



RICHARD M. DALEY, MAYOR

CITY OF CHICAGO



MEDICAL AND DENTAL PLAN SUMMARY GUIDE FOR 2011

For eligible, represented employees in the following bargaining units: Supervising Police Communications Operators represented by Teamsters Local 727; Public Health Nurse III's and IV's represented by Teamsters Local 743; uniformed Firefighters and Paramedics represented by the Chicago Fire Fighters Union, Local No. 2; and sworn Police Officers below the rank of Sergeant represented by the Fraternal Order of Police (FOP).

PPO MEDICAL PLAN COMPARISON



BlueCross BlueShield of Illinois

1-800-772-6895

www.bcbsil.com

PLAN BENEFITS	PPO	
	In-Network	Out-of-Network
(The plan pays the following percentages of PPO allowable charges after you meet the calendar year deductible where it applies.)		
Individual Deductible	\$350	\$1,500
Family Deductible (Maximum of 3 Individual Deductibles)	\$1,050	\$3,000
WELLNESS BENEFIT	100% of Maximum Allowable Charges (Maximum \$600 per covered individual, per year)	
Routine Physical Checkups (Adults)		
Routine Pediatric Checkups, Well Baby Care & Pre-school exams		
Immunizations		
Routine Lab Work		
Hearing Screenings		
Benefits will be provided for an annual routine pap smear, mammogram, PSA and DRE, payable at 100% of Maximum Allowable Charges. These benefits are not applicable to the Wellness Benefit limit.		
OUTPATIENT PHYSICIAN SERVICES		
Office Visits	90%	60%
Diagnostic Testing (i.e., x-ray, lab, etc.)		
Outpatient Surgery		
MRI, PET Scans, CAT Scans* (Call Encompass at least 48 hours prior to scheduling service)		
Chiropractic Visits - 20 per year max, three modalities per visit		
Durable Medical Equipment (DME)* (Call Encompass if cost of equipment exceeds \$500)		
Skilled Home Health Care and Hospice Care* (Call Encompass before services are provided)		
Physical Therapy		
Infertility Treatment* (Call Encompass prior to receiving services)		
Mental Health and Substance Abuse Treatment* (Call Encompass after 7th visit)		
Occupational Therapy and Speech Therapy* (Call Encompass after 10th visit) (Restoration of function only)		
Ambulance Transportation Between Hospitals* (Call Encompass before hospital transfer)	90%	

*These services require precertification by Encompass 1-800-373-3727 pursuant to Plan guidelines:

Important Note: Davis Vision Plan administers the vision benefits pursuant to plan guidelines.

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.

(Continued On Next Page)



MEDICAL AND DENTAL PLAN SUMMARY GUIDE FOR 2011

For eligible, represented employees in the following bargaining units: Supervising Police Communications Operators represented by Teamsters Local 727; Public Health Nurse III's and IV's represented by Teamsters Local 743; uniformed Firefighters and Paramedics represented by the Chicago Fire Fighters Union, Local No. 2; and sworn Police Officers below the rank of Sergeant represented by the Fraternal Order of Police (FOP).

PPO MEDICAL PLAN COMPARISON



BlueCross BlueShield
of Illinois

1-800-772-6895
www.bcbsil.com

		PPO	
		<i>In-Network</i>	<i>Out-of-Network</i>
HOSPITAL			
Room and Board (Private room is covered if medically necessary)**			
Number of days (Subject to Medical Necessity)**			
Inpatient Hospital Services**		90%	60%
Outpatient Hospital Services			
Skilled Nursing Facility**			
MATERNITY			
Delivery**, including prenatal & postnatal visits		90%	60%
MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT			
Inpatient Mental Health**		90%	60%
Inpatient Substance Abuse Treatment**			
EMERGENCY			
Emergency Room Copayment (waived if admitted) \$100; copayment cannot be applied toward deductible or out-of-pocket expense**			
Emergency Medical Care		90%	90%
Emergency Accident Care			
OUT OF POCKET LIMIT - Applies each calendar year (Does not include prescription co-pays)			
In-network and out-of network benefits cannot be combined	Individual	\$1,500	\$3,500
	Family	\$3,000	\$7,000
PRESCRIPTION DRUGS			
Retail (Short term medications) Purchased at a participating pharmacy 34-day supply or 100 units		Generic: \$10.00 co-pay †Brand Name (Formulary): \$30.00 co-pay †Brand Name (Non-Formulary): \$45.00 co-pay (†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 co-pay)	
Mail Order (Long-term medications for chronic conditions) 90 day supply		Generic: \$20.00 co-pay †Formulary Brand: \$60.00 co-pay (†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 co-pay) Important Note: Non-formulary drugs are not available through mail order. If there is no generic or alternative brand name formulary medication on the primary/preferred drug list, you may be able to purchase your medication through the mail order program.	

