



# MEDICAL AND DENTAL PLAN SUMMARY GUIDE FOR 2011

**For Non-Represented Employees, and for Employees covered under the City's collective bargaining agreements with: AFSCME, Coalition of Unionized Public Employees (Chicago Building Trades Coalition), INA, Unit II, Police Captains Association, Police Lieutenants Association, and Police Sergeants represented by the Policemen's Benevolent & Protective Association of Illinois (PB&PA).**

## PPO MEDICAL PLAN COMPARISON



BlueCross BlueShield  
of Illinois

**1-800-772-6895**

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

|   | PPO  |                       |
|---|--|-----------------------|
|   | <i>In-Network</i>  | <i>Out-of-Network</i> |
| <b>MEDICAL BENEFITS</b>   |  |                       |
| <b>The Plan pays the following percentage of PPO allowable charges after you meet the calendar year deductible.</b> |  |                       |
| Individual Deductible Each Year   | \$350  | \$1,500               |
| Family Deductible Each Year   | \$1,050  | \$3,000               |
| Individual Out-of-Pocket Limit Each Year  | \$1,500  | \$3,500               |
| Family Out-of-Pocket Limit Each Year  | \$3,000  | \$7,000               |
| Network and Non-Network Provider benefits cannot be combined; does not include prescription copayments              |  |                       |
| <b>WELLNESS BENEFITS</b>  |  |                       |
| Routine Physical Checkups (Adults)  | 100% of maximum allowable charges up to \$600 per covered individual, per year<br>Annual routine pap smear, mammogram, PSA and DRE are payable at 100% of the PPO allowable charges, and do not apply toward the Wellness Benefit limit. |                       |
| Routine Pediatric Checkups, Well Baby Care [Immunizations]  |  |                       |
| Routine Lab Work  |  |                       |
| Hearing Screenings  |  |                       |
| <b>OUTPATIENT PHYSICIAN SERVICES</b>  |  |                       |
| Ambulance Transportation between Hospitals <sup>(1)</sup>   | 90%  |                       |
| Office Visits   | 90%  | 60%                   |
| Diagnostic Testing (e.g., X-ray, lab, etc.)   |  |                       |
| Outpatient Surgery  |  |                       |
| Physical Therapy  |  |                       |
| MRI Scans, Pet Scans, CAT Scans <sup>(1)</sup>  |  |                       |
| Chiropractic Visits (maximum 20 per year; three modalities per visit)   |  |                       |
| Durable Medical Equipment (DME) (over \$500) <sup>(1)</sup>   |  |                       |
| Skilled Home Health Care and Hospice Care <sup>(1)</sup>  |  |                       |
| Infertility Treatment <sup>(1)</sup>  | \$20 copay balance payable at 100%   |                       |
| Occupational and Speech Therapy <sup>(2)</sup>  |  |                       |
| <b>HOSPITAL</b>   |  |                       |
| Room and Board (Private room is covered If medically necessary)   | 90%  | 60%                   |
| Number of days (Subject to Medical Necessity)   |  |                       |
| Inpatient Hospital Services <sup>(1)</sup>  |  |                       |
| Outpatient Hospital Services  |  |                       |
| Skilled Nursing Facility <sup>(1)</sup>   |  |                       |
| <b>MATERNITY</b>  |  |                       |
| Maternity (delivery <sup>(1)</sup> , prenatal visits, and postnatal visit)  | 90%  | 60%                   |

**Important Note: If you were hired on or after January 1 2006, you are not eligible to change your medical or dental plan until the first Open Enrollment Period following 18 months of your City of Chicago date of hire.**



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**PPO MEDICAL PLAN COMPARISON**



