



**CHICAGO**  
BENEFITS OFFICE

**NEW HIRE GUIDE**  
**HEALTHCARE AND OTHER BENEFITS**

(For eligible City of Chicago employees other than Sworn Police Officers  
below the rank of Sergeant and seasonal employees)

**2024**





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# WELCOME TO THE CITY OF CHICAGO!

Congratulations on your new position. As a new employee of the City of Chicago, you have an opportunity to choose a variety of benefits that meet your personal needs and those of your dependents.

The City's Department of Finance through its Chicago Benefits Office administers these benefits. Some benefits do not require any action on your part such as enrollment in basic life insurance, while others such as medical coverage require you to elect to enroll and submit eligibility documentation for your dependents. **Enrollment deadlines are 30 days after your hire date.**

Please take the time to carefully review the information included in this guide. These documents provide an overview of City benefits, enrollment instructions, deadlines, and required legal notifications.

For more information about City of Chicago employee benefits visit the Chicago Benefits Office website at [www.cityofchicago.org/benefits](http://www.cityofchicago.org/benefits).

## **We are Here to Help!**

For questions, please contact the Chicago Benefits Service Center (BSC) at 1-877-299-5111. The BSC hours of operations are Monday through Friday (except holidays), from 8:00 a.m. to 5:00 p.m. CT.

Sincerely,

Chicago Benefits Office

# BRIEF OVERVIEW OF BENEFITS

Visit: [www.cityofchicago.org/benefits](http://www.cityofchicago.org/benefits) to review the City's Healthcare Plans and Pre-Tax Contribution Plan

## MEDICAL BLUE CHOICE OPTIONS PPO PLAN

A Blue Choice Options PPO medical plan administered by Blue Cross and Blue Shield of Illinois (BCBSIL), is effective the first day of the month following your hire date, if you elect to enroll by the deadline. The Medical Plan includes the Prescription Drug Program administered by CVS Caremark.

## VISION PROGRAM

The Vision Program administered by Davis Vision is effective the first day of the month following your hire date, if you elect to enroll by the deadline.

## LIFE INSURANCE

### BASIC LIFE INSURANCE

As a City of Chicago employee, you automatically receive \$25,000 of free basic life insurance which pays in the event of your death and/or certain accidental losses. For Uniformed Firefighters and Paramedics, the amount of insurance coverage is \$75,000.

### LONG TERM DISABILITY (LTD)

The LTD is designed to provide you a monthly payment in the event you cannot work because of an illness or injury. New City of Chicago employees are automatically enrolled in LTD coverage. An employee may opt out of the insurance. The information on how to opt-out is included in this guide.

### OPTIONAL TERM LIFE INSURANCE

You may elect to purchase additional Optional Term Life Insurance for yourself, your spouse or civil union partner, and children (from birth to age 25). You may elect to enroll in Optional Term Life Insurance at one to three times your annual salary. The additional insurance pays in the event of your death, or the death of your spouse, civil union partner, or children.

### PERMANENT LIFE INSURANCE

Permanent life insurance provides a death benefit to your beneficiaries. Proof of good health is required.

## DEFERRED COMPENSATION RETIREMENT PLAN

This program can help you save for retirement. The account to which you contribute will be adjusted for investment gains and losses.

## HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFSAs) AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSAs) PROGRAMS

The HCFSAs program allows you to use pre-tax dollars to pay for qualified medical expenses for you and your dependents. The DCFSAs program allows you to use pre-tax dollars to pay for child care and/or adult day care expenses, special requirements apply. Both programs are subject to annual limits.

## COMMUTER PROGRAM

This program allows you to use tax-free dollars (subject to monthly limits) to pay for travel to and from work if you use public transportation.

## DENTAL PROGRAM

Enrollment in an HMO or PPO dental program is available after one calendar year of full-time employment.

## MEDICAL HMO PLAN

An HMO Medical plan administered by BCBSIL is available at the first open enrollment following 18 months of full-time City employment. The Medical plan includes the Prescription Drug Program administered by CVS Caremark.

# HOW TO ENROLL IN COVERAGE



## NEXT STEPS AND DEADLINES

- ✓ Carefully review this guide
- ✓ Visit the Chicago Benefits Office website, [www.cityofchicago.org/benefits](http://www.cityofchicago.org/benefits) to review the City's Healthcare Plans and Pre-Tax Cafeteria Plan



Scan the QR code to visit the benefits website

- ✓ Contact the City's various vendors if you have questions about the benefits available to you
- ✓ Enroll in Medical PPO, Vision, and Health Care Flexible Spending Account and/or a Dependent Care Flexible Spending Account (FSA) benefits at **[www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org) or by calling 1-877-299-5111.**  
**Deadline to enroll:** within 30 days of your hire date
- ✓ Enroll dependents (spouse, children under age 26) in Medical PPO and Vision coverage. **Deadline to enroll:** within 30 days of your hire date
- ✓ For any dependents enrolled in coverage, submit required eligibility documents (marriage certificate, birth certificate, etc.).  
**Document Submission Deadline:** within 60 days of your hire date
- ✓ Enroll in Optional Life insurance. **Deadline to enroll:** within 30 days of your hire date
- ✓ Enroll in Deferred Compensation (enrollment available year-round)
- ✓ Enroll in the Commuter Program (enrollment available year-round)
- ✓ Opt-out of Long-Term Disability insurance if you do not want this benefit by contacting Prudential (Auto enroll may terminate at any time).

### We are here to help!

**For questions please call the Chicago Benefits Service Center (BSC) at 1-877-299-5111. The BSC hours of operations are Monday through Friday (except holidays), from 8:00 a.m. to 5 p.m. CT.**



# HOW TO ENROLL IN MEDICAL AND VISION COVERAGE AND AN FSA

**STEP 1:** Review the City's Healthcare Plans and Pre-Tax Cafeteria Plan.

**STEP 2:** Enroll within 30 days after your hire date in the Medical PPO Plan and Vision Program for yourself and your dependents (if applicable).

**STEP 3:** Log into the City's Employee Benefits Portal [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org). First time users will be required to register by providing your name, the last four digits of your social security number and your date of birth. Follow instructions carefully to ensure you complete your enrollment correctly and enroll your dependents.



Scan the QR code to visit the benefits website

You may also elect to call the Benefits Service Center (BSC) at 1-877-299-5111.

**Step 4:** Add your dependents to your Medical PPO Plan and vision coverage. You will need to provide your dependent's relationship (spouse, child, etc.), name, birth date (and date of marriage, if applicable), and social security number or taxpayer identification number (TIN). Each dependent must be added individually.

Please Note: The Internal Revenue Service (IRS) requires the City to ask each member for their Social Security Number (SSN) or Taxpayer Identification Number (TIN). This information is optional to enroll. If you are waiting for this information from a federal agency, provide the required documents, such as the birth or marriage certificates by the document submission deadline.

**Step 5:** Submit dependent's eligibility documentation (marriage certificate, birth certificate, etc.) within 60 days after your hire date. You may submit the documentation: online at [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org), fax to 412-235-6797, or mail to City of Chicago Benefits Service Center, P.O. Box 534077, St. Petersburg, FL 33747-4077. Originals will not be returned unless a self-addressed, stamped envelope is provided. We are not responsible for lost or stolen mail.

If submitting online, make sure to merge the documents into one PDF per dependent, the system will only allow for one PDF to be uploaded. See the Required Documents for Dependents on the next page for a list of acceptable documents.

