



OPEN ENROLLMENT 2017



CITY OF CHICAGO

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

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Chicago Labor Management Cooperation Committee (LMCC)

Dear Employees:

October 2016

The City of Chicago and labor representatives, working together in the LMCC for the past 10 years, have frozen monthly employee Health Plan contribution rates at 2006 levels. The LMCC did this by constantly reviewing and adjusting the Health Plans to hold year-over-year Plan cost increases at or below 8%.

****For 2017, new LMCC initiatives to improve plan efficiency****

1. The **Wellness Plan** no longer requires annual screenings. Now screenings are every 3 years (except for new hires, previous non-participants and newly covered spouses). Other changes will be explained in the December launch materials sent to your home.
2. For **physical and occupational therapy**, coverage extended to acquisition of function, with a copay of \$20 per visit. Starting in 2017, physical therapy will become subject to utilization review after seven visits in any year.
3. **Dental/Vision**: The dental and vision coverage is carved out from the medical plan and offer enhanced benefits. For vision: improved contact lens formulary, eliminated co-pay for lens scratch coating. For dental PPO: the PPO annual maximum increased to \$1,500, sealants covered every 5 years for a child under age 14; drops semi-annual bite-wing X-rays, in-network coverage increases from 60% to 80% for basic and restorative services, and crowns covering an abutment are added while other services related to implants are not covered. For dental HMO, orthodontia copay for a child dropped from \$2,300 to \$1,800, copays for periodontal surgery and endodontic services are reduced about 50%.
4. **Over the Counter** medicines are no longer covered as of July 1, 2016.
5. **Erectile Dysfunction** medicines will not be covered. Medication for Benign Prostatic Hypertrophy will continue to be covered.
6. **Prescription Value Formulary** -- No coverage for certain brands where other options are available in a therapeutic class. Appeals are based upon medical need.
7. **Pilot PPO programs** of telemedicine, mandatory second opinions, diabetes monitoring device and comprehensive care physician model are new. Second opinions are mandated for a select list of non-emergency surgeries where strong evidence shows that reviews will reduce the number of unnecessary surgeries while giving patients a best-in-class medical review as well as sound alternatives. Patients will make the final decision on whether to have surgery.
8. **Outpatient surgeries** will require pre-certification.

Previous Initiatives: These LMCC programs continue to provide benefits:

1. **Diabetes Counseling** and waived or reduced prescription co-payments are offered in two alternative programs that offer free generic prescription fills for ACE inhibitors, ARB medications (for blood pressure), and diabetes medicines.
2. **Chronic Disease Care Management** integrates treatment and benefits, and focuses on users with the highest costs and risks of becoming chronically ill.
3. **Maternity Care:** The maternity management program is expanded and women receive a \$100 benefit upon successful completion of the program.
4. **Tiered PPO Plan** — In-network PPO hospitals and related providers qualify in one of two tiers. Tier I offers the most savings for both the City and members but Tier II charges more, with lower discounts. The level of coinsurance is set at point of service.
5. **Emergency Room:** Copays apply for visits that did not lead to admission. Members save by using urgent care and after-hour physicians.
6. **Primary Care Physicians** versus specialists — HMO office visit copays increased to \$25 for primary care and \$35 for specialist care. There are no copays for wellness visits in the HMO or PPO plan.
7. **Laboratory Costs and Radiology Services:** Using hospital facilities increases costs in hospital fees for lab and radiology services. For lab-work and scans by a PPO provider not billed by a hospital, the Plan pays 100% of the expense.
8. **Centers of Distinction:** Certain transplants and bariatric surgeries must be performed at recognized Centers of Distinction, with demonstrated records for higher quality treatment.
9. **Specialty Medications:** Using a specialty medication (injectable, infused, oral, or inhaled drugs with special handling) follows the Specialty Medication Program, not retail.
10. Reviews for **MRI, PET, and CAT scans:** Reviews ensure that the scans are medically necessary, and to reduce unnecessary radiation.
11. **Mail Order Maintenance Meds:** Members save money by filling maintenance prescriptions by mail. After the 3rd fill, members use mail or see their copayments for these meds double.

We look forward to working with you to improve your health benefits in 2017.

Sincerely,
City of Chicago Benefits Office

WELCOME TO BENEFITS OPEN ENROLLMENT

October 24 through November 7, 2016

Open Enrollment Changes are Effective January 1, 2017

New in 2017: The dental and vision plans are no longer bundled with the HMO or PPO medical insurance coverage. You can purchase medical or vision or dental coverage separately. No action is needed if you want to continue your same dental or vision coverage for 2017.