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|   | PPO  |                |
|---|--|----------------|
|   | In-Network   | Out-of-Network |
| <b>ORGAN TRANSPLANTS</b>  |  |                |
| The following organ transplants must be performed at a "Center of Distinction" network location or they are not covered. You must call Encompass at 1-800-373-3727 for pre-certification  |  |                |
| Heart <sup>(1)(4)</sup>   | 90%  | Not Covered    |
| Combination Heart/Bilateral Lung <sup>(1)(4)</sup>  |  |                |
| Simultaneous Pancreas Kidney <sup>(1)(4)</sup>  |  |                |
| Kidney only in conjunction with SPK/PAK <sup>(1)(4)</sup>   |  |                |
| Bone Marrow <sup>(1)(4)</sup>   |  |                |
| Stem Cell (autologous and allogeneic) <sup>(1)(4)</sup>   |  |                |
| Lung <sup>(1)(4)</sup>  |  |                |
| Liver <sup>(1)(4)</sup>   | 90%  | 60%            |
| Pancreas (PAK/PAT) <sup>(1)(4)</sup>  |  |                |
| All Other Organ Transplants <sup>(1)</sup>  |  |                |
| <b>BARIATRIC SURGERY</b>  |  |                |
| Bariatric surgery must be performed at a "Center of Distinction" network location or the surgery is not covered, You must call Encompass at 1-800-373-3727 for pre-certification.   |  |                |
| Bariatric Surgery <sup>(1)(4)</sup>   | 90%  | Not Covered    |
| <b>EMERGENCY</b>  |  |                |
| Emergency Room Copayment \$100 per visit; waived if admitted as an in-patient <sup>(1)</sup> . The copayment does not apply toward the Deductible or Out-of-Pocket Limit.   |  |                |
| Emergency Medical or Emergency Accident Care  | 90%  | 90%            |
| <b>MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT</b>  |  |                |
| Outpatient Mental Health and Substance Abuse <sup>(3)</sup>   | 90%  | 60%            |
| <b>PRESCRIPTION DRUGS</b>   |  |                |
| <b>Retail</b> (Short term medications Maintenance or long term medications - less than 4 refills) Purchased at a participating pharmacy 34-day supply or 100 units, whichever is less)  | Generic: <b>\$10.00 co-pay</b><br>Brand Name (Formulary): <b>\$30.00 co-pay*</b><br>Brand Name (Non-Formulary): <b>\$45.00 co-pay</b>  |                |
| <b>Retail</b> (Maintenance or long term medications) - 4th refill and any additional refills 34-day supply or 100 units, whichever is less  | Generic: <b>\$20.00 co-pay</b><br>Brand Name (Formulary): <b>\$60.00 co-pay*</b><br>Brand Name (Non-Formulary): <b>\$90.00 co-pay*</b> |                |
| <b>Mail Order</b> (Long-term medications for chronic conditions; 90 day supply)   | Generic: <b>\$20.00 co-pay</b><br>Formulary Brand: <b>\$60.00 co-pay*</b><br>Brand Name (Non-Formulary): <b>\$100.00 co-pay*</b>       |                |
| *If the member chooses brand when a generic is available, member pays the cost difference between the brand name and the generic drug PLUS the generic copayment.   |  |                |
| (1) These services require Pre-Certification by Encompass. Call 1-800-373-3727.   |  |                |
| (2) After 10 therapy visits, Pre-Certification by Encompass is required. Call 1-800-373-3727. All speech and occupational therapy visits have a \$20 copayment (therapy only) per visit. Copayment does not apply toward Deductible or Out-of-Pocket Limit. Maximum of 60 visits annually for speech therapy. Maximum of 60 visits annually for occupational therapy. |  |                |
| (3) These services require Pre-Certification by Encompass after the first (7) seven sessions from one or more providers every year.   |  |                |
| (4) These services must be performed at recognized Blue Cross and Blue Shield (BCBS) "Center of Distinction" networks.  |  |                |
| Important Note: Davis Vision Plan administers the vision benefits pursuant to plan guidelines.  |  |                |

This is a summary of material modifications. The terms of the plan document and any subsequent summary material modifications control.

# DAVIS VISION CARE BENEFITS FOR 2011 PPO MEDICAL PLAN

1-800-999-5431 • [www.davisvision.com](http://www.davisvision.com)

| Plan Benefit   | Once every: | Member Pays        |
|--|-------------|--------------------|
| <b>IN-NETWORK</b>  |             |                    |
| <b>Eye Exam</b>  | 12 months   | \$0                |
| <b>Frame</b>   | 12 months   |                    |
| Exclusive collection of frames   |             | \$0                |
| \$50 In-network allowance, (in lieu of purchasing from exclusive collection of frames) |             | Balance over \$50  |
| <b>Lenses</b>  | 12 months   |                    |
| <b>Standard</b>  |             |                    |
| Plastic or glass single vision, bifocal, or multifocal types, in any prescription      |             | \$0                |
| Oversized lenses   |             | \$0                |
| Polycarbonate lenses *   |             | \$0                |
| Glass gray #3 prescription lenses  |             | \$0                |
| <b>Contact lenses</b>  | 12 months   | \$0                |
| Plan contact lenses  |             | \$0                |
| In-Network Allowance for non-plan contacts   |             | Balance over \$105 |
| <b>Optional</b>  |             |                    |
| Ultraviolet coating  |             | \$0                |
| Scratch resistant coating  |             | \$18               |
| Standard anti-reflective coating ARC   |             | \$31               |
| Premium anti-reflective coating  |             | \$43               |
| Ultra anti-reflective coating  |             | \$60               |
| Fashion and gradient tinting of plastic lenses   |             | \$0                |
| Polycarbonate lenses (Adult)   |             | \$27               |
| Blended segment lenses   |             | \$0                |
| Corning Photochromic Lenses  |             | \$0                |
| Intermediate Vision Lenses   |             | \$25               |
| High Index Plastic Lenses  |             | \$50               |
| Plastic Photosensitive Lenses  |             | \$59               |
| Polarized Lenses   |             | \$68               |
| Standard progressive addition lenses (PALs)  |             | \$45               |
| Premium Progressive Additional Lenses  |             | \$80               |
| <b>OUT-OF-NETWORK REIMBURSEMENT SCHEDULE</b>   |             |                    |
| <b>Eye exam</b>  | 12 months   | Balance over \$35  |
| <b>Lenses (per pair)</b>   | 12 months   |                    |
| Single   |             | Balance over \$35  |
| Bifocal  |             | Balance over \$50  |
| Trifocal   |             | Balance over \$60  |
| Lenticular   |             | Balance over \$60  |
| <b>Frame</b>   | 12 months   | Balance over \$50  |
| <b>Contact Lenses (in lieu of glasses)</b>   | 12 months   |                    |

\* Polycarbonate lenses covered in full for dependent children, monocular patients and patients with prescriptions >= +/- 6.00 diopters



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# MEDICAL HMO COMPARISON FOR 2011

## **Blue Perform HMO** (A Blue Cross HMO) 1-800-730-8504 • www.bcbsil.com

**Benefits Outside The Service Area:** Urgent Care is covered while traveling out-of-state for unexpected illness and injury. When medical services are needed away from home, call our easy to remember toll-free number and we'll quickly put you in touch with an Away From Home Coordinator near your location. The Coordinator will schedule an appointment for you, give you directions and help take the fear out of being sick away from home.

Guest Membership is provided at an affiliated HMO if you or a covered dependent travels away from the service area for at least 90 days. Whether the reason is extended out-of-town business, semesters at school or families living apart, you can still enjoy the full range of benefits offered by the affiliated HMO near your travel destination.

**Uniview Vision Care Benefits** - You and your covered dependents are eligible to receive a routine eye examination once every 12 months for the cost of your office visit copayment. After you pay a \$20 copayment, lenses are covered at 100%. Frames are covered up to \$130. You pay a discounted cost over the \$130 limit.

Visit UniView Vision Member Access, [www.unicare.com](http://www.unicare.com), where you can easily review your vision benefits, check your eligibility, search for a provider, and manage dependent information. For customer service assistance call 1-888-884-8428.

## **Blue Advantage HMO** (A Blue Cross HMO) 1-800-730-8504 • www.bcbsil.com

**Benefits Outside The Service Area:** Urgent Care is covered while traveling out-of-state for unexpected illness and injury. When medical services are needed away from home, call our easy to remember toll-free number and we'll quickly put you in touch with an Away From Home Coordinator near your location. The Coordinator will schedule an appointment for you, give you directions and help take the fear out of being sick away from home.

Guest Membership is provided at an affiliated HMO if you or a covered dependent travels away from the service area for at least 90 days. Whether the reason is extended out-of-town business, semesters at school or families living apart, you can still enjoy the full range of benefits offered by the affiliated HMO near your travel destination.

**Davis Vision Care Benefits:** You and your covered dependents are eligible to receive an eye examination and contact lens evaluation, fitting and follow-up once every 12 months for the cost of your office visit copayment. Your benefits include a \$150 allowance, plus discounts off retail cost, toward the purchase of eyeglasses (frames and standard spectacle lenses) and/or contact lenses, once every 12 months.

Call Davis Vision customer service at 1-877-393-8844, to locate a network provider or for further information. For more information on discounts on laser vision correction surgery and disposable contact lenses, call TLC/TruVision customer service at 1-866-484-2020.