**Step 6:** At the appropriate screen make your Health Care and or Dependent Care Flexible Spending Account (FSA) elections.

**Step 7:** Confirm all the information entered is correct and submit your enrollment.

**Step 8:** Print a Benefits Confirmation Statement for your records.

**Step 9:** After enrollment is complete review your pay stub to confirm deductions for Healthcare and FSA elections (if applicable) are accurate. It will take up to two pay periods and may include retroactive deductions.

**Note:** Step by step Employee Benefits Portal screen shots begin on page 40.

## REQUIRED DOCUMENTS FOR DEPENDENTS: A Summary



### Dependent Being Enrolled

### Eligibility Documentation

<b>Spouse</b>	A certified marriage certificate and spouse's social security card.*
<b>Children</b> (age 0-25yrs.)	A certified birth certificate (with parental information) and child's social security card.*
<b>Unmarried Military Dependent Children (age 26-30), Illinois Resident</b>	A certified birth certificate, (with parental information) honorable military discharge paperwork (DDForm214) and social security card.*
<b>Adopted Children</b>	A certified birth certificate (with parental information) and social security card.*If the birth certificate has not yet been amended to name you as the child's parent, 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.
<b>Legal Guardianship of Dependents- (Court appointed)</b>	A certified birth certificate, social security card* and the certified guardianship documents from the Clerk of the Circuit Court placing the child in the home (date of placement must be identified).
<b>Civil Union Partner</b>	A certified civil union certificate or an out of state government issued agreement that is recognized as a civil union, and the partner's social security card.*
<b>Same Sex Domestic Partner</b>	Certificate of Domestic Partnership issued by City of Chicago Department of Human Resources before August 1, 2017 and the partner's social security card.

\*The Internal Revenue Service (IRS) requires the City to ask each member for their Social Security Number (SSN) or Taxpayer Identification Number (TIN). This information is optional to enroll. If you are waiting for this information from a federal agency, provide the required documents, such as the birth or marriage certificates by the document submission deadline.

Note: You may submit these documents online at [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org) under the Manage My Forms and Documents section or in-person (appointment required) at the Chicago Benefits Office. Call the Benefits Service Center (BSC) if you want to submit documents in person. If submitting online merge your documents into one PDF per dependent prior to submitting. The City of Chicago, Department of Finance, Chicago Benefits Office reserves the right to request original certified eligibility documentation for each dependent enrolled.

# HEALTHCARE CONTRIBUTIONS



## HEALTHCARE CONTRIBUTION CALCULATIONS

Healthcare (medical, dental, and vision) contributions are paid on a pre-tax basis and will be deducted from your paycheck each pay period. However, you will not be eligible for dental coverage until the first of the month following one calendar year of full time employment.

There are separate costs for medical, dental, and vision coverage (see page 10). However, you will only see one healthcare deduction on your paycheck, which includes the cost of the coverage you elected.

The amount you pay towards the cost of your medical coverage is based on your annual salary and the coverage type. Below is an example on how to calculate the cost of your healthcare contribution amounts.

To calculate the cost of your medical coverage, take your base salary (annual salary not including overtime pay) and multiply it by the applicable percentage rate listed for single, employee plus one, or family. See next page for rates.

Then divide that amount by 24 (the number of yearly pay periods). This will give you the cost of coverage.

If enrolled, you would then add the additional cost for vision coverage. See page 10 for rates.

### EXAMPLE

SALARY	SINGLE	EMPLOYEE +1	FAMILY
\$51,533	x 2.7921%	x 3.4854%	x 3.9765%
	= \$1,438.85	= \$1,796.13	= \$2,049.21
	÷ 24	÷ 24	÷ 24
Subtotal Medical PPO cost	\$59.95	\$74.84	\$85.38
Subtotal Vision Cost	\$0.15	\$0.30	\$0.61
TOTAL	\$60.10	\$75.14	\$85.99

This example is only for informational purposes. Cost vary based on multiple factors.

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

(Contributions taken as payroll deductions: 24 pay periods each year;  
amounts listed are per payroll period)

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

Applies to Uniformed Firefighters and Paramedics Represented by the Chicago Fire Fighters Union Local No. 2			
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

## WHAT YOU PAY FOR HEALTHCARE COVERAGE DENTAL AND VISION

(Contributions taken as payroll deductions: 24 pay periods each year;  
amounts listed are per payroll period)

**Applies to everyone (excluding sworn Police below the rank of Sergeant)**

Dental and 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

\*Note: New employees are eligible for Dental HMO or Dental PPO coverage the first of the month following one calendar year of full-time employment.

# MEDICAL BENEFITS PPO AND HMO



## MEDICAL PLANS AT A GLANCE



New Hires can only enroll in the PPO Medical Plan administered by **Blue Cross and Blue Shield of Illinois**.

Enrollment in an HMO Medical Plan is available at the first open enrollment following 18 months of full-time City employment.

### HMO and PPO Summary of Medical Plan Differences

Blue Choice PPO	Blue Advantage HMO
There are deductibles, coinsurance and copays	No deductibles or coinsurance. There are copays.
Covers in-network and out-of-network doctors. Offers financial savings depending on the tiers (See page 13)	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 14).	Requires referral from your primary care doctor to see a specialist. Your primary care physician and the staff will manage and coordinate your care.



# MEDICAL BLUE CHOICE OPTIONS PPO

Administered by Blue Cross and 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
<b>PREVENTIVE CARE</b>		<b>YOU PAY</b>		
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
<b>OFFICE VISITS</b>				
<b>Primary Care Physician</b> , 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
<b>Specialist Physician</b> 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:		<b>YOU PAY</b> After Tier 1 deductible	<b>YOU PAY</b> After Tier 2 deductible	<b>YOU PAY</b> After Tier 3 deductible
<b>OUTPATIENT SERVICES*</b>				
<b>Outpatient surgery MRI, PET &amp; CT scan*</b>		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
<b>HOSPITAL SERVICES*</b>				
<b>Hospital stay* including inpatient surgery</b>		10%	25%	40% PPO allowed rate plus balance
<b>EMERGENCY ROOM CARE</b>				
<b>Emergency Room</b>		\$200 co-pay waived if admitted to hospital		
<b>Emergency Room Treatment</b>		10%		
<b>Ambulance emergency care</b>		10% of PPO allowed rate - additional cost		
<b>Urgent care</b>		\$25 copay/10% coinsurance	\$35 copay/25% coinsurance	40% coinsurance
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE*</b>				
<b>Inpatient hospitalization* Outpatient therapy*</b>		10%	25%	40% PPO allowed rate plus balance
<b>ALTERNATIVES TO HOSPITAL CARE*</b>				
<b>Skilled nursing facility* Home health care*, Hospice care*</b>		10%	25%	40% PPO allowed rate plus balance
<b>MATERNITY SERVICES</b>				
<b>Maternity management program</b>		No charge plus \$100 cash incentive		
<b>Pre and post natal doctor visits</b>		\$20 copay (first visit)	\$25 copay (first visit)	40% PPO allowed rate plus balance
<b>Delivery and hospital stay*</b>		10%	25%	
<b>OUTPATIENT REHAB</b>				
<b>Physical therapy*</b>		10%	25%	40% PPO allowed rate
<b>OTHER SERVICES</b>				
<b>Occupational and speech therapy* (Limited to 60 visits annually)</b>		\$20 copay	\$20 copay	40% PPO allowed rate plus balance
<b>DME*: Oral Surgery; Ambulance transport between hospitals*</b>		10%	25%	

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

## 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 manner 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 an ambulance (or air 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 Cardiac Care Hip, knee, spine procedures	} Must be done at a Blue Distinction Center or Blue Distinction Center +
Gender reassignment surgery	
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 10 sessions from one or more providers. Call each year if care is on-going.
Occupational and speech therapy	Call after a combined total of 10 sessions from one or more providers. Call each year if care is on-going.
Physical therapy	Call after a combined total of 10 sessions from one or more providers. Call each year if care is on-going.
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, or performed at a facility other than one considered Free Standing.
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.

Effective 1/1/2024. 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. Updated Dec. 2023.

## PPO SAVINGS



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

Blue Choice Options is designed for members who want the benefits of a PPO and the flexibility to use a large network when the need arises—all at a lower price than with our traditional PPO plan.

To receive the highest level of benefits, you and your covered dependents should use the independently-contracted doctors and hospitals within the Blue Choice Opt PPOSM network (Tier I). You can receive care from a provider within the larger PPO network (Tier II), but will pay higher out-of-pocket costs. You will pay the highest out-of-pocket cost by choosing an out-of-network provider and may have to pay those fees up front. To find a provider that is within the Tier 1 network, call 1-800-772-6895 or go to [www.bcbsil.com/cityofchicago.org](http://www.bcbsil.com/cityofchicago.org)

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### 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.

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

Get your routine lab tests paid in full by using a free-standing lab which is not affiliated with a hospital. Request from your doctor the lab order for tests to be done at a free-standing facility. Take this paperwork or the order form from your doctor to the free-standing lab and test results will be sent directly to your doctor.

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### 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.

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### 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.

# MEDICAL BLUE ADVANTAGE HMO\*

Administered by Blue Cross and Blue Shield of Illinois

**\*For New Hires 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 the amount shown.

Service Type	You Pay
<b>DOCTORS VISITS</b>	
Primary Care Physician	<b>\$25 copay</b>
Specialists	<b>\$35 copay</b> when approved by PCP
Pre-natal visits	<b>\$25 copay</b> first visit
<b>HOSPITAL (all hospital services must be approved by PCP)</b>	
Inpatient admission	<b>\$100 copay per day first 5 days</b>
Surgery (outpatient)	<b>\$100 copay</b>
Maternity delivery	<b>\$100 copay per day first 5 days</b>
Behavioral Health Inpatient Care	<b>\$100 copay per day first 5 days</b>
<b>PREVENTIVE SERVICES</b>	
Routine checkups for adults & children; well- baby care; well-women visits; mammograms; DRE & PSA; colonoscopies, hearing tests	<b>\$0 copay</b>
<b>EMERGENCY SERVICES (see next page for emergency coverage information)</b>	
Emergency room treatment - life threatening	<b>\$200 copay</b> (waived if admitted)
Ambulance - life threatening	<b>You pay \$0</b>
Urgent care	<b>\$25 copay</b>
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE (must receive referral from PCP)</b>	
Outpatient therapy	<b>\$25 copay</b>
<b>OUTPATIENT REHAB THERAPY (must receive referral from PCP)</b>	
Physical, speech and occupational therapy	<b>\$0 copay</b> Limit of 60 visits combined each calendar year
<b>OTHER SERVICES (all other services must be pre-approved by PCP)</b>	
Skilled nursing facility	<b>\$0</b> Limited to 120 days a year
Durable Medical Equipment (DME) Hospice Home health care Ambulance transport between hospitals	<b>\$0</b>

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\*Please note an HMO provider may opt out of the network at any time.

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## HMO EMERGENCY CARE



The Medical 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><b>EMERGENCY ROOM (ER) TREATMENT</b></p> <p>Go to the nearest emergency room in the event of a life threatening emergency</p>	<p>You pay <b>\$200 copay</b> - waived if admitted</p> <p>Any life threatening or disabling health problem is a true emergency. You should go to the nearest hospital ER or call 911. When you use the ER for true emergencies, you help keep your out-of-pocket costs lower.</p> <p>Contact your Primary Care Physician (PCP) as soon as possible after treatment for an emergency and coordinate follow-up care with your PCP.</p>
<p><b>AMBULANCE</b></p> <p>For life threatening medical emergencies</p>	<p>You pay <b>\$0</b></p>
<p><b>TREATMENT IN PCP OFFICE</b></p> <p>For acute medical problems which are not life threatening</p>	<p>You pay <b>\$25 copay</b> if care is given in your PCP's office. Your PCP's office is an appropriate place to go for non-emergency care, such as health exams, routine shots, colds, flue, and minor injuries. Your doctor knows your health history, the medicine you take, your lifestyle, and can decide if you need tests or specialist care. Your doctor can also help you with care for a chronic health issue, such as asthma or diabetes.</p>
<p><b>GUEST MEMBERSHIP MEDICAL CARE AWAY FROM HOME</b></p> <p>For treatment for unexpected illness and injury when traveling outside the Chicagoland area contact your PCP</p>	<p>Guest membership is a courtesy membership for members/dependents who are living temporarily outside of their Home HMO service area. Members receive a courtesy enrollment in a participating Host HMO and access to a comprehensive range of benefits, including routine and preventative services.</p>
<p><b>URGENT CARE</b></p> <p>For treatment for unexpected illness and injury</p>	<p>You pay <b>\$25 copay</b>. These facilities can treat you for more serious health issue, such as when you need an x-ray, or stitches.</p> <p>You will probably have a lower out-of-pocket cost than at a hospital ER, and you may have a shorter wait. To ensure benefits, call the number on your Blue Advantage BCBSIL ID card to confirm which urgent care centers participate in your Plan.</p>

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

**[www.bcbsil.com/cityofchicago](http://www.bcbsil.com/cityofchicago) • 1-800-730-8504**

Effective 1/1/2024. 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. Updated Dec. 2023.

# PRESCRIPTION BENEFITS HMO AND PPO PLANS



# 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](http://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**

### Annual Out-of-Pocket Limit

**\$5,100 Individual** In network providers only  
**\$9,700 Family** In network providers only

### 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](http://www.caremark.com) for information about the prior authorization process and the list of Value Formulary drugs.

**[www.caremark.com](http://www.caremark.com) • 1-866-748-0028**

# DENTAL BENEFITS HMO AND PPO





# DENTAL PROGRAM

Administered by Blue Cross and Blue Shield of Illinois



Enrollment in the dental plan is available after one calendar year of full-time employment. You pay separate contributions for dental coverage which will be taken as payroll deductions.

You will receive information from the Benefits Service Center approximately 30 days prior to the eligibility date. You may also call the Benefits Service Center at 1-877-299-5111.

## BLUE CARE DENTAL PPO & HMO BENEFITS

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

# VISION BENEFITS



## VISION PROGRAM

Administered by Davis Vision

You pay separate contributions for vision coverage which will be taken as payroll deductions. If you want to enroll in vision coverage, visit [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org) or call the Benefits Service Center at 1-877-299-5111.



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](http://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
<b>Routine Eye Exam</b> (One exam every 12 months) based on last date of service	<b>\$0</b>	Balance over <b>\$35</b>
<b>Frames</b> One pair every 12 months	<b>\$0</b> for frames from exclusive collection:  <ul style="list-style-type: none"> <li>• Or balance over the <b>\$110</b> allowance for frames at Visionworks stores</li> <li>• Or balance over the <b>\$50</b> allowance for frames at other in-network stores</li> </ul>	Balance over <b>\$50</b>
<b>Lenses-single vision</b>  <b>Scratch Coatings</b>  <b>Special lenses</b>	<b>\$0</b> one set every 12 months  <b>\$0 copays</b>  Visit <a href="http://www.davisvision.com">www.davisvision.com</a> or call 1-888-456-8758 for specific copay amounts.	Balance over <b>\$35</b>
<b>Contact lenses</b> (in lieu of glasses)	<b>\$0</b> one set every 12 months  *Davis Vision collection <b>\$0</b> for 4 multipacks or boxes *Other disposables: Balance over <b>\$105</b>	Balance over <b>\$105</b>

**[www.davisvision.com](http://www.davisvision.com) • 1-888-456-8758**

# FLEXIBLE SPENDING ACCOUNTS





## FLEXIBLE SPENDING ACCOUNT (FSA) (Health Care and Dependent Care)

Administered by Optum Financial

### WHAT IS A HEALTH CARE FSA?

A Health Care Flexible Spending Account (HCFSA) is a tax-advantaged account that allows you to use pre-tax dollars to pay for qualified medical expenses. You can enroll in an HCFSA within 30 days of your hire date and can access these funds throughout the year. The contribution is subject to certain legal limits.

There are hundreds of eligible expenses for your HCFSA funds, including prescriptions, some over-the-counter items, doctor office copays, health insurance deductibles and coinsurance. HCFSA funds may even be used for eligible expenses for your spouse or federal tax dependents.

If you elect to enroll in the HCFSA you will receive a VISA debit card. Funds will be available for use as of January 1, 2024. Funds in the account are easily accessed with the VISA debit card. Your account balance is available at any time **online**, through the mobile app, or over the phone.

If you are on an approved leave of absence and not contributing via payroll deductions to your HCFSA, when you return to work you will have catch-up payments for the prior pay periods in which payroll deductions did not occur.

Enrollment in a HCFSA ends on the last day of employment. Participants can still submit reimbursement requests for claims that were incurred up through the last day of employment, if any funds remain available on the account.

The Internal Revenue Service (IRS) requires that any money left in your account at the end of the year will be forfeited, after a grace period. For 2024 the grace period ends March 15, 2025. You will have until March 31, 2025 to submit your 2024 expenses.

In the case of COBRA, the employee can elect to continue the HCFSA for the remainder of the year by submitting direct payments to the Chicago Benefits Office.

**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 or medical claims information. **Always save your itemized receipts!**

The IRS requires that employers make the full annual Health Care 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 Health Care FSA, you must contribute a minimum of \$120 and up to a maximum of \$3,050 per calendar year. The IRS may increase the maximum amount annually.

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

## WHAT IS A DEPENDENT CARE FSA?

A Dependent Care Flexible Spending Account (DCFSA) is a tax-advantaged account that allows you to use pre-tax dollars to pay for qualified child care and/or adult dependent care expenses. Typical expenses under this account include charges for day care, nursery school, and certain elder care (but not medical). You enroll within 30 days of your hire date and can access these funds throughout the year.

Unlike the HCFSA, the DCFSA does not pre-load funds (front load) onto a Visa debit card. You must submit claims directly to Optum to be reimbursed. You will only be reimbursed the amount that you contribute.

**Note:** You can enroll within 30 days of your hire date, or when you experience an eligible election change event, such as a birth of a child, marriage, or loss or gain of other coverage. You may also enroll during the annual open enrollment period. Contact the Benefits Service Center (BSC) at 1-877-299-5111 for additional information regarding enrollment.

### Reimbursement Eligibility Requirements

- 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.
- You and your spouse 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 HCFSA, you must use all of your DCFSA 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 HCFSA, you may only receive reimbursement from your DCFSA equal to the amount you have actually deposited.

### MINIMUM/MAXIMUM CONTRIBUTIONS TO THE DCFSA

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

**Note:** Services related to Healthcare expenses are not reimbursable under the Dependent Care Program.

[www.myoptumfinancial.com/city-of-chicago](http://www.myoptumfinancial.com/city-of-chicago) • 1-833-229-4428

# COMMUTER (TRANSIT) BENEFIT PROGRAM

Administered by Optum

## Save on CTA and Metra Rides

Under the Commuter (Transit) Benefit program, you do not pay taxes on the money you use for rides on CTA or Metra. The plan allows you to purchase CTA and Metra transit card with pre-tax dollars via payroll deductions. Each month, you decide how much to put aside each paycheck before taxes to pay for your commuting expenses. As an example, an employee who is taxed at 25% and sets aside \$100 per month in the transit benefit program will save \$25 a month, or \$300 a year. The maximum monthly contribution is \$300.\*

Your transit funds will be available two months after payroll deductions begin.

Sign up at [www.myoptumfinancial.com/city-of-chicago](http://www.myoptumfinancial.com/city-of-chicago) or call 1-833-229-4428 and then place an order for a CTA or Metra card. It takes about two months for your first card to be mailed to your home, and Optum will automatically re-load your card when it expires. You can cancel your order anytime if your commuting needs change or you need to be away from work for a while. However, deductions may continue for two additional months as there is a two month lag time to enroll and disenroll.

**[www.myoptumfinancial.com/city-of-chicago](http://www.myoptumfinancial.com/city-of-chicago) • 1-833-229-4428**

\*This number is subject to change annually

# OTHER BENEFITS





## LIFE INSURANCE

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](http://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. For sworn firefighters and paramedics the amount of insurance is \$75,000. 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](http://www.metlife.com/mybenefits) or 1-866-492-6983)

You may buy life insurance for yourself or buy coverage for your eligible dependents. You will pay the cost through payroll deductions.

Please note:

- New hires can elect to enroll for 1x to 3x your annual earnings, not to exceed \$1 million, if enrolled within 31 days of hire date. Proof of good health is not required.
- Electing an amount of insurance (4x to 10x your annual earnings, up to \$1.5 million) will require proof of good health.
- 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)

**OPTIONAL PERMANENT LIFE INSURANCE:** (Texas Life (formerly MetLife) [www.empben.com/CityofChicagoUL/](http://www.empben.com/CityofChicagoUL/) or 1-800-638-6855)

Permanent life insurance also provides a death benefit. Apply for coverage for yourself or your dependents. (Proof of good health satisfactory to Texas Life is required.)

**LONG TERM DISABILITY:** (Prudential [www.prudential.com](http://www.prudential.com) 1-800-842-1718)

As a new city employee you will be automatically enrolled in the Long Term Disability (LTD) plan. The LTD is designed to provide you a monthly payment in the event you cannot work because of an illness or injury. Your premium is deducted from your paycheck. You may opt out of the program by contacting Prudential, directly at the number listed above.

## 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:

- **Combined Insurance Company**, [www.combinedinsurance.com/cityofchicago](http://www.combinedinsurance.com/cityofchicago), 1-888-870-3382
- **Aflac Insurance Company**, [www.aflac.com/cityofchicago](http://www.aflac.com/cityofchicago), 1-888-382-3522

Each 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.

Employees should carefully consider which of the optional products the City offers best meets their needs for life insurance, disability insurance, medical 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.