If you want to cancel your dental or vision or medical coverage during open enrollment, go online at www.cityofchicagobenefits.org or call the Benefits Service Center at 1-877-299-5111.

If you do not currently have medical coverage, you can enroll in the vision insurance separately. You can also enroll in the dental insurance separately if you have qualified for this benefit (see page 16). You must provide documents to verify the dependents you enroll (see page 5).

Open enrollment is the time of year when you can:

- ✓ Cancel your medical, or vision, or dental insurance
- ✓ Switch medical or dental plans
- ✓ Add dependents to your plan (for example a spouse, civil union or same sex domestic partner, or children)
- ✓ Drop dependents from your plan
- ✓ Enroll or re-enroll in a health care or dependent care Flexible Spending Account (FSA)
- ✓ Buy optional life insurance or voluntary long term disability insurance

To make changes, go to the City of Chicago Benefits Services Center website:

www.cityofchicagobenefits.org

To enroll online you must use your eight digit employee number. Find your employee number in the upper left of your paystub and simply add zeroes to the front to make it eight numbers. Follow the prompts on the website if you forgot your username or password.

Open enrollment changes can also be made over the phone by calling:

Benefits Service Center 1-877-299-5111

Monday through Friday 8:00 a.m. until 5:00 p.m.

Enrollment in a healthcare Flexible Spending Account (FSA) does not carry over from year to year. You must re-enroll in an FSA if you want this benefit for 2017.

Enroll online at www.cityofchicagobenefits.org or call the Benefits Service Center.

CHECK YOUR BENEFIT COVERAGE SHEET

Your personalized Benefits Coverage sheet is included with this Guide. The medical, dental and vision enrollment listed on this Coverage sheet will remain the same for 2017 unless you make changes during the open enrollment period which runs October 24 through November 7, 2016. You must re-enroll in the Flexible Spending Account(s) to participate in 2017.

Dependent children who reach the age of 26 are automatically terminated from the City's health plan on their birthday. However, if you have a disabled child reaching the age of 26, he/she may be able to continue dependent coverage. Contact the Benefits Service Center at least three months before your child's 26th birthday to apply for continued coverage for a disabled dependent child.

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

- Name and birthdate.
- Social Security number if marked as "N".

Federal law requires Social Security numbers for everyone enrolled in the City's health plans.

IF YOUR HOME ADDRESS CHANGES

Contact your Department's Human Resources Representative to make changes to your address on file with the City.

ENROLLMENT CHANGES DURING THE YEAR

Benefit enrollment changes are allowed throughout the year only if you have a life change event such as marriage, divorce, birth of child or loss of coverage through your spouse. Call the Benefits Service Center within 30 days of the life change event. If you try to make these changes as an open enrollment change, the coverage will not go into effect until January 1, 2017.

Life change events are effective on the event date and open enrollment changes are effective January 1, 2017. When you call to make a life change event during the open enrollment period, please explain that you are calling about a life change event.

You must provide documents to prove the life change event within 60 days of the event. Call the Benefits Service Center for more information.

ADDING A DEPENDENT DURING OPEN ENROLLMENT?

STEP ONE – enroll your spouse, civil union partner, same sex domestic partner or children during the open enrollment period online or by phone.

STEP TWO – provide documents to prove they are your legal dependents.

Submit your dependent documents as soon as possible. Your dependents will not be enrolled in the medical, vision or dental plan if you fail to provide documents before February 17, 2017.

Mail or bring certified documents and your dependent's social security card to:

City of Chicago/Department of Finance
Chicago Benefits Office
333 South State Street/Room 400
Chicago, IL 60604-3978

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

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

Documents required are:

Spouse – certified marriage certificate and spouse's social security card

Child – certified birth certificate and child's social security card

Civil Union – certified certificate and partner's social security card

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

WHAT'S NEW FOR 2017?

Contributions Unbundled for Medical, Dental and Vision

Enrollment for dental or vision coverage is now separate from the medical plan. Take no action during open enrollment if you want to continue your current coverage. The dental and vision coverage has been improved for 2017 and separate payroll deductions will be taken for each plan.

Enhancements to the Dental and Vision Plans for 2017

Dental PPO

- maximum amount plan pays each year increased to \$1,500 from \$1,200
- out-of-pocket costs will be lower for basic and restorative (you pay 20% coinsurance for these services in-network)
- coverage for crowns related to implant services are covered
- sealant coverage for dependent children of once per tooth every five years for children up to the age of 14; and,
- bitewing x-rays will be covered once per year instead of two times per year.

Dental HMO – Reduced copays for children's braces (\$1,800 for 2017); lower out-of-pocket costs for periodontal surgery and endodontic services.