**2011 IMPORTANT WEB SITES AND TELEPHONE NUMBERS**

|  |   |  |                                  |   |
|--|---|--|----------------------------------|---|
| <b>Plan Eligibility and Benefit Coverage</b> | City of Chicago Benefits Management Office                                  | <a href="http://www.cityofchicago.org/benefits">www.cityofchicago.org/benefits</a>                       | 1-312-747-8660                   | 333 S. State Street, Room 400<br>Chicago, IL 60604-3978   |
| <b>Medical Plans</b>                         |   |  |                                  |   |
| <b>PPO Plan</b>                              |   |  | 1-800-772-6895                   | (For Claims Processing)   |
| <b>Blue Advantage HMO</b>                    | Blue Cross and Blue Shield of Illinois                                      | <a href="http://www.bcbsil.com">www.bcbsil.com</a>   | 1-800-730-8504                   | 300 East Randolph Street<br>Chicago, IL 60601-5099  |
| <b>Blue Perform HMO</b>                      |   |  | 1-800-730-8504                   |   |
| <b>Medical Plan Prescriptions</b>            |   |  |                                  |   |
| <b>Blue Advantage HMO</b>                    | Blue Cross and Blue Shield of Illinois                                      | <a href="http://www.bcbsil.com">www.bcbsil.com</a>   | 1-800-423-1973                   | (For Claims Processing)<br>300 East Randolph Street<br>Chicago, IL 60601-5099   |
| <b>Blue Perform HMO</b>                      |   |  |                                  |   |
| <b>PPO Plan</b>                              | CVS Caremark  | <a href="http://www.caremark.com">www.caremark.com</a>   | 1-866-748-0028                   | (For Mail Order Prescriptions)<br>P.O. Box 94467<br>Palatine, IL 60094-4467<br>(For Claims Processing)<br>P.O. Box 686005<br>San Antonio, TX 78268-6005 |
| <b>Medical Plan Advisor</b>                  |   |  |                                  |   |
| <b>PPO Plan</b>                              | Encompass Health Management System  | <a href="http://www.encompassonline.com">www.encompassonline.com</a>                                     | 1-800-373-3727                   | 1776 Westlakes Parkway<br>West Des Moines, IA 50266-7771  |
| <b>Dental Plans</b>                          |   |  |                                  |   |
| <b>Dental HMO &amp; Dental PPO</b>           | CompBenefits  | <a href="http://www.compbenefits.com/custom/cityofchicago">www.compbenefits.com/custom/cityofchicago</a> | 1-800-837-2341                   | 200 W. Jackson Blvd., 9th Floor<br>Chicago, IL 60606-6910<br>(For Claims Processing)<br>P.O. Box 14282<br>Lexington, KY 40512-4282                      |
| <b>Vision Care Benefits</b>                  |   |  |                                  |   |
| <b>PPO Plan</b>                              | Davis Vision  | <a href="http://www.davisvision.com">www.davisvision.com</a>   | 1-800-999-5431                   | 159 Express Street<br>Plainview, NY 11803-9526  |
| <b>Blue Advantage HMO</b>                    |   |  | 1-877-393-8844                   |   |
| <b>Blue Perform HMO</b>                      | UniView   | <a href="http://www.unicare.com">www.unicare.com</a>   | 1-888-884-8428                   | P.O. Box 8504<br>Mason, OH 45040-7111   |
| <b>Flexible Spending Account</b>             |   |  |                                  |   |
|  | PayFlex (FSA)   | <a href="http://www.HealthHub.com">www.HealthHub.com</a>   | 1-800-284-4885                   | Flex Dept PO Box 3039<br>Omaha, NE 68103-3039   |
| <b>Life Insurance Plans</b>                  |   |  |                                  |   |
| <b>Term Life Insurance</b>                   | Prudential Insurance Company of America                                     | <a href="http://www.prudential.com">www.prudential.com</a>   | 1-800-778-3827                   | PO Box 13676<br>Philadelphia, PA 19176<br>Attn: Greta Gibbs   |
| <b>Universal Life Insurance</b>              | MetLife Underwritten by TexasLife   | <a href="http://www.empben/CityofChicagoUL.com">www.empben/CityofChicagoUL.com</a>                       | 1-800-638-6855                   | 2650 Warrenville Rd, Suite 100<br>Downers Grove, IL 60515<br>Attn: Debbie Forsythe  |
| <b>Long Term Disability</b>                  | Standard Insurance (LTD)  | N/A  | 1-800-535-8465                   | 900 SW Fifth Avenue<br>Portland, OR 97204-1282  |
| <b>Deferred Compensation</b>                 | Nationwide Retirement Solutions   | <a href="http://www.chicagodeferrredcomp.com">www.chicagodeferrredcomp.com</a>                           | 1-312-443-1975<br>1-877-677-3678 | 205 W. Randolph Street, Suite 1540<br>Chicago, IL 60606-1814  |
| <b>Transit Benefit</b>                       | Wageworks   | <a href="http://www.wageworks.com">www.wageworks.com</a>   | 1-877-924-3967                   | 1100 Park Place<br>San Mateo, CA 94403  |
| <b>Pension Funds</b>                         |   |  |                                  |   |
| <b>Uniformed Firefighters</b>                | Firemen's Annuity and Benefit Fund of Chicago                               | <a href="http://www.fabf.org">www.fabf.org</a>   | 1-312-726-5823                   | 20 South Clark Street, Room 1400<br>Chicago, IL 60603   |
| <b>Sworn Police</b>                          | Policemen's Annuity and Benefit Fund of Chicago                             | <a href="http://www.chipabf.org">www.chipabf.org</a>   | 1-312-744-3891                   | 221 N. LaSalle Street, Suite 1626<br>Chicago, IL 60601-1206   |
| <b>Municipal Employees</b>                   | Municipal Employees and Annuity and Benefit Fund of Chicago (M.E.A./B.F.C.) | <a href="http://www.meabf.org">www.meabf.org</a>   | 1-312-236-4700                   | 221 N. LaSalle Street, Suite 500<br>Chicago, IL 60601-1294  |
| <b>Laborer Employees</b>                     | Laborers and Retirement Board Employee Annuity Benefit Fund of Chicago      | <a href="http://www.labfchicago.org">www.labfchicago.org</a>   | 1-312-236-2065                   | 221 N. LaSalle Street, Suite 748<br>Chicago, IL 60601-1206  |