<b>Minimum payroll deduction to start account</b>	\$10 per pay period
<b>Contribution limits if you are under age 50</b>	\$22,500 for 2023* (may be increased by IRS for 2024)
<b>Contribution limits if you are over age 50</b>	Additional "catch-up" contribution of \$7,500 permitted, for a total of \$30,000 in 2023* (may be increased by IRS for 2024)
<b>Taxation of Contributions</b>	Income taxes on before-tax contributions are deferred until your account is distributed. Roth contributions are made on an after-tax basis. However, earnings on Roth contributions may be distributed tax-free in retirement, if you meet certain requirements (see Taxation of Distribution below)
<b>Age at which you must begin taking distributions</b>	April 1st of the year following the year when you attain 73 or end employment with the City of Chicago, whichever is later
<b>Penalty for early withdrawals</b>	There are no early withdrawal tax penalties when withdrawing 457(b) funds; however, you must either sever employment or qualify under one of the access funds options below to be eligible to take a withdrawal from your account.  Funds rolled over from an IRA or qualified retirement plan may be accessed at any time, but may be subject to early withdrawal penalty if withdrawn prior to 59 ½
<b>Accessing funds while still employed</b>	You may access your funds if you: <ul style="list-style-type: none"> <li>• Attain age 59 ½</li> <li>• Have \$5,000 or less in your account, have not contributed to the plan in at least two years and have never taken a withdrawal of this type before</li> <li>• Take a plan loan</li> <li>• Request an unforeseeable emergency withdrawal (requires approval according to IRS guidelines)</li> <li>• Request up to \$5,000 within 12 months of a qualified birth or adoption</li> </ul>

\*These numbers are subject to change annually

Continued on next page...

**[www.chicagodeferrredcomp.com](http://www.chicagodeferrredcomp.com) • 1-855-457-2489 or 1-877-677-3678**

Effective 1/1/2024. 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. Updated Dec. 2023.

# DEFERRED COMPENSATION RETIREMENT PLAN (CONTINUED)

Administered by Nationwide

<b>Taxation of Distributions</b>	<p>Distributions from pre-tax contributions are subject to income tax unless rolled over to an IRA or a qualified retirement plan. Not all distributions are eligible for rollover.</p> <p>Distributions of Roth contributed funds and earnings are deemed “qualified” and free from federal income tax if the following have been met:</p> <ol style="list-style-type: none"><li>1) Five calendar years have passed after making your first Roth contribution before taking a withdrawal <b>AND</b></li><li>2) Reached age 59 ½ or older; or are disabled or died and beneficiary becomes disabled</li></ol> <p>If your Roth withdrawal does not meet these qualifications, your accumulated Roth earnings, but not your Roth contributions, will be taxed</p>
<b>Matching Contribution</b>	<p>Some Collective Bargaining Agreements provide for employee matching contributions into a 401(a) Match Plan. See your collective bargaining agreement for details</p>

[www.chicagodeferrredcomp.com](http://www.chicagodeferrredcomp.com) • 1-855-457-2489 or 1-877-677-3678

# Build a more secure retirement by supplementing your pension



## CHICAGO DEFERRED COMPENSATION PLAN OVERVIEW

### Key reasons to consider your Chicago Deferred Compensation Plan:

**Tax Flexibility** — Tax-deferred and Roth after-tax contributions

**Easy** — Payroll deduction means your contributions are automatic

**Flexible** — Change your investment mix or contribution amount at any time

**Access** — You can withdraw 457(b) assets when you leave service or retire, regardless of your age

**Low Cost** — Through group buying, we negotiate lower fund fees than individuals may be able to get on their own

**Portability** — If you leave your job, you may be able to roll your assets into another eligible retirement plan or IRA

**Automatic** — Earnings are reinvested, harnessing the power of compounding



### Enroll today!

[chicagodeferrredcomp.com](http://chicagodeferrredcomp.com)  
855-457-2489  
205 W Randolph St.,  
Suite 1540,  
Chicago, IL 60606



#### Retirement specialists

Scan the QR code to schedule an individual consultation with your local Retirement Specialists dedicated to the Chicago Deferred Compensation Plan.



#### Educational workshops

We provide a regular monthly series of virtual workshops. The content focuses on features and options relevant to the Chicago Deferred Compensation Plan. Scan the QR code to register.



#### Investing approaches

You have 3 approaches available in retirement: Do it myself, Help me do it and Do it for me. To learn more, scan the QR code to view your investment options.



#### My Retirement by Nationwide<sup>SM</sup> app

Access your retirement account from nearly anywhere. Download My Retirement from your device on the App Store or Google Play. Keep your retirement plans on track with 24/7 access to your account.



#### Account consolidation

Manage all your retirement assets in your account: one statement, one required minimum distribution and one contact for easier account management. Contact us to learn how.



#### Robust website

Chicagodeferrredcomp.com provides online education and tools, investment information and account access in a simple, easy-to-navigate site. This includes access to robust planning tools such as My Interactive Retirement Planner<sup>SM</sup> and My Investment Planner<sup>SM</sup>.

This material is not a recommendation to buy or sell a financial product or to adopt an investment strategy. Investors should discuss their specific situation with their financial professional.

Investing involves market risk, including possible loss of principal. No investment strategy or program can guarantee to make a profit or avoid loss. Actual results will vary depending on your investment and market experience.

Qualified retirement plans, deferred compensation plans and individual retirement accounts are all different, including fees and when you can access funds. Assets rolled over from your account(s) may be subject to surrender charges, other fees and/or an additional 10% early withdrawal tax if withdrawn before age 59½. Nationwide and its representatives do not give legal or tax advice. Please contact your legal or tax advisor for such advice.

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# WELLNESS PROGRAM



## CHICAGO LIVES HEALTHY WELLNESS PROGRAM FOR 2024



### **Well OnTarget® (www.wellontarget.com)**

Well onTarget® is the wellness program offered by Blue Cross Blue Shield of Illinois. Well onTarget® includes a Health Assessment, self-management programs, tracking tools and interactive health calculators, and a variety of trusted health resources and information. Your participation in Well onTarget® is completely optional and will not impact the premium you pay for health insurance.

Well onTarget® also offers reduced price gym memberships, and the Blue Points Program® which allows members to earn reward points which can be redeemed in an on-line shopping mall. For example, if you complete a Health Assessment once every six months you will earn 2,500 rewards points each time which you can redeem in the on-line shopping mall. You can earn reward points for completing health related education programs and engaging in physical activities or you can sync many fitness devices and earn points automatically.

Well onTarget® is available at [www.wellontarget.com](http://www.wellontarget.com). You will need your BCBSIL medical plan identification card to enroll. If you are already a member for Blue Access for Members (BAM), you will use your BAM credentials to sign in. Please call 1-877-806-9380 between 7:00 a.m. - 9:00 p.m. CDT for any questions on the program.

### **Health Improvement Programs (HIP)**

There is an additional component to the Chicago Lives Healthy Wellness Program called a Health Improvement Program. If you are notified that you have been assigned to participate in a Health Improvement Program (HIP), the participation requirements will differ by program but will generally include an enrollment session and then telephonic coaching sessions during the quarter. You will meet ongoing HIP participation requirements by engaging with the health professionals who provide coaching service through the programs. Health improvement programs are offered through Telligen.