Vision Plan – improved contact lens formulary and the \$18 copay for lens scratch coating is eliminated.

New PPO Pre-Certification Requirements

Out-patient physical therapy requires pre-certification

Out-patient physical therapy now requires pre-certification after the 7th visit. Call Telligen at 1-800-373-3727 to obtain pre-certification. The therapy will not be covered and you will pay the full cost if services are not pre-certified.

WHAT'S NEW FOR 2017?

PPO-Mandatory Second Opinion Program for Surgeries

A Second Opinion is needed before obtaining some surgeries. You must call Telligen as soon as your doctor recommends surgery in any of the following areas:

- Knee; shoulder; hip; neck; and back
- Gall bladder
- Uterine, Vagina, Cervix
- Weight loss (Gastric Bypass)

There is no charge for the second opinion, you will not be examined and no travel is required. However, you must give permission for the second opinion provider, Best Doctors, to collect your medical records and test results.

Telligen will first review your proposed surgery for medical necessity and if required, Best Doctors will then arrange for a specialist to review your doctor's diagnosis and recommendations. You will receive a confidential, written report of the second opinion to help you decide how to proceed with treatment. The patient makes the final decision on whether to have surgery; however, if you do not get the second opinion, you will pay for the full cost of the surgical procedure. The second opinion requirement is waived if you are admitted to the hospital for surgery from the emergency room.

Call Telligen at 1-800-373-3727 to begin the second opinion review and out-patient surgery pre-certification process. If you fail to obtain the required pre-certification, or the second opinion, you will pay for the full cost of the surgical procedure.

PPO Ask a Medical Expert - Best Doctors Program

A pilot program for PPO members who have questions or concerns about a medical condition or treatment. Call Best Doctors to get written answers from medical specialists, at no charge. Best Doctors also offers an expert second opinion for all surgeries, in addition to the surgeries mandated by the second surgical opinion listed above. They also offer reviews for complex conditions or when treatment does not appear to help resolve a medical condition. Call Best Doctors at 1-866-904-0910 or visit www.bestdoctors.com/members.

NEW PPO PILOT PROGRAMS

PPO Virtual Doctor's Visits

PPO members can have a virtual "face-to-face" medical evaluation by a primary care physician using a phone, tablet or computer with a front facing camera. Claims are submitted directly to Blue Cross and you pay a \$20 copay for the visit. If necessary, prescriptions are sent to a local pharmacy, Value Formulary and prescription drug copays apply. You must have a valid credit card to be able to use this service. Call Blue Cross at 1-800-772-6895 for more information.

PPO Comprehensive Care Physician Model: University of Chicago's Comprehensive Care Physician (CCP)

The CCP pilot program offers PPO members the opportunity to have the same doctor in the hospital and the doctor's office. The CCP Program is motivated by the belief that having a Comprehensive Care Physician who cares for you both in the clinic and the hospital could help you to develop a stronger relationship with your physician and improve your health. You are eligible for the CCP Program if you have been hospitalized at least once in the past year.

If you are interested in joining the CCP Program, you will be asked to switch your current primary care doctor to one of the CCP physicians at the University of Chicago Medicine (UCM). This doctor will see you at UCM in both the clinic and the hospital if you are hospitalized. The CCP program also offers you access to the CCP clinical support staff including nurses, a clinic coordinator, and a clinical social worker. The social worker can help with social needs and also provides 1-on-1 therapy and wellness groups. As a participant in the CCP Program, you will be asked to complete an intake interview and answer a follow-up interview every 6 months. These interviews are completed either in-person or over the phone by a CCP survey coordinator and should only take about 10 minutes. For more information about the CCP Program please call 773-702-0781 option #2.

PPO Wireless Connected Glucose Monitoring – Livongo program for people with diabetes

The Livongo pilot program gives people with diabetes, depending on the severity of their condition, access to a meter which automatically uploads blood glucose readings to a secure website using a smartphone or personal computer. People who are invited to join the Livongo program will also receive supplies such as meter strips and lancets. This program is at no cost to the PPO member.

PPO MONEY SAVINGS

Save by using tax-free money to pay for out-of-pocket costs: Enroll in a Healthcare Flexible Spending Account (FSA) and reduce your income tax.

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

Two ways to save on prescription medications: 1) Choose generic medications and pay the lowest copay. 2) Use mail order for long term "maintenance" medications. You will pay more if you don't use mail order for long term medications after the 3rd fill.

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

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

Become 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.

Free diabetes medication for diabetes management participants: Two voluntary diabetes management programs are offered to PPO members free of charge.

Taking Control of Your Health (TCOYH) program, where specially trained pharmacists counsel people with diabetes in face to face meetings. Call 1-888-944-9090 or email starlin-tcoyh@ipha.org

Telligen Diabetes Management, coordination of care for those with diabetes. Call Telligen for more information at 1-800-373-3727.

BLUE CHOICE OPTIONS MEDICAL PPO-PLAN A

		Blue Choice OPT Tier 1	Blue Cross PPO Tier 2	Out-of-Network Tier 3
Annual Deductible	Individual Family	\$300 \$900	\$350 \$1,050	\$1,500 \$3,000
Out-of-Pocket Limit	Individual Family	\$1,000 \$2,000	\$1,500 \$3,000	\$3,500 \$7,000
PREVENTIVE CARE		YOU PAY	YOU PAY	YOU PAY
Routine checkups & routine lab work for adults & children; well-baby care; well-women visits; mammograms; DRE & PSA; colonoscopies, hearing screenings		\$0 copay No deductible	\$0 copay No deductible	No coverage out-of-network for preventive care
OFFICE VISITS				
Primary Care Physician, lab work, x-rays, allergy shots, Mental health and substance abuse counseling		\$20 copay does not apply to deductible	\$25 copay does not apply to deductible	40% PPO allowed rate after out-of-network deductible plus balance billed by provider
Specialist Physician And Chiropractic Care (visit limits)		\$30 copay does not apply to deductible	\$35 copay does not apply to deductible	
Annual deductible must be paid before Plan covers these services:		YOU PAY After Tier 1 deductible	YOU PAY After Tier 2 deductible	YOU PAY After Tier 3 deductible
OUTPATIENT SERVICES*				
Outpatient surgery MRI, PET & CT scan*		10%	25%	40% PPO allowed rate plus balance
HOSPITAL SERVICES*				
Hospital stay* including inpatient surgery		10%	25%	40% PPO allowed rate plus balance
EMERGENCY ROOM CARE				
Emergency Room		\$150 co-pay waived if admitted		
Emergency Room Treatment		10%		
Ambulance emergency care		10% of PPO allowed rate		
MENTAL HEALTH & SUBSTANCE ABUSE*				
Inpatient hospitalization* Outpatient therapy*		10%	25%	40% PPO allowed rate plus balance
ALTERNATIVES TO HOSPITAL CARE*				
Skilled nursing facility* Home health care*, Hospice care*		10%	25%	40% PPO allowed rate plus balance
MATERNITY SERVICES				
Maternity management program		No charge plus \$100 cash incentive		
Pre and post natal doctor visits		\$20 copay (first visit)	\$25 copay (first visit)	40% PPO allowed rate plus balance
Delivery and hospital stay*		10%	25%	
OUTPATIENT REHAB*				
Physical therapy* Occupational and speech therapy*		\$20 copay	\$20 copay	40% PPO allowed rate plus balance
OTHER SERVICES				
DME*: Oral Surgery; Ambulance transport between hospitals*		10%	25%	40% PPO allowed rate plus balance

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

Plan A effective 1/1/2017. 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.

CERTAIN PPO SERVICES NEED TO BE PRE-CERTIFIED

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

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

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

Plan A effective 1/1/2017. 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.

PPO PRESCRIPTION DRUG PROGRAM

Administered by CVS Caremark

PPO 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 \$10 copay Preferred formulary brand name \$30 copay Non-preferred brand name \$45 copay
RETAIL - Maintenance or long term medications The 4th fill and any additional refills 34 day supply or 100 units, whichever is less.	Generic \$20 copay Preferred formulary brand name \$60 copay Non-preferred brand name \$90 copay
MAIL ORDER - Long term medications for chronic conditions 90 day supply To get medications through the mail, send your doctor's prescriptions to: CVS Caremark P.O. Box 94467 Palatine, IL 60094-4467 Call Caremark or visit its website for more information about mail order.	Generic \$20 copay Preferred formulary brand name \$60 copay
Generic birth control Smoking Cessation medications	\$0 copay

VALUE FORMULARY

Your plan has adopted the 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. Contact CVS Caremark for information about the prior authorization process and the list of Value Formulary drugs.

www.caremark.com
1-866-748-0028

Plan A effective 1/1/2017. 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.

BLUE ADVANTAGE HMO* – A Blue Cross HMO

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

DOCTORS VISITS

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

HOSPITAL (all hospital services must be approved by PCP)

Inpatient admission	\$20 copay
Surgery (inpatient & outpatient)	\$20 copay
Maternity delivery Care in the hospital for mother & baby	\$0 after \$20 hospital copay

PREVENTIVE SERVICES

Routine checkups for adults & children; well- baby care; well-women visits; mammograms; DRE & PSA; colonoscopies, hearing tests	\$0 copay
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EMERGENCY SERVICES (see next page for emergency coverage information)

Emergency room treatment – life threatening	\$150 copay (waived if admitted)
Ambulance – life threatening	You pay \$0

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

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

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

Physical, speech and occupational therapy	\$0 copay Limit of 60 visits combined each calendar year
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OTHER SERVICES (all other services must be pre-approved by PCP)

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

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

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

Plan A effective 1/1/2017. 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.

HMO EMERGENCY CARE

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

What is a medical emergency?

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

<p>EMERGENCY ROOM TREATMENT</p> <p>Go to the nearest emergency room in the event of a life threatening emergency</p>	<p>You pay \$150 copay – waived if admitted</p> <p>If possible, contact your PCP before seeking emergency care. (Your PCP is available 24 hours a day, seven days a week.) In a life threatening emergency, call your PCP within 48 hours following emergency care.</p>
<p>AMBULANCE</p> <p>For life threatening medical emergencies</p>	<p>You pay \$0</p>
<p>TREATMENT IN PCP OFFICE</p> <p>For acute medical problems which are not life threatening</p>	<p>You pay \$25 copay if care is given in your PCP's office. Call your PCP's emergency number on the back of your Blue Advantage HMO ID card. A doctor or nurse will listen to your problem and give instructions on where to go for medical care.</p>
<p>URGENT MEDICAL CARE AWAY FROM HOME</p> <p>For treatment for unexpected illness and injury when traveling outside the Chicagoland area contact your PCP.</p>	<p>Call the toll-free emergency number on the back of your Blue Advantage HMO ID card.</p> <p>If you or a covered dependent is away from home for more than 90 days, guest membership is provided at affiliate HMOs. Copays maybe different.</p>

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

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

Plan A effective 1/1/2017. 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.

HMO PRESCRIPTION DRUG PROGRAM
Administered by Blue Cross Blue Shield of Illinois

HMO PRESCRIPTION MEDICATIONS	YOU PAY
<p>RETAIL - Short term medications</p> <p>If purchased at a participating retail pharmacy 34 day supply or 100 units whichever is less</p>	<p>Generic \$10 copay Preferred brand name \$30 copay* Non-preferred brand name \$45 copay*</p>
<p>RETAIL - Maintenance or long term medications</p> <p>The 4th fill and any additional refills 34 day supply or 100 units, whichever is less.</p>	<p>Generic \$20 copay Preferred brand name \$60 copay* Non-preferred brand name \$90 copay*</p>
<p>MAIL ORDER</p> <p>Long term and maintenance medications for chronic conditions</p> <p>90 day supply</p> <p>To order medications through the mail, send your doctor's prescription to:</p> <p>Prime Mail P.O. Box 650041 Dallas, TX 75265-0041</p> <p>Go to www.bcbsil.com or call 1-877-357-7463 for more information about mail order.</p>	<p>Generic \$20 copay Preferred brand name \$60 copay*</p>
<p>Oral Contraceptives (generic or brand)*</p>	<p>Generic \$0 copay Preferred brand \$30 copay Non-preferred brand \$45 copay</p>
<p>Smoking cessation medications</p>	<p>Certain generic medications \$0 copay</p>

*If the member chooses brand when generic is available, member pays the cost difference between the brand and the generic drug PLUS the generic co-pay.

www.bcbsil.com/cityofchicago
1-877-357-7463

DENTAL PROGRAM

Administered by Blue Cross Blue Shield of Illinois

Enrollment in the dental plan is available after one calendar year of full-time employment. The dental insurance coverage for 2017 is unbundled from the medical and vision coverage. Separate contributions for dental coverage will be taken as payroll deductions (see pages 21, 22). No action is needed if you want to continue your same dental coverage in 2017.

If you want to drop dental coverage or change dental plans for 2017, visit www.cityofchicagobenefits.org or call the Benefits Service Center 1-877-299-5111 during open enrollment.

BLUE CARE DENTAL PPO & HMO BENEFITS

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

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

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

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VISION PROGRAM

The vision insurance coverage for 2017 is unbundled from the medical and dental coverage. Separate contributions for vision coverage will be taken as payroll deductions. No action is needed if you want to continue your same vision coverage in 2017. If you want to drop vision coverage for 2017, visit www.cityofchicagobenefits.org or call the Benefits Service Center 1-877-299-5111 during open enrollment.

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

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

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

DAVIS VISION CARE BENEFITS

	In-Network You Pay	Out-of--Network You Pay
Routine Eye Exam (One each year)	\$0	Balance over \$35
Frames One pair every 12 months	\$0 for frames from exclusive collection: <ul style="list-style-type: none"> • Or balance over the \$110 allowance for frames at Vision-works stores • Or balance over the \$50 allowance for frames at other in-network stores 	Balance over \$50
Lenses-single vision	\$0 one set every 12 months	Balance over \$35
Coatings	\$0 Copays for special lenses vary	
Special lenses	Visit www.davisvision.com or call 1-888-456-8758 for specific copay amounts.	
Contact lenses (in lieu of glasses)	Disposable: 8 boxes/multi-packs. One set every 12 months	Disposable: 8 boxes/multi-packs. One set every 12 months

www.davisvision.com
1-888-456-8758

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WELLNESS PROGRAM for 2017

PROGRAM ENROLLMENT

You will be automatically enrolled in the *Chicago Lives Healthy* wellness program starting on January 1, 2017 if you:

- are a City employee who was covered by a City medical plan as of November 1, 2016; or,
- are the spouse/domestic partner/civil union partner (spouse/partner) of a City employee and you are covered as a dependent in a City's medical plan as of November 1, 2016; or,
- returned to work from a leave of absence and your medical coverage was reinstated before November 1, 2016. Your spouse/partner will also be automatically enrolled for 2017.

Some participants will NOT need to complete a biometric screening in 2017. Personalized letters outlining the enrollment steps and program requirements will be sent to each participant automatically enrolled in the *Chicago Lives Healthy* wellness program. Keep your address up to date with the City and follow the instructions in your letter, not your spouse's letter.

PROGRAM STEP DEADLINES

February 11, 2017 – required biometric screenings must be completed

February 28, 2017 – Well Being 5 Assessment must be completed

March 31, 2017 – Health Advisor check-in call must be completed

OPTING OUT OF THE WELLNESS PROGRAM

You can opt out of the *Chicago Lives Healthy* program by selecting "no" during open enrollment. If you select "no" for yourself, you must also select "no" for your covered spouse/partner. If you select "no," you will pay a \$50 increase per non-participant in your monthly employee health care contributions for the 2017 benefit year. Increased medical contributions for those who opt-out of the *Chicago Lives Healthy* wellness program will begin with the first pay period of January 2017.

WAIVER OF ENROLLMENT:

If you and/or your spouse/partner believe you need a waiver of enrollment from the *Chicago Lives Healthy* wellness program due to a medical condition or illness that prevents you from participating in 2017, you must apply for this waiver in writing. If you and/or your spouse/partner has a waiver approved for 2016, a new medical waiver of enrollment must be submitted for 2017.

Send a written request for an application for a waiver of enrollment to the address below. A waiver form will be mailed to you promptly to be completed by your personal physician.

Wellness Administrator
City of Chicago Benefits Office
333 S. State Street-Room 400
Chicago, IL 60604-3978

Return completed waiver of enrollment forms no later than December 2, 2016.

Watch for more *Chicago Lives Healthy* wellness program information to arrive at your home in December, 2016 and in the Benefits Bulletin in early 2017.

For more information go to www.chicagoliveshealthy.com or call Healthways at 1-866-556-7671

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PROTECT YOUR FUTURE INCOME FOR YOU AND YOUR LOVED ONES

The City gives you basic term life insurance and the chance to buy more coverage through its group insurance policy. Visit a benefit fair during open enrollment to speak with experts who represent the companies underwriting these programs, or contact their customer services anytime to learn more.

BASIC TERM LIFE INSURANCE: (Prudential www.prudential.com or 1-800-778-3827)

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. (This amount is \$75,000 for uniformed Firefighters and Paramedics.) When your employment with the City ends, you can continue this basic life insurance by paying premiums directly to Prudential.

OPTIONAL TERM LIFE INSURANCE: (Prudential www.prudential.com or 1-800-778-3827)

During open enrollment you may increase the amount of basic life insurance for yourself or buy coverage for your eligible dependents. You will pay the cost through payroll deductions. Proof of good health is required (satisfactory to Prudential) if you wish to:

- Increase the amount of insurance (1 to 10x your annual earnings, up to \$1.5 million)
- Buy insurance for a spouse or civil union/same sex domestic partner for \$10,000 or \$25,000 or \$50,000 of coverage (limits apply)
- Enroll children from live birth to age 25 for \$5,000 to \$10,000 in coverage (one rate covers all your children and no proof of good health is required)

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

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

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

Long term disability insurance (LTD) is designed to give you a monthly cash payment in the event you cannot work because of an illness or injury. Proof of good health is required when you sign up or LTD during open enrollment.

DEFERRED COMPENSATION: (Nationwide www.chicagodeferrredcomp.com 1-855-457-2489 or 1-877-677-3678).

