RICHARD M. DALEY, MAYOR

CITY OF CHICAGO

MEDICAL AND DENTAL PLAN SUMMARY GUIDE FOR 2011

For Department of Aviation Security Sergeants and Department of Human Resources Recruiters I & II

PPO MEDICAL PLAN COMPARISON

BlueCross BlueShield of Illinois

1-800-772-6895

www.bcbsil.com

	PPO	
	In-Network	*Out-of-Network*
PLAN BENEFITS		
(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		
Routine Physical Checkups (Adults) Routine Pediatric Checkups, Well Baby Care & Pre-school exams Immunizations Routine Lab Work Hearing Screenings	100% of Maximum Allowable Charges (Maximum $600 per covered individual, per year)	
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 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)	90%	60%
Occupational and Speech Therapy(1)	**$20 copay balance payable at 100%**	
Ambulance Transportation Between Hospitals* (Call Encompass before hospital transfer)	90%	

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

(1) After 10 therapy visits, Pre-Certification by Encompass is required. Call 1-800-373-3727. 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.

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)

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	PPO	
	In-Network	*Out-of-Network*
HOSPITAL		
Room and Board (Private room is covered if medically necessary)**	90%	60%
Number of days (Subject to Medical Necessity)**		
Inpatient Hospital Services**		
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 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.

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 Dependency Treatment -Inpatient Care	Covered in full with $20.00 co-payment per admission.
EMERGENCY CARE	
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. 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.	
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.

RICHARD M. DALEY, MAYOR

CITY OF CHICAGO

DENTAL PLAN COMPARISON FOR 2011

compbenefits dental www.compbenefits.com/custom/cityofchicago 1-800-837-2341	DENTAL HMO PLAN	DENTAL PPO PLAN	
BENEFIT DESIGN	**MUST USE PANEL DENTISTS**	**IN-NETWORK**	**OUT-OF-NETWORK**
Individual Deductible	$0	$100 per person, per year effective 1/1/06	$200 per person, per year effective 1/1/06
Annual Maximum Benefit	Unlimited	$1,200 per person, effective 1/1/02	$1,200 per person, effective 1/1/02
ORTHODONTIC PROCEDURES (Braces)	***Co-payment (Member pays)***		
Sworn Police and Uniformed Firefighters (Under Age 25 only) All Others (Under Age 19 only)	Effective 1/1/06 $2,300	***Not Covered***	
PREVENTIVE SERVICES			
Oral Exams (twice a year) Cleanings (twice a year) X-Rays (twice a year) Space Maintainers (children under 12)	100% Covered in full (no deductible) $10 Co-payment required for each preventive service office visit.	100% Covered in full (no deductible) $10 Co-payment required for each preventive service office visit.	Plan pays 80% of PPO allowable amount (no deductible). Member pays balance of billed charges.
BASIC PROCEDURES	***Co-payments (Member pays)*** **Effective 1/1/07**	***Deductible Applies***	
Amalgam (Fillings) - one surface permanent	$20	Plan pays 60% of PPO allowable amount. Member pays 40% of PPO allowable amount.	Plan pays 50% of PPO allowable amount. Member pays balance of billed charges.
Resin - one surface anterior including acid etch-	$24		
Pin Retention (per tooth) - in addition to restoration	$31		
Routine Extraction Single Tooth	$24		
Surgical Removal of Erupted Tooth	$45		
Surgical Removal of Tooth - soft tissue impaction	$58		
Surgical Removal of Tooth - partial bony impaction	$83		
Surgical Removal of Tooth - complete bony impaction	$83		
Alveoloplasty - without extractions - per quadrant	$96		
Scaling and Root Planing - per quadrant with local anesthesia	$45		
Gingivectomy or Gingivoplasty - per quadrant	$183		
Gingival Flap Procedure Including Root Planing - per quadrant	$175		
Osseous Surgery, Flap Entry and Closure - per quadrant	$203		
Pulp Capping (direct or indirect)	$15		
Root Canal Therapy anterior bicuspid molar	 $149 $160 $215		
Apicoectomy - (first root)	$138		
Palliative Treatment	$17		
Limited Occlusion Adjustment	$26		
MAJOR RESTORATIVE PROCEDURES			
Inlay - metallic (one surface)	$276		
Onlay - metallic (three surfaces)	$373		
Core Buildup Including Pins	$110		
Crown repair	$85		
Crown - porcelain/ceramic substrate	$385		
Crown - fused to high nobel metal	$395		
Denture - complete upper or lower	$485		
Lower Denture Reline - chairside	$147		

To obtain a current list of dentists in either the HMO or PPO plan, please contact CompBenefits. The website and customer service phone number are listed at the top of this chart. **Important Note: This comparison provides only the highlights of the programs. Specific details are contained in the plan document booklet. If conflict arises between this material and any plan provisions, the terms of the actual Plan documents or other applicable documents will govern in all cases.**

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	Blue Cross and Blue Shield of Illinois	www.bcbsil.com	1-800-772-6895	(For Claims Processing) 300 East Randolph Street Chicago, IL 60601-5099
Blue Advantage HMO			1-800-730-8504	
Blue Peform HMO			1-800-730-8504	
Medical Plan Prescriptions				
Blue Advantage HMO Blue Peform 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
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 Peform 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.chicagodeferredcomp.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