** All in patient confinements (hospitalizations) must be precertified. Call Encompass at 1-800-373-3727.

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

Plan Benefit		Member Pays
IN-NETWORK		
	Once every:	
Eye Exam	12 months	\$0
Frame	12 months	
Exclusive collection of frames		\$0
\$50 In-network allowance, (in lieu of purchasing from exclusive collection of frames)		Balance over \$50
Lenses	12 months	
Standard		
Plastic or glass single vision, bifocal, or multifocal types, in any prescription		\$0
		\$0
		\$0
Oversized lenses		\$0
Polycarbonate lenses *		\$0
Glass gray #3 prescription lenses		\$0
Contact lenses	12 months	\$0
Plan contact lenses		\$0
In-Network Allowance for non-plan contacts		Balance over \$105
Optional		
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
OUT-OF-NETWORK		
REIMBURSEMENT SCHEDULE		
	Once every:	
Eye exam	12 months	Balance over \$35
Lenses (per pair)	12 months	
Single		Balance over \$35
Bifocal		Balance over \$50
Trifocal		Balance over \$60
Lenticular		Balance over \$60
Frame	12 months	Balance over \$50
Contact Lenses (in lieu of glasses)	12 months	
Elective		Balance over \$105

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

MEDICAL PLAN HMO BENEFITS FOR BLUE PERFORM AND BLUE ADVANTAGE

OUTPATIENT CARE IN THE HMO HEALTH CENTER OR HMO PHYSICIAN'S OFFICE	
Diagnostic Testing (i.e., x-ray, lab, etc.)	Covered in full
Surgery	Covered in full with \$20.00 co-payment per visit
Routine Physical Checkups (Adults)	Covered in full with \$20.00 co-payment per visit
Routine Pediatric Checkups, Well Baby Care & Pre-school exams	Covered in full with \$20.00 co-payment per visit
Immunizations	Covered in full
Allergy Shots	Covered in full
Hearing Screening	Covered in full
Physical Therapy, Occupational Therapy & Speech Therapy	Sixty (60) combined visits - per calendar year. Covered in full for conditions which, in the judgment of the attending or consulting physicians, are sufficient for significant improvement. These services are provided for restoration of functions only; services for the acquisition of function are not covered.
Podiatry Care	Covered in full with \$20.00 co-payment per visit. Routine foot care and prescriptions for supportive foot devices not covered.
Oral Surgery	Covered in full with \$20.00 co-payment per visit. Services for dental care are not covered unless required due to surgical removal of a tumor, in connection with an injury, or for treatment of malerupted bony impacted wisdom teeth.
INPATIENT CARE IN AN HMO-AFFILIATED HOSPITAL	
Hospital Services	Covered in full with \$20.00 co-payment per admission.
Number of Days	Unlimited
Intensive Care & Other Special Units	Covered
Doctor Visits	Covered
Specialist Visits	Covered with authorization from Primary Care Physician.
Anesthesiologist	Covered
Surgery	Covered
Prenatal & Postnatal	Covered in full with \$20.00 co-payment per initial visit.
Inpatient (semi-private room)	Covered (Private room covered in full if medically necessary)
MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT	
Mental Health Outpatient Visits	Covered in full with \$20.00 co-payment per visit.
Mental Health Inpatient Care	Covered in full with \$20.00 co-payment per admission.
Substance Abuse/Chemical Dependency Treatment - Outpatient Visits	Covered in full with \$20.00 co-payment per visit.
Substance Abuse/Chemical Dependency Treatment -Inpatient Care	Covered in full with \$20.00 co-payment per admission.
EMERGENCY CARE	
<p>A medical emergency is the sudden and unexpected onset of a potentially dangerous situation which, if not treated immediately, could jeopardize the patient's health. Such conditions are always severe, sudden in onset and involve one of the major organs of the body.</p> <p>Provided in full at Primary Care Physician's office or emergency room. If possible, contact your Primary Care Physician first. Your Primary Care Physician is available 24 hours a day, seven days a week. In a life-threatening emergency, call your Primary Care Physician within 48 hours following emergency treatment.</p>	
Emergency Room Treatment (Life Threatening)	\$100 Emergency room co-payment (Waived if patient is admitted)
Ambulance (Life Threatening)	Covered in full
Acute Medical Problems (Non-Life Threatening)	Covered in full. Doctors are on call 24 hours a day, seven days a week. Call the emergency number on your ID card or your Primary Care Physician. The physician or nurse will listen to your problem, instruct you to come in for care or direct you to a participating medical facility.
PRESCRIPTIONS	
Retail - 30-day supply (Short-term medication)	Generic: \$10.00 co-pay *Brand Name (Formulary): \$30.00 co-pay *Brand Name (Non-Formulary): \$45.00 co-pay (*If the member chooses brand when a generic is available, member pays the cost difference between the brand and the generic drug PLUS the generic co-pay) Important Note: Generic or brand name drugs not included on the formulary are not available through mail order.
Mail Order (Long-term medication for chronic conditions) 90 day supply	Member co-payments are two times the cost of retail co-payments. (If the member chooses brand when a generic is available, member pays the cost difference between the brand and the generic drug PLUS the generic co-pay). \$20.00 (Generic) \$60.00 (Formulary brand) Important Note: Non-formulary drugs are not available through mail order. If there is no generic or alternative brand name formulary medication on the primary/preferred drug list, you may be able to purchase your medications through the mail order program.
Oral Contraceptives (90 day supply)	Covered with co-payment
ADDITIONAL SERVICES	
Prosthetic Devices and Durable Medical Equipment (DME)	Covered in full
Blood	Covered in full
Infertility Treatment	Covered in full
Home Health Services	Covered in full
Skilled Nursing Facility	Covered in full, up to 120 days per calendar year.

"Covered in full" means a service is covered to the full extent required by the City and its agreement with the HMO. In some instances, there may be limits on frequency of service. All services listed for the HMOs must be authorized in advance by Plan Physicians in order to be covered.

This HMO Benefit Highlight Sheet describes eligibility and benefits available for the 2011 plan year. It is only to be used as a guide. Please refer to specific benefit booklets available from the HMO for more detailed information.

Not this side

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, 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

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