The City offers a tax deferred compensation plan that allows employees to put aside money from each paycheck toward retirement. A deferred compensation plan can supplement your pension and help increase your retirement income. You can enroll in the Deferred Compensation program at any time. Call Nationwide or visit a benefit fair to speak with a Nationwide representative.

ENROLL IN A FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts may save you money by reducing your income taxes. An FSA allows you to have money deducted from your paycheck before your federal and Social Security taxes are calculated. Your FSA contributions are automatically tracked in a special FSA account administered by PayFlex. You can choose to have FSA reimbursement checks mailed to you or deposited directly into your bank account. (Please note: the FSA program does not issue you a debit card, you must submit claims.)

FSA contributions are spread over the year and taken out each paycheck. After you decide how much you want to put aside in an FSA, call the Benefits Service Center to enroll (1-877-299-5111) or enroll at www.cityofchicagobenefits.org.

HEALTH CARE FSA

A Healthcare FSA allows you to set aside pre-tax dollars for qualified health expenses that are not covered by medical, dental or vision insurance. Qualified expenses include deductibles, co-pays for medical care and prescription medications, vision services and dental care. The maximum FSA contribution in 2017 is \$2,550.

Estimate how much you will likely spend in 2017. Consider what medical, vision and dental expenses you are fairly certain you will have next year including deductibles, co-pays and co-insurance amounts, as well as any out-of-pocket expenses for services not covered by the plan (eye laser surgery, dental implants etc). A complete list of health care expenses for FSA reimbursement can be found at www.irs.gov/pub/irs-pdf/p502.pdf.

DEPENDENT CARE FSA

Use pre-tax dollars to pay for care for a dependent child, disabled spouse, elderly parent or other tax dependents. Qualified expenses include a babysitter, day care, preschool tuition, before and after school care and day camps for dependents under age 13. Care for other tax dependents who are mentally or physically incapable of caring for themselves also qualifies for FSA reimbursement. The maximum contribution in a dependent care FSA in 2016 is \$5,000.

USE IT OR LOSE IT

The IRS requires that any money left in your account at the end of the year will be forfeited. If you enroll in an FSA for 2017, qualified expenses have to be incurred before March 15, 2018. You will have until March 31, 2018 to submit your 2017 expenses.

If your employment with the City ends before you have used all the money in your FSA, you have until the end of the annual grace period to submit expenses for FSA reimbursement (for example, March 31, 2018 for expenses incurred in 2017). If you plan to incur expenses after your employment with the City ends, you must elect to continue FSA contributions under PHSA/COBRA.

DON'T FORGET TO RE-ENROLL!

You must re-enroll in the FSA each year during Open Enrollment

www.cityofchicagobenefits.org

1-877-299-5111

(FSA enrollment cannot be done by PayFlex)

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HEALTH CARE CONTRIBUTION RATES FOR 2017

Union and Non-Union Employees

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

DENTAL & VISION INSURANCE

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

MEDICAL PLAN (HMO & PPO)

ANNUAL SALARY	SINGLE	EMPLOYEE+1	FAMILY
Up to \$30,000	\$15.71	\$23.88	\$27.65
\$30,001 and < \$89,999	1.2921% of payroll ÷ 24	1.9854% of payroll ÷ 24	2.4765% of payroll ÷ 24
Union Employee \$90,000 and above	\$48.45	\$74.45	\$92.87
Non Union Employee \$90,000 to \$119,999	\$48.45	\$74.45	\$92.87
Non Union Employee \$120,000 and above	1.2921% of payroll ÷ 24	1.9854% of payroll ÷ 24	2.4765% of payroll ÷ 24

ONLINE PAY SLIPS

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

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

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HEALTH CARE CONTRIBUTION RATES FOR 2017

CROSSING GUARDS

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

DENTAL & VISION INSURANCE

PLAN	SINGLE	EMPLOYEE+1	FAMILY
DENTAL HMO	\$0.27	\$1.08	\$2.78
DENTAL PPO	\$0.68	\$1.36	\$2.73
VISION	\$0.20	\$0.40	\$0.81

MEDICAL PLAN (HMO & PPO)

ANNUAL SALARY	SINGLE	EMPLOYEE+1	FAMILY
Up to \$30,000	\$20.95	\$31.84	\$36.87
\$30,001 and < \$89,999	1.2921% of payroll ÷18	1.9854% of payroll ÷18	2.4765% of payroll ÷18
\$90,000 and above	\$64.61	\$99.27	\$123.83

ONLINE PAY SLIPS

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

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

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BE HONEST!

