



HEALTHCARE AND OTHER BENEFITS OPEN ENROLLMENT GUIDE

SEASONAL EMPLOYEES

2019



CITY OF CHICAGO

For non-represented employees, and for employees covered under the City's collective bargaining agreements with: The American Federation of State, County and Municipal Employees Council 31, Coalition of Unionized Public Employees (Chicago Building Trades Coalition); Illinois Nurses Association; Public Safety Employees 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

October 2018

Dear Employees:

For the past 12 years, the City of Chicago and labor representatives, working together in the Labor Management Cooperation Committee (LMCC), have been engaged to keep your employee benefits package working for you. Below we have listed a few highlights from 2018:

1. A recent report to the LMCC on the **Chicago Lives Healthy Wellness Plan** showed results since the program began in 2012. Primarily, the Wellness Plan appears to have improved member awareness. In addition, members showed behavioral and status improvements. For example, the number of individuals deemed to be “high-risk” for developing cardiovascular disease decreased by 17% over the six years of the program (from 2012 to 2018). Likewise, the number of individuals at “elevated risk” for developing diabetes decreased by 8%.
2. Part of the **Wellness Plan** involves special outreach, the Health Improvement Plan, or HIP, for members who were identified by Telligen as being at-risk, based upon biometric screening. This includes members with metabolic syndrome, who may have special risk for developing type 2 diabetes and/or cardiovascular disease. Telligen reported that 97% of the HIP participants displayed signs of metabolic syndrome in their first screening for the wellness program. But the percentage of those same HIP participants with metabolic syndrome dropped to 54% in 2018—in other words, 43% of the HIP participants improved their health status enough to no longer have metabolic syndrome.
3. The LMCC received a \$95,000 grant from the **Federal Mediation and Conciliation Service**. With Blue Cross, Healthways and Telligen, the LMCC used the grant to study new ways of communicating with members to increase engagement. The pilot outreach program is focusing on telemedicine, preventive dental hygiene, hypertension and hyperlipidemia.
4. An additional, voluntary program for members with **hypertension and hyperlipidemia** started in 2018. Members receive counseling related to nutrition, weight reduction and increased physical activity.
5. With Blue Cross, the LMCC continues its **telemedicine program**, also known as **Virtual Visits**, through an entity called **MDLive**. Check out the ease of accessing Board-certified doctors right from your own home. A quick call to MDLive can save time and trouble—the MDLive “doctor is in” 24/7! Go to MDLive.com/bcbsil or call 1-888-676-4204 for more information.

6. **Best Doctors**, the program for second opinions that started in 2017, reported continued success in 2018. Best Doctors offers timely, highly respected second opinions. They also offer counseling for chronic conditions, answers to treatment questions and can help you locate an in-network specialist who is a "Best Doctor." Members used this service for, among other things, to receive information on treatment options for orthopedic complaints.
7. **Tiered PPO plan:** In-network PPO hospitals, doctors and other providers are in one of two tiers in the OPT PPO plan. Tier I providers offer the most savings for both the City and members; Tier II providers have higher co-payments and out of pocket expense for members. Members can choose providers from either tier, and they can go back and forth between tiers during the year at each provider visit. The tier approach has realized substantial savings in a number of areas for both the plan and LMCC members.
8. **Emergency Room Use:** On its website Blue Cross posts many alternatives to emergency rooms. Members save for themselves and for everyone by using urgent care centers, retail clinics, telemedicine (MDLive) and after-hour physicians.

We ask our members to take advantage of all the programs and information that we continue to offer.

The LMCC thanks you for all your help in slowing down the growth of health benefit costs. We look forward to working with you to continue to improve your health in 2019.

Sincerely,

The City of Chicago Labor Management Cooperation Committee

WELCOME TO ANNUAL OPEN ENROLLMENT

October 17, 2018 through October 31, 2018

Open Enrollment Changes are Effective January 1, 2019

Seasonal Employees with **less than** 12 months of seasonal service are **only** eligible for medical and basic life insurance.

Open enrollment is the time of year when you can:

- ✓ Enroll in or cancel your medical, 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 healthcare and/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

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

Benefits Service Center 1-877-299-5111

Special hours during open enrollment: Monday through Friday 8:00 a.m. until 6:00 p.m.

Special hours Saturday, October 27, 2018 8:00 a.m. until 6:00 p.m.

Enrollment in a 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 2019.

[Enroll online at www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org) or call the Benefits Service Center

What Is New in 2019

ConnectYourCare is the City's new vendor for healthcare and dependent care Flexible Spending Accounts and transit benefits. Improvements include:

- One vendor replaces the two existing vendors - one stop shopping!
- You will have the option of a debit card for healthcare flexible spending account.

In the near future you will receive communications regarding the change to ConnectYourCare.

CVS Caremark is our new vendor for pharmacy benefits in the BCBS HMO, replacing Prime Therapeutics for the HMO. In the near future you will receive communications regarding the change with instructions that you or your doctor will need to follow to ensure no interruption in your prescriptions.

CVS Caremark continues to provide pharmacy benefits to PPO enrollees.

Plan A effective 1/1/2019. 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.

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 2019 unless you make changes during the open enrollment period which runs October 17, 2018 through October 31, 2018. You must re-enroll in healthcare and dependent care Flexible Spending Account(s) to participate in 2019.

Dependent children who reach the age of 26 are automatically terminated from the City's health plan on the last day of the month of his/her birthday. However, if you have a disabled child reaching the age of 26, he/she may be eligible 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". If any Social Security number is marked "N", you must bring the original Social Security Card to the Chicago Benefits Office to update your dependent's record.

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 update 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 or adoption of a 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, 2019. You must provide documents to prove the life change event within 60 days of the event. Call the Benefits Service Center for more information.

Please note: Life change events are effective on the event date but open enrollment changes are effective January 1, 2019. When you call to make a life change event during the open enrollment period, you need to make sure that you explain that you are calling about a life change event and ask for the benefits to be effective on the event date.

INSTRUCTIONS ON HOW TO ACCESS www.cityofchicagobenefits PORTAL

Step 1: Employee ID Number

In order to create an online account, you will need your eight digit employee ID number.

Where to find your employee ID number?

Look on the upper left of your paystub where it says PAYEE/EMPLOYEE NUMBER. That's it.

This is not your Kronos number, the number you use for City computer access, or your payroll number.

Step 2: Add Zeroes

For online open enrollment, your employee ID number needs to be eight digits long. Simply add zeroes at the front to make it eight numbers. Examples: 5432 becomes 00005432 and 1234567 becomes 01234567.

Please keep this number for future use.

Step 3: Create Online Account

If you plan to enroll online, go to: www.cityofchicagobenefits.org to create your open enrollment username and password to make sure you can get into the system. If you already have an online account, you can test it to ensure it works.

If you've forgotten your username, click "Forgot Your User Name" and enter your eight digit employee ID number. Follow the prompts to get your new username. If you've forgotten your password, click "Forgot Your Password" then enter your username and follow the prompts. If you've forgotten both, get your username first. If you've never used the system, click "First Time Logging In" and follow the prompts.

Step 4: Enrollment

- Select benefits to enroll
- Choose coverage: Single, Employee + One, Family
- