associated with the annual Open Enrollment process. Included in this Guide are summary explanations of benefits as well as contact information for each provider. Be sure to pay close attention to applicable co-payments and deductibles, preauthorization requirements and some services that may be limited or not covered.

Every effort has been made to ensure that the information in this Guide is accurate; however, the provisions of the City Plan document and subsequent updates always supersede this summary. Copies of the Plan document is available at www.chicago.gov/benefits.

It is your responsibility, before you enroll or change your benefits, to make sure you understand the Plan and ask any questions by contacting the **Benefits Service Center at 1-877-299-5111**.

Sincerely,

Chicago Benefits Office



Chicago Labor Management Cooperation Committee (LMCC)

Dear Employees:

Since 2007, the City of Chicago and labor representatives, working together in the Labor Management Cooperation Committee (LMCC), have been engaged to keep your employee benefits package working for you. To implement the health care cost savings agreed to during collective bargaining with labor units, the LMCC has identified the following plan changes for the upcoming plan year to achieve savings in 2021:

1. The *Chicago Lives Healthy* Wellness Program will no longer impose the \$50 per person per month penalty for those who fail to complete either the online Real Age Test or the health screenings. Additional information on the wellness program, including information on HIP programs, will be sent later this year.
2. The Blue Cross Centers of Excellence program will be extended starting January 1, 2021 to include cardiac care, knee and hip replacement surgeries and spine surgeries. Like the current Centers of Excellence program for organ transplants and bariatric surgeries, these additional procedures will be handled by a network of facilities that have demonstrated that they provide quality care and met all other program requirements. Telligen will assist participants in finding an appropriate Center of Excellence for their needs, and with consideration of patients' histories.
3. The HMO plan will have copayments of \$100 per day for each of the first 5 days of any hospitalization.
4. Outpatient surgery copayments will increase in the HMO to \$100 from \$20, and the Emergency Room copayments will increase to \$200 from \$150.
5. The PPO plan will also have changes. The PPO Plan allows members to save on copays, deductibles, and out-of-pocket expenses when they use providers and facilities that are in Tier 1 instead of Tier 2. The number of providers and facilities that are in Tier 1 has greatly expanded, and now includes the entire Advocate network of hospitals and providers (including Christ Hospital, Lutheran General Hospital, and many others), as well as the Northwestern group of hospitals (including Northwestern Memorial Hospital, Central Du Page Hospital and others) and its network of providers among others. Tier 1 costs will remain the same, while Tier 2 copays, deductibles, and out of pocket maximums will see slight increases. Tier 1 and Tier 2 deductibles will not coordinate with each other. For more information on what providers and facilities are in Tier 1, go to <https://www.bcbsil.com/employer/products/blue-choice-options>.

Plan C effective 1/1/2021. This is a summary of benefits offered to City Employees (excluding Sworn Police Officers below the rank of Sergeant and Seasonal Employees). The Plan Document and subsequent updates always supersede this summary.

6. Also, for the PPO, the current offering of free (no co-pay) MRIs and CT scans for the use of free-standing, non-hospital centers will continue. Starting January 1, 2021, there will be a \$100 co-pay for MRIs and CT scans that are performed in hospitals or at non-free-standing facilities. This co-pay is in addition to applicable deductibles and co-insurance. There is no co-pay for emergency MRI and CT scans.

7. For both the HMO and the PPO, prescription medications copayments will increase by \$1 at both retail and mail. The prescription drug deductible will increase to \$100 per family unit per year.

Please note - These changes, along with the program for application of drug manufacturer rebates that began last year, may realize savings for the plan totaling about \$6.7 million. Savings like these will help to hold down cost increases so that City employees and their families may continue to enjoy excellent health benefits.

The LMCC thanks you for all your help in slowing down the growth of health benefit costs. We look forward to working with you to continue to improve your health in 2021.

Sincerely,

The City of Chicago Labor Management Cooperation Committee

ANNUAL OPEN ENROLLMENT

Begins October 14, 2020 and ends on October 28, 2020

Open Enrollment Changes are effective January 1, 2021

Seasonal employees with **less than** 12 months of seasonal service are **only** eligible for medical and basic life insurance.

WHAT IS OPEN ENROLLMENT?

During this period, the City allows for its employees to elect, change or add benefits.

WHAT CAN I DO DURING OPEN ENROLLMENT?

- Enroll in or cancel your medical, vision, or dental insurance
- Switch medical or dental plans (if eligible)
- Add or remove dependents to your plan (for example a spouse, civil union or same sex domestic partner, or children)
- Sign up for a healthcare and/or dependent care Flexible Spending Account (FSA)
- Buy optional life insurance or voluntary long term disability insurance

If you do not make changes, your 2020 health, dental, vision benefits will continue (excluding healthcare and dependent care FSA). **You must sign up for healthcare and dependent care FSA to participate in 2021.**

HOW DO I MAKE CHANGES?

To make changes go online until 11:59 p.m. central time on October 28, 2020 at www.cityofchicagobenefits.org, or call the **Benefits Service Center at 1-877-299-5111** until 6:00 p.m. central time on Wednesday, October 28, 2020.

During Open Enrollment, the Benefits Service Center will be available Monday through Friday from 8:00 a.m. until 6:00 p.m.



WHAT IS NEW IN 2021

NEW EMPLOYEE BENEFITS PORTAL

The Department of Finance - Chicago Benefits Office has launched a new website with enhanced features! Make sure to elect your Open Enrollment changes at www.cityofchicagobenefits.org

New features include:

- Online enrollment of newly eligible dependents due to a birth, adoption, marriage or any other qualifying life event change.
- Electronic submission of dependents' eligibility documentation, such as birth or marriage certificates.
- Online payments of employee healthcare contributions (ACH or Credit Card) for those employees who are allowed to continue health plan participation while not actively working (e.g. unpaid leave of absence) or for those on COBRA coverage.
- Single sign-on capability to participating vendor partner website, such as Blue Cross Blue Shield of Illinois (BCBSIL) medical and dental services and ConnectYourCare flexible spending account services.

HEALTHCARE PLAN CHANGES

All elections/changes are effective January 1, 2021

Chicago Lives Healthy wellness program

The \$50 per participant per month increase in an employee's health plan contributions for failing to complete either the online Real Age Test or a biometric screening is eliminated. More information regarding the Health Improvement Programs will be provided later this year.

Blue Distinction Centers for Specialty Care Added for Cardiac, Knee, Hip and Spine Care

In addition to organ transplant and bariatric surgeries; cardiac care, knee and hip replacement surgeries and spine surgeries must occur at a BCBS Blue Distinction Center for Specialty Care (BDC) institution or a BDC+ location (also known as the Blue Cross Centers of Excellence). BDC and BDC+ providers deliver high-quality, effective, and for BDC+ centers, cost-efficient specialty care. They are selected based on specific standards set by the Blue Cross Blue Shield Association (in consultation with specialty medical professionals) such as their quality performance, safety ratings and reputation for consistently delivering quality care.

Prior authorization by the PPO medical advisor, Telligen, is required for the care identified above. Members can use the "Find A Doctor" tool on the BCBSIL website to locate BDC and BDC+ providers.

HMO Medical Plan

There will be co-payment increases for certain HMO medical plan services. Please note that there are no changes in office visit co-payments:

- 100 per day for each of the first 5 days of all hospitalizations including maternity and behavioral health. For example, if you have a two-day hospital stay for a maternity admission, the co-pay amount will be \$200. If you have a ten-day hospital stay for a serious medical condition, the co-pay amount will be capped at \$500.
- \$100 for each outpatient surgery
- \$200 for each emergency room visit that does not result in an admission to the hospital

PPO Medical Plan

TIER 2 CHANGES

Effective January 1, 2021, certain deductible and out-of-pocket expense amounts for Tier 2 providers are increasing. Please note that Tier 1 expense amounts are not increasing and office visit co-payments are not changing for Tier 1 or Tier 2.

To learn more about the providers and hospital associated with the Tier structure, members can visit <https://www.bcbsil.com/employer/products/blue-choice-options>.

Tier 2 Changes

| | Deductible | | Out-of-Pocket Cost | | OV co-pays | | Plan Co-insurance |
|---------------|---------------|---------------|--------------------|---------------|-------------|-------------|-------------------|
| | Individual | Family | Individual | Family | PCP | Specialist | |
| Tier 1 | \$300 | \$900 | \$1000 | \$2000 | \$20 | \$30 | 90% |
| Tier 2 | \$450 | \$1350 | \$1700 | \$3400 | \$25 | \$35 | 75% |
| OON* | \$1500 | \$4500 | \$4500 | \$9000 | NA | NA | 60% |

Amounts highlighted will not change in 2021

*OON = Out of Network

Expenses contributed towards the Tier 1 deductible do not contribute to the Tier 2 deductible and vice-versa; expenses for Tier 1 and Tier 2 out-of-pocket expense limits do contribute to each other.

EMERGENCY ROOM

Emergency Room co-pays will increase from \$150 to \$200. The co-pay will be waived if the member is admitted to the hospital.

MRIs AND CT SCANS

A separate \$100 copay will be applied to MRI and CT scans that are performed in hospitals or non-free-standing facilities. This co-pay will be in addition to any deductible or co-insurance amount. This co-pay will not apply to Emergency MRI and CT scans.

MRIs and CT scans performed at a free-standing, non-hospital center will continue to be at no cost to the employee if the employee uses a Tier 1 or Tier 2 provider.

PPO OPPORTUNITIES FOR SAVINGS

Use Tier 1 providers and institutions to save on copays, deductibles and, out-of-pocket expenses. To learn more, visit <https://www.bcbsil.com/employer/products/blue-choice-options>. Members pay less out of pocket when they use Tier 1 providers or institutions as compared to those in Tier 2 or out of network (Tier 3).

There are more providers in Tier 1 than ever before! Tier 1 now includes the Advocate Hospital Network (Christ Hospital, Illinois Masonic Hospital, Lutheran General, and many more) and the doctors employed by Advocate. In addition, the Northwestern group of hospitals, including Northwestern Memorial Hospital, Central DuPage Hospital and others, and the Northwestern network of doctors are in Tier 1. Search for Tier 1 providers and save!

Prescription Drug Program Changes Apply to Both PPO and HMO Plans:

- The prescription drug deductible will be \$100 per family unit.
- Prescription drug copays will increase by \$1 per prescription for both retail and mail order drugs. This increase applies to the PPO Diabetes Program co-pays as well.

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CHECK YOUR BENEFITS COVERAGE SHEET



Your 2020 personalized Benefits Coverage Sheet is included with this Guide. The medical, dental and vision enrollment listed on your Benefits Coverage Sheet will remain the same for 2021 unless you make changes during the open enrollment period which runs October 14, 2020 through October 28, 2020. You must sign up for healthcare and dependent care FSA to participate in 2021. .

Dependent children who reach the age of 26 (30 for unmarried military) are automatically terminated from the City's health plan on the last day of the month of his/her birthday. Special rules apply to disabled dependents. For additional information regarding disabled dependents contact the Benefits Service Center at 1-877-299-5111.

Check the personalized Benefits Coverage Sheet to make sure the information is correct for you and your dependents. Call the Benefits Service Center to update any of this information for dependents:

- Name and birthdate of a dependent.
- Social Security number of the dependent if marked as "N". Federal law requires us to ask for the Social Security number for everyone enrolled in the City's health plans.

IF YOUR HOME ADDRESS CHANGES - Contact your Department's Human Resources Representative to update your address on file with the City. The Chicago Benefits Service Center cannot change your home address on record.

ENROLLMENT CHANGES DURING THE YEAR - Benefit enrollment changes are allowed throughout the year only if you have a qualifying life event such as marriage, divorce, birth or adoption of a child or loss of coverage through your spouse, civil union or domestic partner. Call the Benefits Service Center within 30 days of the qualifying life event date. If you try to make these changes as an open enrollment change, the coverage will not go into effect until January 1, 2021. You must provide documents to prove the qualifying life event within 60 days of the event. For information about qualifying life events visit www.cityofchicagobenefits.org.

Below are some common events:

| | |
|---|---|
| LEGAL MARITAL STATUS Marriage, establishment of civil union, dissolving civil union, divorce, death | DEPENDENTS Birth, adoption, legal guardian for a child |
| COURT ORDER FOR DEPENDENT Coverage for the employee's dependent resulting from a court order (QMCSO, a "Qualified Medical Child Support Order") | GAIN/LOSS OF COVERAGE Your spouse/civil union partner/same sex domestic partner/dependents loses coverage |

Please note: Qualifying life events are effective on the event date but open enrollment changes are effective January 1, 2021. When you call the Benefits Service Center to report a qualifying life event change during the open enrollment period, be sure to explain that you are calling about a qualifying life change event and ask for benefits to be effective on the event date.

THE ONLINE BENEFITS WEBSITE

www.cityofchicagobenefits.org

You may call the Benefits Service Center to make changes at 1-877-299-5111 however, you are strongly encouraged to use the online Benefits website, www.cityofchicagobenefits.org, due to high call volume and wait time.

Instructions on how to access the online Benefits website are provided below.

Step 1: If you plan to enroll online, go to: www.cityofchicagobenefits.org to register, create your username, password, and establish security questions.

Step 2: First-time users must register. Click register at the bottom.

Returning Users: All returning users are required to reset your password. Please follow the instructions under, [“What’s my initial password?”](#)

First time users / Returning Users

CHICAGO
BENEFITS OFFICE

[Need Help?](#)

Welcome to the Employee Benefits Portal!

On September 28, 2020, a new Employee Benefits Portal was launched requiring prior passwords and usernames to be reset for security purposes.

First-time users: All first-time users of this new site are required to register. Please click the Register link at the bottom of this page to register.

Returning Users: All returning users are required to reset your password. Please follow the instructions under, [“What is my initial password?”](#) to obtain a temporary password. Once you have changed your temporary password, please use your new password going forward.

EMPLOYEE NUMBER [Forgot Employee Number?](#)

PASSWORD [Forgot Password](#)

Login [First-time Users - REGISTER HERE](#)

Step 3: Provide first name, last name, last 4 digits of SSN, and date of birth. You will verify “I am not a robot” by reviewing the photos and completing the process.

Self-Registration

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BENEFITS OFFICE

Please answer the following questions to register.

FIRST NAME

LAST NAME

LAST 4 DIGITS OF SSN

DATE OF BIRTH (MM/DD/YYYY)

I'm not a robot [reCAPTCHA](#)
Privacy - Terms

Cancel Continue

Self-Registration, Step 2

CHICAGO
BENEFITS OFFICE

Please answer the following questions to register.

FIRST NAME

LAST NAME

LAST 4 DIGITS OF SSN

DATE OF BIRTH (MM/DD/YYYY)

I'm not a robot [reCAPTCHA](#)
Privacy - Terms

Cancel Continue

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THE ONLINE BENEFITS WEBSITE

www.cityofchicagobenefits.org

Step 4: Create and confirm a password.

Follow the instructions below.

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Please enter a password and confirm the password to finish the registration process.

Password Requirements

- Must contain a minimum of 10 and a maximum of 18 alphanumeric characters.
- Must contain at least one uppercase letter.
- Must contain at least one lowercase letter.
- Must Contain at least one number.
- Must not contain your login ID.
- Must not contain your first name or last name.
- Must contain special characters such as, but not limited to "!", "@", "\$", "#", "=".
- Must not re-use your previous 6 passwords.
- Must not be repeated in the past 365 days.

PASSWORD

CONFIRM PASSWORD

You have successfully registered.

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Registration successful

You have successfully registered.

Show Employee ID Continue

Step 5: Establish the Security Questions.

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Select Security Questions

You will use your Security questions to reset your password. To set your Security questions select three different questions from the drop-down lists and enter your answers. Please note that your answers are case sensitive.

QUESTION 1

What is your favorite movie?

QUESTION 2

Who was your childhood hero?

QUESTION 3

What is your spouse's middle name?

Cancel Continue

THE ONLINE BENEFITS WEBSITE

www.cityofchicagobenefits.org

Step 6: Confirm your security questions and answers.

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Confirm Security Questions.

You will use your Security questions to reset your password. To set your Security questions select three different questions from the drop-down lists and enter your answers. Please note that your answers are case sensitive.

QUESTION 1
What is your favorite movie?
ANSWER 1
test1

QUESTION 2
Who was your childhood hero?
ANSWER 2
test2

QUESTION 3
What is your spouse's middle name?
ANSWER 3
mary

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Security questions saved.

Step 7: Read the Disclaimer information and accept. If the Disclaimer is not accepted, you will not be able to move further with online enrollment.

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Disclaimer

Morneau Shepell receives your personal information directly from you or your authorized representatives, or from your employer or benefits plan sponsor ("You"). In accordance with our Privacy Policy we limit the collection, use and disclosure of personal information to information that is necessary for the purposes of providing our pension and/or benefits administration services to You, providing You with information about our services and products, enhancing our overall service delivery, creating anonymous and aggregate statistics and reports about Morneau Shepell's services, service standards and trends and for audit, quality control and the protection of our interests in legal proceedings.

By participating in your pension and/or benefits program you consent to the foregoing. For more information see our [Privacy Policy](#).

ACCEPT

CHICAGO
BENEFITS OFFICE

Disclaimer accepted.

You have successfully accepted the terms of the disclaimer.

THE ONLINE BENEFITS WEBSITE

www.cityofchicagobenefits.org

Welcome - You have made it to the Open Enrollment screen.

Accessibility View | NOTIFICATIONS | MY ACCOUNT | SUPPORT

Welcome [Redacted]

Search here?

here are some things you may do next:

OPEN ENROLLMENT
You have 44 days to complete this event.
Restart Modify

MY TOOLS

MY BENEFITS AS OF SEPTEMBER 29, 2020
\$43.02
MY TOTAL COST PER PAY OR BILLING PERIOD

Cost may change based on salary changes, employment status, rate changes, employee elections or other factors.

| Benefit | Option | Level of Coverage |
|--------------------|--------------|-------------------|
| Medical | PPD Plan | Employee + 1 |
| Dental | Dental PPO | Employee + 1 |
| Vision | Davis Vision | Employee + 1 |
| Health Care FSA | Waive FSA | \$0 Employee cost |
| Dependent Care FSA | Waive FSA | \$0 Employee cost |

View ALL Benefits Selections Quick Actions

MANAGE YOUR FORMS AND DOCUMENTS
Upload eligibility documents here
View Details

Click the **“Modify”** link to enter your event.

Modify an event

You have asked to modify this event. If you click Continue your previous selections will be displayed and you will be allowed to make changes. You must Complete your enrollment and reach the Confirmation page for your selections to take effect. Continue?

Continue Cancel

Step 8: Verify/Add Dependents

Click **“Add Family Member”**

Accessibility View

Open enrollment

OPEN ENROLLMENT - January 1, 2021

Family Health Care Complete your Enrollment

Please review your family members currently on file. You may add, update or remove family members if the information displayed is not accurate. Family members must be listed below in order to be eligible for medical and/or dental coverage.

+ Add Family Member

Add dependent (provide name, social security, relationship, and date of birth).

Add a dependent

Family Member

First Name: Test

Middle Name: T

Last Name: Tester

Social Security Number

Relationship: Child

Date of birth: 09/09/2020

Dependent saved

Home

Dependent has been saved

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THE ONLINE BENEFITS WEBSITE

www.cityofchicagobenefits.org

Step 9: Verify who is covered. Be sure to look at the separate tabs for each plan (medical, dental, vision).

Select who is covered

ABILITY VIEW

Medical Dental Vision

Dental

Please select the plan and which dependents you wish to cover below. For sworn police officers below the rank of Sergeant, you must be enrolled in the Medical plan in order to elect Dental coverage, and the cost of your Dental coverage has been included in your Medical plan cost. For all other employees, your Dental coverage cost is listed below.

| Select who is covered | Dental HMO | Dental PPO | Waive |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Myself <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Test Tester <input checked="" type="checkbox"/> Child | Recalculate to see updated costs - Level of Coverage [Employee + 1] | <input checked="" type="checkbox"/> Recalculate to see updated costs - Level of Coverage [Employee + 1] | Recalculate to see updated costs - |
| | Select | Select | Select |

Step 10: Enrollment

- Select eligible benefits to enroll under each tab
- Medical – choose eligible plan: Blue Advantage HMO, PPO, Waive
- Dental – Dental HMO, PPO, Waive
- Vision – Davis Vision
- Enroll or re-enroll in the healthcare and/or dependent care Flexible Spending Account (FSA) for 2021 (Read FSA disclosure and save)

Medical Dental Vision

Dental

Please select the plan and which dependents you wish to cover below. For sworn police officers below the rank of Sergeant, you must be enrolled in the Medical plan in order to elect Dental coverage, and the cost of your Dental coverage has been included in your Medical plan cost. For all other employees, your Dental coverage cost is listed below.

| Select who is covered | Dental HMO | Dental PPO | Waive |
|--|---|---|---------------------------------------|
| <input checked="" type="checkbox"/> Myself <input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Test Tester <input checked="" type="checkbox"/> Child | Recalculate to see updated costs - Level of Coverage [Employee + 1] | <input checked="" type="checkbox"/> Recalculate to see updated costs - Level of Coverage [Employee + 1] | Recalculate to see updated costs - |
| | Select | Select | Select |

BIRTH, ADOPTION OR LEGAL GUARDIANSHIP - September 9, 2020

Family Health Care Flexible Spending Accounts Complete your Enrollment

FLEXIBLE SPENDING ACCOUNTS

Please select from the Flexible Spending Account choices below. For each election, enter the corresponding annual contribution amount. The Employee Cost is the amount per pay period. For the definition of a Qualifying Individual under the Dependent Care FSA, please visit please visit ConnectYourCare's website at www.connectyourcare.com/cityofchicago

| Health Care FSA | Dependent Care FSA |
|--|--|
| Annual Contribution Amount <input type="text" value="0"/> | Annual Contribution Amount <input type="text" value="0"/> |
| \$0 Employee cost | \$0 Employee cost |
| View Details | View Details |

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www.cityofchicagobenefits.org

Step 10 continued: Complete Enrollment

Complete your enrollment

Complete your Enrollment

FAMILY MEMBERS

Below is a summary of the dependents you have on file.

| | |
|---|--|
| <p>[Redacted]</p> <p>Relationship: Spouse</p> <p>D.O.B: [Redacted]</p> <p>Coverage: Dental, Medical, Vision</p> <p>View Details</p> | <p>Test Tester</p> <p>Relationship: Child</p> <p>D.O.B: Sep 9, 2020</p> <p>Coverage: Dental, Medical, Vision</p> <p>View Details</p> |
|---|--|

Complete your enrollment, cont.

YOUR COVERAGE

All benefits are effective as of September 9, 2020 unless otherwise noted in the table below

| Benefit | Coverage Options | Coverage Details | Employee Cost |
|---------------------------------------|------------------|-------------------|---------------|
| Health Care | | | |
| Medical | POD Plan | Employee + Family | \$52.02 |
| Dental | Dental POD | Employee + Family | \$2.05 |
| Vision | Delta Vision | Employee + Family | \$0.61 |
| COST SUMMARY | | | |
| COST PER PAY OR BILLING PERIOD | | | |
| Medical / Vision / Dental | | | \$54.68 |
| Health Care FSA | | | \$0.00 |
| Dependent Care FSA | | | \$0.00 |
| Your Cost per Pay or Billing Period: | | | \$54.68 |

Read Terms. Click check box, acknowledging changes.

Terms and Conditions

Defrauding or misleading the Plan about my eligibility or the eligibility of my dependents, my failure to timely remove an ineligible dependent (such as a former spouse following divorce) from coverage, or continuing to submit claims to the Plan after the date of loss of eligibility may result in my dependents and I becoming ineligible for benefits effective immediately and possibly retroactively. Further, fraudulent or misleading conduct on my part may result in discipline up to and including termination of employment. Finally, if the Plan mistakenly pays benefits to an ineligible person or incurs fees as a result of such conduct on my part, the Plan may pursue collection or elect to offset any such amounts against any future benefits otherwise due me or my dependents. Lastly, failure to timely notify the City of a PHSA COBRA qualifying event (such as divorce or death) will result in a loss of eligibility for PHSA COBRA continuation coverage.

Acknowledgement:
I have reviewed the information summarizing the benefits available under the provisions outlined in the governing plan document and summary and I understand the benefits available to me as well as the rights and obligations I have under the Plan.

Authorization:
By submitting my elections, I authorize the City of Chicago to deduct my share of the cost of this coverage from my pay. I understand that any election is prospective only. This authorization remains in effect until the coverage is canceled or I otherwise revoke this election.

I also understand that, if my share of the cost of coverage increases or decreases with respect to a new year, and, under the terms of the respective plan, I am required to make a corresponding change in payments, the Plan will automatically increase or decrease my corresponding deductions. In addition, if the cost of participation in the applicable City plan increased during the calendar year, or any prior calendar year, and, under the terms of the plan, I was required to make a corresponding change in payments, but the City inadvertently failed to implement such change or did not become aware of such change until after the fact (for example, because of the retroactive effects of collective bargaining), the City may, on a reasonable and consistent basis, require me to pay the difference.

I also understand that once the enrollment period is closed, my elections cannot be changed until the next open enrollment period unless I experience an election change event during the year, as set forth in the City of Chicago Pre-Tax Contribution Plan Summary, and timely request to make a change as a result of such election change event.

[Read full terms and conditions](#)

I agree to the Terms and Conditions

Confirmation - Enrollment Complete

Enrollment Confirmed

Event type: **Birth, Adoption or Legal Guardianship | September 9, 2020**

[Download my Enrollment Summary](#)

To do

If a new dependent has been added, coverage changes will not go into effect until documentation has been received and approved by the City of Chicago. Federal Law requires us to ask for the Social Security Number for anyone enrolled in City Health plans. If you are still awaiting issuance of a Social Security card, do not delay submitting other documents or information. If available, upload a copy of the Social Security card with the Marriage or Birth Certificates required. If your dependent cannot provide a Social Security Number but has an Individual Taxpayer Identification Number (ITIN), provide that number. Here is the list of documents you are required to provide to finalize the enrollment.

- [dependentReminderNotice \(Test Tester\)](#)
- [Birth Certificate \(Test Tester\)](#)

Submit by: November 7, 2020

[Next](#)

If you are adding new dependents, your next step is to submit eligibility documentation (marriage or birth certificate, adoption or legal guardianship paperwork).

Next Steps

Messages

Below are important notes for you to consider, also located on your dashboard

Pending Events

[Open Enrollment](#) Event date: Jan 1, 2021 Complete by: Oct 28, 2020

MANAGE YOUR FORMS AND DOCUMENTS

Upload eligibility documents here

[View Details](#)

Manage your forms and documents, go to the upload documents tab

Required Forms Health Evidence Uploaded Documents

[Required Forms](#)

| Outstanding | Form Name | Event Name | Expiration Date |
|-------------------|-----------|---|-----------------|
| Birth Certificate | | Birth, Adoption or Legal Guardianship (Sep 9, 2020) | Nov 7, 2020 |

Processed

No data available

Plan C effective 1/1/2021. This is a summary of benefits offered to City Employees (excluding Sworn Police Officers below the rank of Sergeant and Seasonal Employees). The Plan Document and subsequent updates always supersede this summary.



ADDING A DEPENDENT DURING OPEN ENROLLMENT?

STEP 1: - Enroll your dependents. Enroll your spouse, civil union partner, same sex domestic partner, and children during the open enrollment period online or by phone.

STEP 2: - For coverage to begin January 1, 2021 provide original eligibility documents to prove they are your legal dependents.

Your dependents will not have medical, vision or dental coverage effective January 1, 2021 if you fail to SUBMIT THE REQUIRED DOCUMENTATION BY THE DEADLINE BELOW.

DEADLINE: If you submit your dependent's eligibility documents by close of business **Tuesday, December 1, 2020** coverage will be active on January 1, 2021. For example, if your dependents seek medical care on January 1, 2021, your healthcare service provider will be able to verify coverage online. Please submit your documents to the Chicago Benefits Office by this deadline to properly reflect coverage by the January 1st effective date. ***We encourage you to submit your documents right away to avoid the last minute rush.***

GRACE PERIOD. If you fail to submit your dependent's eligibility documents by **Tuesday, December 1, 2020**, you may submit documents through Thursday, December 31, 2020. Your failure to timely submit documents may result in delayed coverage.

If you fail to submit your dependent's eligibility documentation by the end of the grace period on December 31, 2020, you will be required to wait until the next open enrollment period to enroll your dependents for coverage effective January 1, 2021.

IMPORTANT NOTICE: If an employee or dependent gives false information, or if the dependent is not a legal dependent of the employee, the City will take action to collect any money paid to cover healthcare expenses related to the fraud and/or report the fraud to the appropriate authority.

**DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT YOUR DEPENDENT'S
ELIGIBILITY DOCUMENTATION**

REQUIRED DOCUMENTS FOR DEPENDENTS: *A Summary*



| Benefit Participant Being Added | Document(s) Needed |
|---|--|
| Spouse | An original certified marriage certificate and spouse's social security card. |
| Dependent (0-25yrs.) | An original certified birth certificate (with parental information) and child's social security card. |
| Unmarried military dependent children (Age 26-30), Illinois resident | An original certified birth certificate, social security card and honorable military discharge paperwork (DDForm214). |
| Adopted children | If the child is your adopted child and the birth certificate has not yet been amended to name you and other adoptive parent as the child's parents, then the letter issued by the governmental agency placing the child in your home will suffice for documentation, until such reasonable time as the amended birth certificate and the social security card can be issued. |
| Legal Guardianship of dependents- (Court appointed) | Certified guardianship documents from the Clerk of Circuit Court placing the child in the home (date of placement) and social security card. |
| Civil union partner | An original certified civil union certificate and partner's social security card. |
| Same Sex Domestic Partner | Certificate of Domestic Partnership issued by City Department of Human Resources before August 1, 2017 or an out of state agreement that is recognized as a civil union and the partner's social security card. |

Employees should upload certified eligibility documents online at www.cityofchicagobenefits.org under Manage My Forms and Documents.

If you prefer to drop off certified eligibility documents in person please visit:

**Chicago Benefits Office
333 South State Street
Suite 400
Chicago 60604-3978**

Office hours are Monday through Friday 8:30 a.m. - 4:30 p.m.

(Due to Covid-19 appointments may be required and office hours may vary. Contact the Benefits Service Center at 1-877-299-5111 for appointments and to confirm office hours.)

Your original documents will be copied and returned to you immediately.

The Chicago Benefits Office reserves the right to request original certified eligibility documents.

WHAT YOU PAY FOR HEALTHCARE COVERAGE CROSSING GUARDS

(Contributions taken as payroll deductions: 18 pay periods each year)

MEDICAL PLAN (HMO AND PPO)

| ANNUAL SALARY | SINGLE | EMPLOYEE+1 | FAMILY |
|----------------------------|-------------------------|-------------------------|-------------------------|
| Up to \$30,000 (flat rate) | \$20.95 | \$31.84 | \$36.87 |
| \$30,001 to \$89,999 | 1.2921% of payroll ÷ 18 | 1.9854% of payroll ÷ 18 | 2.4765% of payroll ÷ 18 |
| \$90,000 to \$119,999 | \$64.61 | \$99.27 | \$123.83 |
| \$120,000 and Above | 1.2921% of payroll ÷ 18 | 1.9854% of payroll ÷ 18 | 2.4765% of payroll ÷ 18 |

DENTAL & VISION INSURANCE

| PLAN | SINGLE | EMPLOYEE+1 | FAMILY |
|------------|--------|------------|--------|
| DENTAL HMO | \$0.27 | \$1.44 | \$3.70 |
| DENTAL PPO | \$0.68 | \$1.36 | \$2.73 |
| VISION | \$0.20 | \$0.40 | \$0.81 |

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WHAT YOU PAY FOR HEALTHCARE COVERAGE MEDICAL PLANS (HMO and PPO)

(Contributions taken as payroll deductions: 24 pay periods each year)

Non-Union Employees

| ANNUAL SALARY | SINGLE | EMPLOYEE+1 | FAMILY |
|----------------------------|-------------------------|-------------------------|-------------------------|
| Up to \$30,000 (flat rate) | \$15.71 | \$23.88 | \$27.65 |
| \$30,001 to \$89,999 | 1.2921% of payroll ÷ 24 | 1.9854% of payroll ÷ 24 | 2.4765% of payroll ÷ 24 |
| \$90,000 to \$119,999 | \$48.45 | \$74.45 | \$92.87 |
| \$120,000 and Above | 1.2921% of payroll ÷ 24 | 1.9854% of payroll ÷ 24 | 2.4765% of payroll ÷ 24 |

The following Unions: BU71 Policemen's Benevolent & Protective Association of Illinois, Unit 156-Sergeants, BU73 Policemen's Benevolent & Protective Association of Illinois, Unit 156-Lieutenants, BU75 Policemen's Benevolent & Protective Association of Illinois, Unit 156-Captains

| ANNUAL SALARY | SINGLE | EMPLOYEE+1 | FAMILY |
|---------------------------------|-------------------------|-------------------------|-------------------------|
| Up to \$30,000 (flat rate) | \$15.71 | \$23.88 | \$27.65 |
| \$30,001 to \$114,999 | 2.7921% of payroll ÷ 24 | 3.4854% of payroll ÷ 24 | 3.9765% of payroll ÷ 24 |
| \$115,000 and Above (flat rate) | \$133.79 | \$167.01 | \$190.54 |

Applies to all Unions except those listed above

| ANNUAL SALARY | SINGLE | EMPLOYEE+1 | FAMILY |
|---------------------------------|-------------------------|-------------------------|-------------------------|
| Up to \$30,000 (flat rate) | \$15.71 | \$23.88 | \$27.65 |
| \$30,001 to \$129,999 | 2.7921% of payroll ÷ 24 | 3.4854% of payroll ÷ 24 | 3.9765% of payroll ÷ 24 |
| \$130,000 and Above (flat rate) | \$151.24 | \$188.79 | \$215.39 |

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WHAT YOU PAY FOR HEALTHCARE COVERAGE DENTAL AND VISION

(Contributions taken as payroll deductions; 24 pay periods each year)

Applies to everyone (except Crossing Guards)

DENTAL & VISION INSURANCE

| PLAN | SINGLE | EMPLOYEE+1 | FAMILY |
|------------|--------|------------|--------|
| DENTAL HMO | \$0.20 | \$1.08 | \$2.78 |
| DENTAL PPO | \$0.51 | \$1.02 | \$2.05 |
| VISION | \$0.15 | \$0.30 | \$0.61 |

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MEDICAL PLANS AT A GLANCE



You can select a PPO or HMO from **Blue Cross Blue Shield of Illinois**.

HMO and PPO Summary of Medical Plan Differences

| PPO | HMO |
|--|--|
| There are deductibles, coinsurance and co-pays | No deductibles or coinsurance. There are co-pays. |
| Covers in-network and out-of-network doctors. Offers financial savings depending on the tiers (See page 20) | Doctors must be selected from pre-approved list of doctors. |
| See a specialist without a referral. Pre-certification, however, is required for certain services such as MRIs, CT scans (for more information-see page 21). | Requires referral from your primary care doctor to see a specialist. Your primary care physician and the staff will manage and coordinate your care. |

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BLUE CHOICE OPTIONS MEDICAL PPO-PLAN A

Administered by Blue Cross Blue Shield of Illinois

| | | Blue Choice OPT Tier 1 | Blue Choice OPT Tier 2 | Out-of-Network Tier 3 |
|---------------------|----------------------|----------------------------------|----------------------------------|----------------------------------|
| Annual Deductible | Individual Family | \$300 \$900 | \$450 \$1,350 | \$1,500 \$4,500 |
| Out-of-Pocket Limit | Individual Family | \$1,000 \$2,000 | \$1,700 \$3,400 | \$4,500 \$9,000 |

PREVENTIVE CARE

YOU PAY

| | | | |
|---|-----------------------------------|-----------------------------------|--|
| Routine checkups & routine lab work for adults & children; well-baby care; well- women visits; mammograms; PSA; colonoscopies, hearing screenings | \$0 copay No deductible | \$0 copay No deductible | No coverage out-of-network for preventive care |
|---|-----------------------------------|-----------------------------------|--|

OFFICE VISITS

| | | | |
|---|--|--|---|
| Primary Care Physician , lab work, x-rays, allergy shots, Mental health and substance abuse counseling | \$20 copay does not apply to deductible | \$25 copay does not apply to deductible | 40% PPO allowed rate after out-of-network deductible plus balance billed by provider |
| Specialist Physician And Chiropractic Care (20 visits) | \$30 copay does not apply to deductible | \$35 copay does not apply to deductible | |

Annual deductible must be paid before Plan covers these services:

YOU PAY
After Tier 1 deductible

YOU PAY
After Tier 2 deductible

YOU PAY
After Tier 3 deductible

OUTPATIENT SERVICES*

| | | | |
|---|--|--|--|
| Outpatient surgery MRI, PET & CT scan* | 10% then \$100 copay if not performed at a free standing facility | 25% then \$100 copay if not performed at a free standing facility | 40% PPO allowed rate plus balance |
|---|--|--|--|

HOSPITAL SERVICES*

| | | | |
|---|-----|-----|--|
| Hospital stay* including inpatient surgery | 10% | 25% | 40% PPO allowed rate plus balance |
|---|-----|-----|--|

EMERGENCY ROOM CARE

| | | | |
|---------------------------------|--|--|--|
| Emergency Room | \$200 co-pay waived if admitted to hospital | | |
| Emergency Room Treatment | 10% | | |
| Ambulance emergency care | 10% of PPO allowed rate - additional cost | | |

MENTAL HEALTH & SUBSTANCE ABUSE*

| | | | |
|---|-----|-----|--|
| Inpatient hospitalization* Outpatient therapy* | 10% | 25% | 40% PPO allowed rate plus balance |
|---|-----|-----|--|

ALTERNATIVES TO HOSPITAL CARE*

| | | | |
|---|-----|-----|--|
| Skilled nursing facility* Home health care*, Hospice care* | 10% | 25% | 40% PPO allowed rate plus balance |
|---|-----|-----|--|

MATERNITY SERVICES

| | | | |
|---|--|---------------------------------|--|
| Maternity management program | No charge plus \$100 cash incentive | | |
| Pre and post natal doctor visits | \$20 copay (first visit) | \$25 copay (first visit) | 40% PPO allowed rate plus balance |
| Delivery and hospital stay* | 10% | 25% | |

OUTPATIENT REHAB

| | | | |
|--------------------------|-----|-----|-----------------------------|
| Physical therapy* | 10% | 25% | 40% PPO allowed rate |
|--------------------------|-----|-----|-----------------------------|

OTHER SERVICES

| | | | |
|---|-------------------|-------------------|--|
| Occupational and speech therapy* (Limited to 60 visits annually) | \$20 copay | \$20 copay | 40% PPO allowed rate plus balance |
| DME*: Oral Surgery; Ambulance transport between hospitals* | 10% | 25% | |

*Care must be pre-certified by calling Telligon at 1-800-373-3727. See the next page.

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CERTAIN PPO SERVICES NEED TO BE PRE-CERTIFIED

Administered by Telligen

Telligen, the PPO medical advisor, needs to pre-certify the services listed below. There is a \$1,000 penalty if Telligen is not contacted in a timely fashion in the event of a hospitalization. This \$1,000 penalty does not go towards the deductible or get counted in the out-of-pocket maximum. Telligen's phone number is 1-800-373-3727. This number is also on the back of the PPO ID card.

When To Call Telligen at 1-800-373-3727

| HOSPITAL (\$1,000 penalty if Telligen is not called) | |
|---|--|
| Any inpatient stay in the hospital for medical, surgical, maternity, mental health or substance abuse care. | Call before elective admission or within two business days of an emergency admission. |
| Hospital outpatient treatment for mental health and substance abuse | Call before the treatment begins. |
| Plan pays nothing for the services listed below unless Telligen certifies | |
| AMBULANCE | |
| When ambulance is used for transfer between hospitals or to a hospital in a non-emergency situation | Call before the transfer is arranged. |
| SURGERY | |
| Organ transplant surgery } Bariatric surgery } Gender reassignment surgery } | Must be done at a Blue Distinction Center or Blue Distinction Center + |
| | Call before surgery is scheduled. |
| MEDICAL EQUIPMENT | |
| DME (durable medical equipment) | Call before equipment is ordered if more than \$500 for each item. |
| OUTPATIENT THERAPY | |
| Mental health & substance abuse outpatient therapy/counseling | Call after a combined total of 7 sessions from one or more providers. Call each year if care is on-going. |
| Occupational and speech therapy | Call after the 10th session each year from one or more providers. Call each year if care is on-going. |
| Physical therapy | Call after the 7th visit from one or more providers. |
| DIAGNOSTIC TESTS | |
| MRI, PET & CT scans - Outpatient | Call before test is done. Covered 100% if pre-certified and done at a free standing facility. Deductibles and co-insurance amounts apply if done at a hospital facility or billed by a hospital. |
| OTHER SERVICES | |
| Home health care | Call before services start. |
| Skilled nursing facility | Call before being admitted. |
| Sleep Study, Hospice, Infertility treatment, Non-surgical transplants, Other gender reassignment services | Call before services start. |

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PPO SAVINGS



SAVE BY USING DOCTORS AND HOSPITALS IN THE PPO TIER 1 NETWORK:

The PPO gives you freedom to choose from three different network tiers. You can select doctors and hospitals (providers) from Tier 1 for some of your care, and use Tier 2 or Tier 3 providers for other services. You pay the lowest deductible and coinsurance when you use providers in Tier 1. To find a Tier 1 provider, call 1-800-772-6895 or go to www.bcbsil.com/cityofchicago.

TWO WAYS TO SAVE ON PRESCRIPTION MEDICATIONS:

- 1 Choose generic medications and pay the lowest copay.
 - 2 Use mail order for long term “maintenance” medications. You will pay more if you don’t use mail order for long term medications after the 3rd fill. Just call 1-866-748-0028 and ask CVS Caremark to contact your doctor for a new prescription to be processed through mail order.
-

SAVE ON LAB TESTS – USE A FREE-STANDING LAB:

Get your routine lab tests paid in full by using a free-standing lab (such as a Quest lab) which is not affiliated with a hospital. Even if your doctor already has an arrangement with Quest, ask for a lab order for tests to be done at a Quest free-standing facility. Take this paperwork or the order form from your doctor to the free-standing Quest lab and test results will be sent directly to your doctor. Call 1-866-697-8378 to find the location of a Quest lab near you, or go to www.Questdiagnostics.com.

SAVE ON SCANS - USE A FREE-STANDING IMAGING CENTER:

Scans are covered in full if done at a free-standing imaging center. When your doctor orders an MRI, CT, or PET scan, call Telligen at 1-800-373-3727 to pre-certify the test and locate a free-standing imaging center near you.

PREGNANT? EARN A \$100 INCENTIVE:

Enroll in a free, confidential maternity management program designed to encourage a healthy baby by providing telephone support for moms-to-be. To qualify for the \$100 incentive, call Telligen 1-800-373-3727 to enroll and complete at least eight doctors’ visits during the pregnancy.

BLUE ADVANTAGE HMO* – A Blue Cross HMO

***HMO enrollment is available at the first open enrollment following 18 months of full-time City employment.**

If care is pre-approved by your HMO primary care physician (PCP)

YOU PAY**DOCTORS VISITS**

| | |
|------------------------|--|
| Primary Care Physician | \$25 copay |
| Specialists | \$35 copay when approved by PCP |
| Pre-natal visits | \$25 copay first visit |

HOSPITAL (all hospital services must be approved by PCP)

| | |
|----------------------------------|---|
| Inpatient admission | \$100 copay per day first 5 days |
| Surgery (inpatient & outpatient) | \$100 copay |
| Maternity delivery | \$100 copay per day first 5 days |

PREVENTIVE SERVICES

| | |
|---|------------------|
| Routine checkups for adults & children; well- baby care; well-women visits; mammograms; DRE & PSA; colonoscopies, hearing tests | \$0 copay |
|---|------------------|

EMERGENCY SERVICES (see next page for emergency coverage information)

| | |
|---|---|
| Emergency room treatment – life threatening | \$200 copay (waived if admitted) |
| Ambulance – life threatening | You pay \$0 |

MENTAL HEALTH & SUBSTANCE ABUSE (must be pre-approved by PCP)

| | |
|--------------------|----------------------------------|
| Outpatient therapy | \$25 copay |
| Inpatient care | \$20 copay each admission |

OUTPATIENT REHAB THERAPY (must be pre-approved by PCP)

| | |
|---|--|
| Physical, speech and occupational therapy | \$0 copay Limit of 60 visits combined each calendar year |
|---|--|

OTHER SERVICES (all other services must be pre-approved by PCP)

| | |
|---|---------------------------------------|
| Skilled nursing facility | \$0 Limited to 120 days a year |
| Durable Medical Equipment (DME) Hospice Home health care Ambulance transport between hospitals | \$0 |

www.bcbsil.com/cityofchicago • 1-800-730-8504

HMO EMERGENCY CARE



The Blue Advantage HMO covers life threatening medical emergencies. It also covers care for acute medical problems when pre-approved by your primary care physician (PCP).

What is a medical emergency?

A life threatening medical emergency is the sudden and unexpected onset of a potentially dangerous situation which, if not treated immediately, could jeopardize your health. Such conditions are also severe and sudden in onset.

| | |
|---|---|
| <p>EMERGENCY ROOM TREATMENT</p> | <p>You pay \$200 copay - waived if admitted</p> |
| <p>Go to the nearest emergency room in the event of a life threatening emergency</p> | <p>If possible, contact your PCP before seeking emergency care. (Your PCP is available 24 hours a day, seven days a week.) In a life threatening emergency, call your PCP within 48 hours following emergency care.</p> |
| <p>AMBULANCE</p> | <p>You pay \$0</p> |
| <p>For life threatening medical emergencies</p> | |
| <p>TREATMENT IN PCP OFFICE</p> | <p>You pay \$25 copay if care is given in your PCP's office. Call your PCP's emergency number on the back of your Blue Advantage HMO ID card. A doctor or nurse will listen to your problem and give instructions on where to go for medical care.</p> |
| <p>For acute medical problems which are not life threatening</p> | |
| <p>URGENT MEDICAL CARE AWAY FROM HOME</p> | <p>Call the toll-free emergency number on the back of your Blue Advantage HMO ID card.</p> |
| <p>For treatment for unexpected illness and injury when travelling outside the Chicagoland area contact your PCP.</p> | <p>If you or a covered dependent is away from home for more than 90 days, guest membership is provided at affiliate HMOs. Copays may be different.</p> |

***HMO enrollment is available at the first open enrollment following 18 months of full-time City employment.**

www.bcbsil/cityofchicago • 1-800-730-8504

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HMO and PPO PRESCRIPTION DRUG PROGRAM

Administered by CVS Caremark



PRESCRIPTION MEDICATIONS

YOU PAY

RETAIL - Short term medications

If purchased at a participating retail pharmacy
34 day supply or 100 units whichever is less

Generic **\$11 copay**
Preferred brand name **\$31 copay**
Non-preferred brand name **\$46 copay**

RETAIL - Maintenance or long term medications

The 4th fill and any additional refills
34 day supply or 100 units, whichever is less.

Generic **\$21 copay**
Preferred formulary brand name **\$61 copay**
Non-preferred brand name **\$101 copay**

MAIL ORDER

Long term and maintenance medications for chronic conditions and specialty medication

90 day supply

To get medications through the mail, send your doctor's prescription to:

CVS Caremark
P.O. Box 94667
Palatine, IL 60094-4467

Call Caremark or visit its website, www.caremark.com, for more information about mail order.

Generic **\$21 copay**
Preferred brand name **\$61 copay**
Non-preferred formulary **\$101 copay**

Generic birth control Smoking Cessation medications

\$0 copay

Annual Rx Deductible

\$100 per household

VALUE FORMULARY

Your plan has adopted Value Formulary to encourage use of generics. Prescriptions not on the Value Formulary list will be denied coverage at the pharmacy and the pharmacist will then ask your physician to substitute a Value Formulary drug.

If your physician does not agree to change the prescription, your physician must request an exception from CVS Caremark by submitting clinical information for prior authorization. An approval or a denial will be faxed to your physician and mailed to your home address. Call CVS Caremark or visit the website, www.caremark.com for information about the prior authorization process and the list of Value Formulary drugs.

www.caremark.com • 1-866-748-0028

DENTAL PROGRAM

Administered by Blue Cross Blue Shield of Illinois



Enrollment in the dental plan is available after one calendar year of full-time employment. Separate contributions for dental coverage will be taken as payroll deductions. No action is needed if you want to continue your same dental coverage in 2021.

If you want to add or drop coverage or change dental plans for 2021, visit www.cityofchicagobenefits.org or call the Benefits Service Center at 1-877-299-5111 during open enrollment.

BLUE CARE DENTAL PPO & HMO BENEFITS

| | PPO In-Network | PPO Out-of-Network | HMO In-Network* |
|---|--|--|--|
| | YOU PAY | YOU PAY | YOU PAY |
| Preventive (Two visits each year) Oral exams Cleanings X-Rays | \$10 copay No deductible for preventive services | 20% of PPO allowable amount plus balance of billed charges No deductible for preventive services | \$10 copay for each preventive visit No deductible in the HMO |
| Annual deductible (amount each member pays first before plan pays benefits) | YOU PAY \$100 | YOU PAY \$200 | YOU PAY No deductible |
| Annual limit (maximum amount a member receives in dental coverage each year after deductible has been paid) | PLAN PAYS UP TO \$1,500 | PLAN PAYS UP TO \$1,500 | YOU PAY No annual limit |
| Restorative Endodontics Periodontics Oral Surgery Crowns | YOU PAY 20% 20% 20% 40% 40% | YOU PAY 50% of PPO allowed amount plus balance of billed charges | YOU PAY Copays of various amounts (for information about copay amounts visit www.bcbsil.com/cityofchicago or call 1-855- 557-5487). Plan pays 100% after co-pay |
| Orthodontics | Not covered | Not covered | Covered for children of sworn police and uniformed firefighters up to age 25 with \$1,800 copay. Coverage limited to age 19 for all others with \$1,800 copay. Not covered for employee or spouse |

*There is no out-of-network coverage in the Dental HMO. You must use dentists who participate in the Dental HMO. For up-to-date information about HMO dentists visit the dental program website or call for more information.

www.bcbsil.com/cityofchicago • 1-855-557-5487

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VISION PROGRAM

Administered by Davis Vision

You pay separate contributions for vision coverage which will be taken as payroll deductions. No action is needed if you want to continue your same vision coverage for 2021. If you want to drop vision coverage for 2021, visit www.cityofchicagobenefits.org or call the Benefits Service Center at 1-877-299-5111 during open enrollment.



The Vision Program is administered by Davis Vision and covers routine eye exams, as well as prescription eyeglasses or contact lenses. How much the plan pays depends on the type of services or eye-wear you choose and which vision retail store you use.

You get the most value from your vision benefits when you use a provider in the Davis Vision network. To locate Davis Vision providers visit www.davisvision.com or call 1-888-456-8758.

The Vision Program does not issue ID cards. Your Blue Cross Blue Shield ID or a State ID will be used to verify coverage in the Davis Vision plan.

| DAVIS VISION CARE BENEFITS | In-Network You Pay | Out-of--Network You Pay |
|---|--|----------------------------|
| Routine Eye Exam (One exam every 12 months) based on last date of service | \$0 | Balance over \$35 |
| Frames One pair every 12 months | \$0 for frames from exclusive collection: • Or balance over the \$110 allowance for frames at Visionworks stores • Or balance over the \$50 allowance for frames at other in-network stores | Balance over \$50 |
| Lenses-single vision Scratch Coatings Special lenses | \$0 one set every 12 months \$0 copays Visit www.davisvision.com or call 1-888-456-8758 for specific copay amounts. | Balance over \$35 |
| Contact lenses (in lieu of glasses) | \$0 one set every 12 months *Davis Vision collection \$0 for 4 multipacks or boxes *Other disposables: Balance over \$105 | Balance over \$105 |

www.davisvision.com • 1-888-456-8758



SIGN UP FOR FLEXIBLE SPENDING ACCOUNT (FSA) (Healthcare and Dependent Care)

Administered by ConnectYourCare

You must sign up for the FSA each year during Open Enrollment

WHAT IS AN FSA?

A Flexible Spending Account (FSA) is a tax-advantaged account that allows you to use pre-tax dollars to pay for qualified medical or dependent care expenses. You choose how much money you want to contribute to an FSA at the beginning of each plan year and can access these funds throughout the year. This contribution is subject to certain legal limits. There are minimum and maximum contribution requirements. More information is provided below.

HEALTHCARE FSA SUMMARY

- **MULTIPLE USES.** There are hundreds of eligible expenses for your FSA funds, including prescriptions, some over-the-counter items, doctor office copays, health insurance deductibles and coinsurance. FSA funds may even be used for eligible expenses for your spouse or federal tax dependents.
- **EASY TO ACCESS.** Funds in the account are easily accessed with the payment card. Your account balance is available at any time online, through the mobile app, or over the phone.
- **TAX ADVANTAGES.** Since FSA contributions are not taxed, you can reduce your taxable income by the amount you contribute to your FSA. You can then use those pre-tax dollars to pay for eligible health care expenses that would have otherwise been paid with post-tax dollars.
- **RAPID REIMBURSEMENTS.** Paying for health care expenses is easy when you use your payment card. If you do not use your card, you can quickly and easily create your claim online. Once you submit your receipts, you will be reimbursed via check or direct deposit.

USE IT OR LOSE IT

- The IRS requires that any money left in your account at the end of the year will be forfeited. If you enroll in FSA for 2021, qualified expenses have to be incurred before March 15, 2022. You will have until March 31, 2022 to submit and document your 2021 expenses.
- If your employment with the City ends before you have used all the money in your FSA, you have until the end of the annual grace period to submit expenses for FSA reimbursement (for example, March 31, 2022 for expenses incurred in 2021). If you plan to incur expenses after your employment with the City ends, you must elect to continue FSA contributions under PHSA/COBRA Continuation Coverage.

ELIGIBLE EXPENSES

- The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your payment card. Other times, you will need to submit itemized receipts. **Always save your itemized receipts!**

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•Beginning January 1, 2021, **Healthcare FSA contributions are limited by the IRS to \$2,750 each year.** The limit is per person; a husband and wife may each contribute up to the limit.

•The IRS requires that employers make the full annual Health FSA election available to employees when an eligible expense occurs, regardless of whether you have deposited enough to cover the full amount at that point in time.

For example, let's say you choose to contribute \$1,200 per year, equal to a payroll deduction of \$100 a month. You are eligible for reimbursement up to the full \$1,200 in the first month, even though you have only deposited \$100 in your account. Remaining deductions will be taken from your pay during the rest of the plan year.

MINIMUM/MAXIMUM CONTRIBUTIONS TO THE HEALTH CARE FSA

To participate in the Healthcare FSA, you must contribute a minimum of \$120 and up to a maximum of \$2,750 per calendar year. The Internal Revenue Service may increase the maximum amount.

The annual pledge amount will be divided equally among each pay period for the calendar year.

www.connectyourcare.com/cityofchicago • 1-833-229-4428



DEPENDENT CARE FSA SUMMARY

You may also choose to enroll in a Dependent Care Account, which is an alternative to the Dependent Care Tax Credit and covers dependents (up to the age of 13) and certain elder care expenses while you are at work (special requirements apply).

A Dependent Care Account allows you to pay for expenses and you may have a tax break at the same time. Expenses must be for qualifying dependents. Typical expenses under this account include charges for day care, nursery school, and certain elder care (unless it is for medical care) for your legal dependents.

ELIGIBILITY REQUIREMENTS

To be reimbursed through your Dependent Care Account for child and dependent care expenses, you must meet the following conditions:

- You must have incurred the expenses in order for you and your spouse, if married, to work or look for work, unless your spouse was either a full-time student or was physically or mentally incapable of self-care.
- You cannot have made the care payments to someone you can claim as your dependent on your federal tax return or to your child who is under age 19.
- Your filing status must be single, qualifying widow(er) with a dependent child, married filing jointly, or married filing separately.
- You and your spouse must maintain a home that you live in for more than half the year with the qualifying child or dependent.
- Unlike the health FSA, you must use all of your Dependent Care Account funds by the end of your plan year, or remaining funds will be forfeited, according to IRS regulations
- According to the IRS, you may contribute up to \$5,000 per year if you are married and filing a joint return, or if you are a single parent. If you are married and filing separately, you may contribute up to \$2,500 per year per parent.
- Unlike the health FSA, you may only receive reimbursement from your DCAP account equal to the amount you have actually deposited.

MINIMUM/MAXIMUM CONTRIBUTIONS TO THE HEALTH CARE FSA

To participate in the Dependent Care FSA, you must contribute a minimum of \$120 annually. IRS rules limit the amount of money you can put in a dependent care FSA each calendar year. You may contribute up to the lesser of:

- \$5,000 per plan year (\$2,500 if you are married and filing a separate income tax return)
- Your spouse's total earned income (you may not contribute to the dependent care FSA if your spouse's earned income is \$0 and your spouse is capable of self-care or is not a full-time student).

The annual goal amount will be divided equally among each pay period for the calendar year.

www.connectyourcare.com/cityofchicago • 1-833-229-4428

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PROTECT YOUR FUTURE INCOME FOR YOU AND YOUR LOVED ONES

The City at no cost to you, provides basic term life insurance. You have an opportunity to buy more coverage through the City's group insurance policy. You may contact the insurance providers at any time to learn more.



BASIC TERM LIFE INSURANCE: (MetLife www.metlife.com/mybenefits or 1-866-492-6983)

As a City employee, you automatically receive \$25,000 of free basic life insurance which pays in the event of your death and/or for certain accidental losses. When your employment with the City ends, you can continue this basic life insurance by paying premiums directly to MetLife.

OPTIONAL TERM LIFE INSURANCE: (MetLife www.metlife.com/mybenefits or 1-866-492-6983)

During open enrollment you may increase the amount of life insurance for yourself or buy coverage for your eligible dependents. You will pay the cost through payroll deductions. Proof of good health may be required.

Please note:

- Proof of good health may be required if you are increasing the amount of insurance (1x to 10x your annual earnings, up to \$1.5 million).
- Insurance is available for purchase for a spouse or civil union partner for \$10,000, \$25,000 or \$50,000 of coverage (limits apply)
- Insurance is available for children from birth to age 25 for \$5,000 to \$10,000 in coverage (one rate covers all your children and no proof of good health is required)

VOLUNTARY PERMANENT LIFE INSURANCE: (Texas Life (formerly MetLife) www.empben.com/CityofChicagoUL/ or 1-800-638-6855)

Permanent life insurance also provides a death benefit. Sign up during the open enrollment period and/or apply for coverage for your dependents. (Proof of good health is required satisfactory to Texas Life.)

LONG TERM DISABILITY: (Prudential www.prudential.com 1-800-778-3827)

The LTD is designed to provide you a monthly cash payment in the event you cannot work because of an illness or injury. Your premium is deducted from your paycheck. Proof of good health is not required when you sign up during open enrollment.

Note: New City employees are automatically enrolled in Long Term Disability coverage. An employee may opt out of the program by contacting Prudential directly.

VOLUNTARY SUPPLEMENTAL INSURANCE

Employees will have the opportunity to purchase voluntary supplemental insurance through payroll deduction. Voluntary Supplemental Insurance is available through two insurance companies.

- For each insurer:
 - The insurer is authorized to enroll you in one of three supplemental insurance products:
 - Hospital Indemnity Insurance pays a fixed dollar amount if you are hospitalized.
 - Accidental Injury Insurance pays a fixed dollar amount for certain medical and other services if you are injured in a non-work accident.
 - Critical Care insurance pays a fixed dollar amount if you become ill with a specified critical diagnosis.
- Combined Insurance Company, www.combinedinsurance.com/cityofchicago, 1-888-870-3382
- Aflac Insurance Company, www.aflac.com/cityofchicago, 1-888-382-3522

Employees should carefully consider which of the optional products the City offers best meets their needs for life insurance, disability insurance, medical and dental care and supplemental insurance through payroll deduction.

Detailed information about these products is available directly from the insurers at the numbers listed above. Additional information will be sent to your home by the insurers. The City of Chicago Benefits Office does not provide advice regarding these insurance products.