A REMINDER ABOUT FRAUD

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

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

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

DIVORCED SPOUSE'S HEALTH COVERAGE:

If an employee becomes divorced, he/she must follow the procedure outlined at www.cityofchicagobenefits.org:
Notify the Benefits Service Center within 30 days of the date of the divorce and take a certified copy of the divorce decree to the Chicago Benefits Office within 60 days.

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

Call the Benefits Service Center to notify the City of the divorce at 1-877-299-5111 and take the divorce decree to:

Chicago Benefits Office

333 South State Street
Room 400
Chicago, IL 60604-3978

(Open Monday thru Friday, 8:30 a.m. to 4:30 p.m.)

QUESTIONS? WANT TO LEARN MORE?

Visit a fair and speak directly with representatives from the Chicago Benefits Office, Blue Cross medical PPO, Blue Advantage HMO, Blue Care Dental HMO & PPO, Telligen medical advisor, CVS Caremark prescription drug program, Davis Vision Plan, PayFlex FSA, Prudential term life insurance and voluntary long term disability, Nationwide deferred compensation program, Wageworks transit benefits, Texas Life insurance, and the Chicago Patrolmen's Federal Credit Union.

Date	Time	Location	Address
Wednesday October 26	10:00 AM - 3:30 PM	Public Safety Headquarters	3510 S. Michigan Ave. (Multi-Purpose Room)
Thursday October 27	10:00 AM - 3:30 PM	Midway Airport AMC Building	6201 S. Laramie (1st Floor)
Monday October 31	10:00 AM - 3:30 PM	City Hall	121 N. LaSalle Street (11th Floor)
Wednesday November 2	10:00 AM - 3:30 PM	DePaul Center	333 S State Street (4th Floor)
Friday November 4	10:00 AM - 3:30 PM	O'Hare Airport Department of Aviation	10510 W. Zemke Blvd. (2nd Floor)

Benefit Fairs are for current employees and spouses to learn more about open enrollment for 2017 benefits.

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BLUE CROSS ONLINE

BLUE CROSS BLUE SHIELD OF ILLINOIS www.bcbsil.com\cityofchicago

Check the status of your claims, request new ID cards, download an image of your ID card onto your phone, and find providers in the City of Chicago's PPO and Blue Advantage HMO plans.

To register: locate your group number and member ID number on your Blue Cross card. Then go to the website and click Register Now and follow the prompts to create a username and password.

BLUE 365 DISCOUNT PROGRAM www.blue365deals.com

A program offered by Blue Cross Blue Shield of Illinois to HMO and PPO members. Save money on health care products and services that are not covered by the City of Chicago's medical plans. Get discounts from top national and local retailers on fitness gear, gym memberships, family activities and healthy eating options. Examples include Reebok shoes, Life Time Fitness memberships, Procter and Gamble Dental Products and TruHearing services. Register to receive weekly featured deals which offer additional discounts for a short period of time. There are no claims to file.

ANNUAL HEALTH CARE REMINDER

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

VOLUNTARY CHARITABLE PAYROLL CONTRIBUTIONS PROGRAM

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

2017 IMPORTANT WEBSITES AND PHONE NUMBERS

SERVICE PROVIDER	WEBSITE	PHONE NUMBER
City of Chicago Benefits Service Center	www.cityofchicagobenefits.org	1-877-299-5111
Medical PPO Blue Cross Blue Shield of Illinois CVS Caremark Telligen medical plan advisor Best Doctors Comprehensive Physician Care	www.bcbsil.com/cityofchicago www.caremark.com http://telligen.qualitrac.com	1-800-772-6895 1-866-748-0028 1-800-373-3727 1-866-904-0910 1-773-702-0781
Medical HMO Blue Advantage HMO HMO pharmacy program	www.bcbsil.com/cityofchicago	1-800-730-8504 1-877-357-7463
BlueCare Dental Dental PPO and HMO	www.bcbsil.com/cityofchicago	1-855-557-5487
Davis Vision	www.davisvision.com	1-888-456-8758
Quest Diagnostics	www.questdiagnostics.com	1-866-697-8378
PayFlex Flexible Spending Account (FSA)	www.HealthHub.com	
Healthways	www.chicagoliveshealthy.com	1-866-556-7671
Wageworks Transit Benefit	www.wageworks.com	1-877-924-3967
Prudential Basic term life insurance	www.prudential.com	1-800-778-3827
Prudential Long term disability	www.prudential.com	1-800-778-3827
Texas Life Universal permanent life insurance	www.empben.com/CityofChicagoUL/	1-800-638-6855
Nationwide Retirement Services	www.chicagodeferrredcomp.com	1-877-677-3678

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2017 IMPORTANT WEBSITES AND PHONE NUMBERS

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