Members are identified for HIP based on a variety of factors including biometric screening results and for PPO participants, pharmacy and medical claim data. Participation in a HIP does not require you to meet any physical performance goals such as a reduction in blood pressure, weight or cholesterol readings. With the support and guidance of a health coach, you will learn about your risk factors and how to make progress towards improving your health. You can also discuss goals and strategies to better your health, plus benefit from the expertise coaching provides.

This is a voluntary wellness program and you can elect to participate or chose not to participate. However, if the HIP participation requirements are not met, there will be a \$50 per non-participant per month increase in the employee's required health plan contribution. For example, if both the covered spouse and the employee are assigned to a HIP program and elect to not participate, the employee will pay \$100 more per month for health plan coverage.

If you are assigned to a HIP for 2024, you will receive an individual letter early in January 2024 that will provide program specifics, participation requirements, and enrollment information.

# OTHER RESOURCES





# TELLIGEN SERVICES

## COACHING PHILOSOPHY

Telligen Health Coaching is an ongoing, collaborative program between a participant and their health coach. Throughout the program, the coach will communicate regularly telephonically and through Telligen's mobile health app to assess needs and set goals.



## DISEASE MANAGEMENT COACHING

### Chronic Condition Coaching

This program is available for members who have been diagnosed with a chronic condition. Telligen nurse coaches engage with members to help educate them to understand and manage their conditions for healthier outcomes.

- **Includes:**
  - Anxiety & Depression
  - Asthma
  - Cardiac Diseases
  - Chronic Kidney Failure
  - Chronic Pain
  - Congestive Heart Failure
  - COPD
  - Diabetes
  - High Blood Pressure
  - Infertility Maternity
  - Obesity
  - Other Chronic Conditions
  - Sleep Apnea

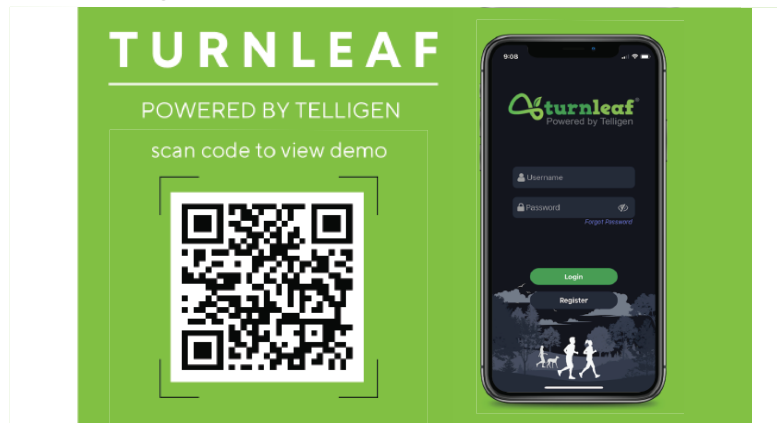
### Metabolic Syndrome/At-Risk Coaching

Telligen's Metabolic Syndrome or At-Risk Coaching Solutions are available to members who have elevated blood pressure, weight, cholesterol, triglycerides, and/or blood glucose. Telligen health coaches engage with members to help educate them to understand and manage their risk factors for healthier outcomes.

- **Includes:**
  - Anxiety/Depression
  - Diabetes Prevention
  - High Blood Pressure
  - High Cholesterol
  - Ergonomics
  - Quit Smoking/Vaping
  - Weight Loss

## MOBILE APPLICATION

Telligen's wellness program features a technology suite that includes our proprietary Turnleaf mobile application to provide users with convenient, one-stop access to coaching and health management support resources.



### Features include:

- Directly message personal health coach
- Schedule future calls with the health coach
- Enter personal biometric data
- View individual progress at anytime

## CASE MANAGEMENT

Following a health crisis or a new diagnosis, Telligen's nurse case managers engage members in a collaborative process of health assessments, planning, care coordination, education, and advocacy of care. This is all done with the final goal of members having the ability to successfully self-manage their care and condition.

- **Includes:**
  - Behavioral Health
  - Catastrophic
  - Emergency Room Reduction
  - Inpatient to Home Transition
  - Musculoskeletal
  - Oncology
  - Opioid Monitoring
  - Transplants

## UTILIZATION MANAGEMENT

As required by the City's healthcare plan, the goal of our Utilization Management (UM) program is to provide a fair, evidence-based review of the care you are receiving to determine medical necessity. The UM program protects you from receiving treatments that do not meet the standard of care.

- **Includes:**
  - Diagnostic Tests
  - Durable Medical Equipment
  - Inpatient Admissions
  - Outpatient Therapies
  - Surgery/Procedures
  - Other Plan Required Benefits

# BCBSIL RESOURCES

## BLUE ACCESS FOR MEMBERS

### Your Online Resource

BCBSIL helps you get the most out of your health care benefits with Blue Access for Members. You and all covered dependents age 18 and up can create an account.

#### You can:

- Check the status or history of a claim
- View or print explanation of benefits statements
- Locate a doctor or other health care provider and hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card or print a temporary one

### It's Easy to Get Started

1. Go to [bcbsil.com/cityofchicago](https://bcbsil.com/cityofchicago).
2. Click Log In to Your Account and then Register Now.
3. Use the information on your member ID card to complete the registration process.
4. Go digital! Text\* BCBSILAPP to 33633 to get our app that lets you use Blue Access for Members while you're on the go.

## PROVIDER FINDER

### Looking for a Doctor?

Provider Finder is a convenient way to locate doctors and hospitals in your network. You can filter the search results by provider type, specialty, ZIP code, language and gender.

Plus, get door-to-door directions with Google Maps. It's now faster and simpler to do than ever before!

Go to [bcbsil.com/cityofchicago](https://bcbsil.com/cityofchicago) and click the **Doctors and Hospitals** tab to get started.

## BLUE365

### A Discount Program for You

Blue365 is just one more advantage you have being a BCBSIL member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or prior authorizations.

Sign up for Blue365 at [blue365deals.com/BCBSIL](https://blue365deals.com/BCBSIL). Weekly "Featured Deals" will be emailed to you. These deals offer special savings for a short period of time.

# EMPLOYEE BENEFITS PORTAL INSTRUCTIONS



# EMPLOYEE BENEFITS PORTAL

[www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org)



Scan the QR code to visit the Benefits Portal

Instructions on how to access the online Employee Benefits Portal are provided below. Screen shots are for illustration purposes only. Actual screens may vary.

## First time users / Returning Users

**Step 1:** To enroll **online**, go to: [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org) to register, create your username, password, and establish security questions. If you are having difficulty registering, contact the Benefits Service Center at 1-877-299-5111.

**Step 2: First-time users:** If you haven't used this website within the last year, you must register. Click register at the bottom.

**Returning Users:** Please follow the instructions under, "[What's my initial password?](#)"

CHICAGO  
BENEFITS OFFICE

[Need Help?](#)

**Welcome to the Employee Benefits Portal!**

First-time users: All first-time users, including those who have not logged onto the site since September 2022 are required to register. Please click the Register button below to access the site.

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

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

# EMPLOYEE BENEFITS PORTAL

[www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org)

**Step 4:** Create and confirm a password.

Follow the instructions below.

**CHICAGO BENEFITS OFFICE**

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.

**CHICAGO BENEFITS OFFICE**

Registration successful

You have successfully registered.

[Show Employee ID](#) [Continue](#)

**Step 5:** Establish the Security Questions.

**CHICAGO BENEFITS OFFICE**

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](#)

# EMPLOYEE BENEFITS PORTAL

[www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org)

**Step 6:** Confirm your security questions and answers.

CHICAGO BENEFITS OFFICE

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

[Back](#) [Continue](#)

CHICAGO BENEFITS OFFICE

Security questions saved.