DEFERRED COMPENSATION RETIREMENT PLAN

Administered by Nationwide

The Deferred Compensation program can help you save for retirement. Don't wait until you are approaching retirement, start now and enjoy immediate tax savings. Contributions accumulate with interest, earnings and investment gains or losses. Even if you are only investing a small amount each pay period, it will add up over time. Enroll now and start saving.

| | |
|---|---|
| Minimum payroll deduction to start account | \$10 per pay period |
| Contribution limits if you are under age 50 | \$19,500 for 2020* |
| Contribution limits if you are over age 50 | Additional "catch-up" contribution of \$6,500 permitted, for a total of \$26,000 in 2020* |
| Age at which you must begin taking distributions | April 1st of the year following the year when you attain 72 or end employment with the City of Chicago, whichever is later |
| Penalty for early withdrawals | You may not withdraw funds prior to ending your employment with City of Chicago. Funds rolled over from an IRA or qualified retirement plan may be subject to early withdrawal penalty if withdrawn prior to 59 ½ |
| Taxation | Disbursements are subject to income tax |
| Matching Contribution | Some collective bargaining agreements provide for a match. See your collective bargaining agreement for details |

www.chicagodeferredcomp.com • 1-855-457-2489 or 1-877-677-3678

*These numbers are subject to change annually

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REMINDERS

A REMINDER ABOUT FRAUD

Any kind of fraud on the City of Chicago's benefit plans may result in adverse consequences to an employee and dependent, for example:

- Failure to notify the City Benefits Service Center of an event that would cause coverage to end, e.g. divorce.
- Misrepresentation by the employee or dependent regarding the initial eligibility, for example, the dependent's age, or that the dependent is not a legal dependent of the employee.
- Any attempt to assign or transfer coverage to someone else (e.g. letting another person use your Plan ID card).

The employee will be required to pay for any claims and all administrative costs that were incurred fraudulently. This may result in coverage being terminated for the employee and action by the City to collect any money paid. The City may also discipline the employee, up to and including termination.

DIVORCED SPOUSE'S HEALTH COVERAGE

If an employee becomes divorced, he/she must follow the procedure outlined in the City's Plan document available at www.cityofchicagobenefits.org

Notify the Benefits Service Center within 30 days of the date of the divorce and bring the certified divorce decree to the Chicago Benefits Office within 60 days.

Failure to comply with the procedure will result in the employee being held liable for any healthcare claims and related expenses incurred by the participant and the ex-spouse as of the date of the divorce.

You must call the Benefits Service Center to notify the City of the divorce at 1-877-299-5111 and upload the certified divorce documents at www.cityofchicagobenefits.org under Manage My Forms and Documents.

Employees should upload certified eligibility documents online at www.cityofchicagobenefits.org under Manage My Forms and Documents.

If you prefer to drop off certified eligibility documents in person please visit:

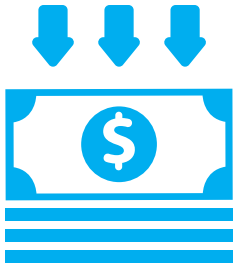
**Chicago Benefits Office
333 South State Street
Suite 400
Chicago 60604-3978**

Office hours are Monday through Friday 8:30 a.m. – 4:30 p.m.

(Due to Covid-19 appointments may be required and office hours may vary. Contact the Benefits Service Center at 1-877-299-5111 for appointments and to confirm office hours.)

Your original documents will be copied and returned to you immediately.

The Chicago Benefits Office reserves the right to request original certified eligibility documents.



VOLUNTARY CHARITABLE PAYROLL CONTRIBUTIONS PROGRAM

City employees have the opportunity to extend their generosity to thousands of individuals and families through the Employee Voluntary Charitable Payroll Contributions Program. Choose up to ten agencies to receive your contributions from a list of 29 approved Chicagoland area charitable organizations. If you already participate in the program, you can make changes, discontinue deductions, add new charities or increase your contributions at any time. For more information, speak to your payroll administrator or download the Charitable Contribution Allocation form at: <http://www.cityofchicago.org/city/en/depts/fin/provdrs/payroll> under supporting information, “Charitable Giving”.

ONLINE PAY SLIPS

Sign up for GreenSlips, the City online pay slips program to view direct deposit of your paycheck online. You can also view and download your W2 tax return as soon as available.

Go to <https://greenslips.cityofchicago.org/TransformContentCenter/> and use your employee number to set up a secure account.



2021 IMPORTANT WEBSITES AND PHONE NUMBERS

| SERVICE PROVIDER | WEBSITE | PHONE NUMBER |
|--|--|----------------------------------|
| City of Chicago Benefits Service Center | www.cityofchicagobenefits.org | 1-877-299-5111 |
| Medical PPO Blue Cross Blue Shield of Illinois | www.bcbsil.com/cityofchicago | 1-800-772-6895 |
| CVS Caremark Pharmacy | www.caremark.com | 1-866-748-0028 |
| Telligen medical plan advisor | thms.qualitrac.com | 1-800-373-3727 |
| Medical HMO Blue Advantage HMO | www.bcbsil.com/cityofchicago | 1-800-730-8504 |
| CVS Caremark Pharmacy | www.caremark.com | 1-866-748-0028 |
| BlueCare Dental Dental PPO and HMO | www.bcbsil.com/cityofchicago | 1-855-557-5487 |
| Davis Vision | www.davisvision.com | 1-888-456-8758 |
| Quest Diagnostics | www.questdiagnostics.com | 1-866-697-8378 |
| MetLife Basic term life insurance Optional life insurance | www.metlife.com/mybenefits | 1-866-492-6983 |
| Prudential Long Term Life disability | www.prudential.com | 1-800-778-3827 |
| Texas Life Universal permanent life insurance | www.empben.com/CityofChicagoUL/ | 1-800-638-6855 |
| Nationwide Retirement Services | www.chicagodeferrredcomp.com | 1-877-677-3678 |
| Voluntary Supplemental Insurance Combined Insurance Company Aflac Insurance Company | www.combinedinsurance.com/cityofchicago www.aflac.com/cityofchicago | 1-888-870-3382 1-888-382-3522 |
| ConnectYourCare Flexible Spending Account (FSA) Dependent Care Account Transit Benefit Program | www.connectyourcare.com/cityofchicago | 1-833-229-4428 |
| ShareCare Wellness Program | www.chicagoliveshealthy.com | 1-866-556-7671 |

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2021 IMPORTANT WEBSITES AND PHONE NUMBERS

| SERVICE PROVIDER | WEBSITE | PHONE NUMBER |
|--|--|----------------|
| Firemen's Annuity and Benefit Fund of Chicago | www.fabf.org | 1-312-726-5823 |
| Policemen's Annuity and Benefit Fund of Chicago | www.chipabf.org | 1-312-744-3891 |
| Municipal Employees' Annuity and Benefit Fund of Chicago | www.meabf.org | 1-312-236-4700 |
| Laborers' and Retirement Board Employees' Annuity and Benefit Fund of Chicago | www.labfchicago.org | 1-312-236-2065 |



CITY OF CHICAGO MEDICAL PPO PLANS (“MEDICAL PLANS”)

NOTICE TO ENROLLEES OF MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT EXEMPTION FOR 2021

Generally, group health plans sponsored by state and local governmental employers, such as the City of Chicago (the “City” or “plan sponsor”) must comply with federal law requirements in title XXVII of the Public Health Service Act, and the amendments thereto set forth in the Mental Health Parity and Addiction Equity Act. However, these governmental employers are permitted to elect to exempt a plan from all of the requirements listed below for any part of the plan that is self-funded by the employer rather than provided through a health insurance policy. The purpose of this Notice is to inform you that the City of Chicago has elected to exempt the City of Chicago Medical PPO Plans as follows:

- 1.** Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan (sometimes referred to as “mental health parity requirements”). The plan sponsor has elected to maintain the existing terms and conditions of the Medical Plans by exempting the Medical Plans from this requirement. Therefore, the City will continue in place the current requirement that Plan Participants who receive outpatient mental health and substance abuse treatment by a behavioral health specialist must obtain pre-certification by a Medical Advisor, under the Plans’ Medical Advisor Review Program, after the first seven sessions each year with one or more such providers. This requirement will continue in effect for the 2021 plan year (beginning January 1, 2021, and ending December 31, 2021), and may be renewed for subsequent plan years pursuant to a subsequent exemption election, unless modified through the collective bargaining process.
- 2.** Protection against limiting hospital stays in connection with the birth of a child to less than 48 hours for a vaginal delivery, and 96 hours for a cesarean section. The Medical Plans currently meet this requirement and thus this requirement will continue to apply under the terms of the Medical Plans without exception.
- 3.** Certain requirements to provide benefits for breast reconstruction after a mastectomy. The Medical Plans currently meet this requirement and thus this requirement will continue to apply under the terms of the Medical Plans without exception.
- 4.** Continued coverage for up to one year for a dependent child who is covered as a dependent under the plan solely based on student status, who takes a medically necessary leave of absence from a postsecondary educational institution. The Medical Plans no longer use student status and provides an opportunity to elect coverage to age 26 and thus this requirement currently applies under the terms of the Medical Plans without exception.

ANNUAL HEALTHCARE REMINDER

As required by the Women’s Health and Cancer Rights Act of 1998, each medical plan offered by the City of Chicago provides benefits for mastectomy related services including reconstruction and surgery to achieve symmetry between breasts, as well as prostheses and complications resulting from a mastectomy (including lymphedema). Contact your PPO or HMO administrator for more information



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