[Continue](#)

**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.

CHICAGO BENEFITS OFFICE

Disclaimer

TELUS Health 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 TELUS Health'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

[Cancel](#) [Save](#)

CHICAGO BENEFITS OFFICE

Disclaimer accepted.

You have successfully accepted the terms of the disclaimer.

[Continue](#)

# EMPLOYEE BENEFITS PORTAL

[www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org)

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

CHRISTOPHER's Dashboard

NEWLY ELIGIBLE  
You have 68 days to complete this event.  
Restart Modify Cancel

MY TOOLS

MY BENEFITS AS OF AUGUST 10, 2023  
\$49.11  
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	PPO Plan	Single
Dental	Dental PPO	Single
Vision	Delta Vision	Single
Health Care FSA	Waive FSA	\$0 Employee cost
Dependents Care FSA	Waive FSA	\$0 Employee cost

View All Benefits Selections

MANAGE YOUR FORMS AND DOCUMENTS  
Upload eligibility documents here  
View Details

Quick Actions

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

NEWLY ELIGIBLE  
You have 68 days to complete this event.  
Restart Modify Cancel

## Step 8: Verify/Add Dependents

Click "Add Family Member"

Home

Family Health Care Flexible Spending Accounts

Newly Eligible - December 18, 2023

### Family

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 enrolled for medical, dental and/or vision coverage. You must still select the dependent check box to elect coverage on the Health Care page after hitting Next.

+ Add Family Member

**CHRISTOPHER HODGES**

Relationship: Myself  
D.O.B.: Oct 15, 1984

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

Family Member

First Name: Test

Middle Name: T

Last Name: Tester

Social Security Number

Relationship: Child

Date of birth: 08/20/2020

Gender

Required field

NOTIFICATIONS MY ACCOUNT SUPPORT LOGIN

✓ Your dependent has been saved X

# EMPLOYEE BENEFITS PORTAL

[www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org)

**Step 9:** Verify who is covered. Be sure to look at the separate tabs for each plan (medical, dental, vision). Remember to check the box for each dependent being added to each plan.

The screenshot shows the 'Medical' tab selected. It includes instructions to select a plan and dependents. Under 'Select who should be covered', 'CHRISTOPHER HODGES Myself' is checked. Two plan options are shown: 'PPO Plan' with an employee cost of \$48.45 and 'Waive' with an employee cost of \$0.00. A 'Select' button is visible under the Waive option.

**Step 10:** Enrollment. When adding a dependent, you **MUST** add the dependent to **EACH PLAN** otherwise the dependent won't be covered in that plan. If you switch plans (example HMO to PPO) you have added a new plan and you **MUST** add dependents to cover them; this means if you fail to add your dependents to the new plan they won't be covered.

Each plan has its own tab. Select eligible benefits to enroll under each tab:

- Medical – Choose HMO, PPO, Waive
- Dental – Choose HMO, PPO, Waive
- Vision – Choose coverage or Waive

Enroll or re-enroll in the healthcare and/or dependent care Flexible Spending Account (FSA) for 2024.

The screenshot shows the 'Vision' tab selected. It includes instructions to select a plan and dependents. Under 'Select who should be covered', 'CHRISTOPHER HODGES Myself' is checked. Two plan options are shown: 'Davis Vision' with an employee cost of \$0.30 and 'Waive' with an employee cost of \$0.00. A 'Select' button is visible under the Waive option.

This screenshot shows a 'Special Notice Regarding Maximum Elected Amount for HCFA Benefit'. It asks if the user wants their elected amount increased to match the IRS maximum for 2024. There are two radio button options: 'Yes - If the IRS increases the allowed HCFA Maximum election, I want my elected amount increased to match.' and 'No - If the IRS increases the allowed HCFA Maximum election, I DO NOT want my elected amount increased to match.'

This screenshot shows the 'Flexible Spending Accounts' section. It includes 'Important Information' about Health Care FSA and Dependent Care FSA. Below, there are two input fields for 'Annual Contribution Amount'. The Health Care FSA field shows a default of \$500 and an employee cost of \$20.83. The Dependent Care FSA field shows a default of \$500 and an employee cost of \$20.83. There are 'View Details' buttons for each.

Effective 1/1/2024. 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. Updated Dec. 2023.



# EMPLOYEE BENEFITS PORTAL

[www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org)


## Step 10 continued: Complete Enrollment

Newly Eligible December 18, 2023

### Complete Enrollment

Below is a summary of your benefit selections. Take a moment to review your choices below before completing your enrollment.

Please scroll down to review and complete election process. Enrollment is not complete until you select "Complete Enrollment" at the bottom of the page.



**Your coverage**  
All benefits are effective as of January 1, 2024 unless otherwise noted in the table below. If your elected coverage requires additional verification, it will be updated once approved.

Benefit	Coverage Options	Coverage Details	Employee Cost
<b>Health Care</b>			
<b>Medical</b>			
Medical	FFO Plan	Single	\$48.48
<b>Dental</b>			
Dental	Dental FFO	Single	\$0.51
<b>Vision</b>			
Vision	Delta Vision	Single	\$0.15
<b>Flexible Spending Accounts</b>			
Health Care FSA	\$100.00	\$20.83 Employee cost	\$20.83
Dependent Care FSA	\$0.00	\$0 Employee cost	-
<b>Total</b>			<b>\$69.94</b>

**Cost Summary**

COST PER PAY OR BILLING PERIOD	
Medical / Vision / Dental	\$49.11
Health Care FSA	\$20.83
Dependent Care FSA	\$0.00
Your Cost per Pay or Billing Period	\$69.94

**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.

[Read full terms and conditions](#)

I agree to the Terms and Conditions

**Confirmation - Enrollment Complete**


## Enrollment Confirmed

Event type: **Newly Eligible** | January 1, 2024

[View 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.



**Step 11:** If you are adding new dependents, your next step is to submit eligibility documentation (marriage or birth certificate, adoption or legal guardianship paperwork).

### 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

Form Name	Event Name	Expiration Date
Birth Certificate	<a href="#">Birth, Adoption or Legal Guardianship(Sep 9, 2020)</a>	Nov 7, 2020

**Processed**  
No data available

Required Forms    **Upload Documents**

### Upload documents

This page lists the documents that you are required to provide to support the enrollment changes you have requested. You may have to upload multiple documents for each enrollment change requested. For example, if you are enrolling two children, you will see the document needed as birth certificate listed twice. You must submit the birth certificates for each child separately.

Document Name	Required for	Status	Details	Actions
Birth Certificate	Test X Test	Not Received		<a href="#">Upload</a>

# REMINDERS



## REMINDERS

### 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, Medicare eligibility, death.
- 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 or DISSOLUTION OF CIVIL UNION OR DOMESTIC PARTNERSHIP EX-SPOUSE'S HEALTH COVERAGE

If an employee becomes divorced or dissolves a civil union or domestic partnership, he/she must follow the procedure outlined in the City's Plan document available at [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org) **which includes notifying the Benefits Service Center online (or by calling) within 30 days of the date of the divorce or dissolution, and by submitting the certified divorce decree.**

To notify the Chicago Benefits Center **online**, log in at [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org), click on "Life Events" then select "Divorce" and follow the prompts. To notify by phone, call 1-877-299-5111. **Review the City's plan document at the website above for more information.**

Eligibility documents, such as a divorce decree, can be uploaded on the Benefits Portal at [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org) or faxed to 412-235-6797.

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

### UPDATE YOUR BENEFICIARIES

You automatically receive life insurance at no charge if you are a full-time City of Chicago employee. Make sure you keep your beneficiary information updated. Even after a divorce, a life insurance award will be paid to the person who is on file as your beneficiary. Contact your life insurance company to name or update your beneficiary. Please keep your annuity fund and deferred compensation beneficiaries up to date.

### ONLINE PAY SLIPS Available

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.

## REMINDERS (CONTINUED)

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

### ADDING/REMOVING DEPENDENTS DURING THE YEAR

You may be eligible to make election changes during the year. If you experience an eligible election change event, such as a marriage, birth or adoption of a child, gain or loss of coverage, or divorce. You must notify the Benefits Service Center (BSC) within 30 days of the event and submit the required eligibility documentation within 60 days (180 days in the event of the birth of a newborn). You can notify the BSC of your election change event by accessing the online enrollment portal at [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org) or by calling 1-877-299-5111. See page 6 for a list of the required documentation.

### WOMEN'S HEALTH AND CANCER RIGHTS ACT

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).

These Benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the Plans.

Contact your PPO or HMO administrator for more information

### ILLINOIS CONSUMER COVERAGE DISCLOSURE

For the Illinois Consumer Coverage disclosure Act Essential Health Benefits Comparison, go to [www.CityofChicago.org/Benefits](http://www.CityofChicago.org/Benefits)

# FREQUENTLY ASKED QUESTIONS ABOUT HEALTHCARE COVERAGE

## Q. How do I enroll in the City of Chicago Benefits?

A. Log on to [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org) or call the City of Chicago Benefits Service Center at 1-877-299-5111.

## Q. When is my deadline to enroll?

A. You have 30 days from your date of hire to enroll (including dependents). If you enroll dependents, you must submit eligibility documents within 60 days of your hire date (see page 5). **Please note, your coverage will not go into effect, until elections are made, dependent eligibility documents are received and payroll deductions begin.**

## Q. What documents are needed for enrolling my dependents?

A. All required certified documents for dependents are listed on page 6.

## Q. How can I submit my documents?

A. Employees should upload certified eligibility documents electronically at [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org) in the Manage Your Forms and Documents section, or fax to 412-235-6797, or mail to City of Chicago Benefits Service Center, P.O. Box 534077, St. Petersburg, Florida 33747-4077.

We strongly encourage the use of the online Employee Benefits Portal.

## Q. When are my benefits effective?

A. Benefits are effective the first of the month following your hire date if the following requirements are completed:

- Enrollment within 30 days of your hire date; and
- Payroll deductions begin; and
- Supporting documentation for dependents is received within 60 days.

## Q. Who can I enroll under my benefit plans?

A. You may enroll yourself, a spouse, a civil union partner, a child or children through age 25.

## Q. If I miss my new hire enrollment deadline, when is the next time for enrollment?

A. If you fail to complete enrollment by the 30 day deadline or fail to bring in documents by the 60 day deadline, you can enroll during the next annual open enrollment period. You can also enroll if you have a election change event such as marriage, birth of child, loss of other coverage or divorce.

## Q. How do I log onto the [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org) website?

A. Follow the instructions starting on page 40 for instructions on how to access your online account.

## Q. How do I change my address?

A. Contact your department human resource liaison or time keeper for instructions on how to change your address.

## Q. How do I change my name?

A. To submit a request to change your name log into the Employee Benefits Portal at [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org). You must submit a copy of your updated Social Security Card, and State ID or Driver's License, or Passport.

# IMPORTANT WEBSITES AND PHONE NUMBERS





## IMPORTANT WEBSITES AND PHONE NUMBERS

<b>City of Chicago Benefits Service Center</b>	<a href="http://www.cityofchicagobenefits.org">www.cityofchicagobenefits.org</a>	1-877-299-5111
<b>Medical PPO</b> Blue Cross Blue Shield of Illinois	<a href="http://www.bcbsil.com/cityofchicago">www.bcbsil.com/cityofchicago</a>	1-800-772-6895
CVS Caremark Pharmacy	<a href="http://www.caremark.com">www.caremark.com</a>	1-866-748-0028
Telligen medical plan advisor	<a href="http://www.telligen.com">www.telligen.com</a>	1-800-373-3727
<b>Medical HMO</b> Blue Advantage HMO	<a href="http://www.bcbsil.com/cityofchicago">www.bcbsil.com/cityofchicago</a>	1-800-730-8504
CVS Caremark Pharmacy	<a href="http://www.caremark.com">www.caremark.com</a>	1-866-748-0028
<b>BlueCare Dental</b> Dental PPO and HMO	<a href="http://www.bcbsil.com/cityofchicago">www.bcbsil.com/cityofchicago</a>	1-855-557-5487
<b>Davis Vision</b>	<a href="http://www.davisvision.com">www.davisvision.com</a>	1-888-456-8758
<b>MetLife</b> Basic term life insurance Optional life insurance	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	1-866-492-6983
<b>Prudential</b> Long Term disability	<a href="http://www.prudential.com">www.prudential.com</a>	1-800-842-1718
<b>Texas Life</b> Universal permanent life insurance	<a href="http://www.empben.com/CityofChicagoUL/">www.empben.com/CityofChicagoUL/</a>	1-800-638-6855
<b>Nationwide Retirement Services</b>	<a href="http://www.chicagodeferredcomp.com">www.chicagodeferredcomp.com</a>	1-877-677-3678
<b>Voluntary Supplemental Insurance</b> Combined Insurance Company Aflac Insurance Company	<a href="http://www.combinedinsurance.com/cityofchicago">www.combinedinsurance.com/cityofchicago</a> <a href="http://www.aflac.com/cityofchicago">www.aflac.com/cityofchicago</a>	1-888-870-3382 1-888-382-3522
<b>Optum Financial</b> Flexible Spending Account (FSA) Healthcare and Dependent Care Account; Transit Benefit Program	<a href="http://www.myoptumfinancial.com/city-of-chicago">www.myoptumfinancial.com/city-of-chicago</a>	1-833-229-4428
<b>Chicago Lives Healthy Wellness Program:</b> Well on Target Health Improvement Program (HIP)	<a href="http://www.wellontarget.com">www.wellontarget.com</a> <a href="http://www.telligen.com">www.telligen.com</a>	1-877-806-9380 1-800-373-3727

## IMPORTANT WEBSITES AND PHONE NUMBERS

ANNUITY FUND	WEBSITE	PHONE NUMBER
<b>Firemen's Annuity and Benefit Fund of Chicago</b>	<a href="http://www.fabf.org">www.fabf.org</a>	1-312-726-5823
<b>Municipal Employees' Annuity and Benefit Fund of Chicago</b>	<a href="http://www.meabf.org">www.meabf.org</a>	1-312-236-4700
<b>Laborers' and Retirement Board Employees' Annuity and Benefit Fund of Chicago</b>	<a href="http://www.labfchicago.org">www.labfchicago.org</a>	1-312-236-2065
<b>Policemen's Annuity and Benefit Fund of Chicago</b>	<a href="http://www.chipabf.org">www.chipabf.org</a>	1-312-744-3891



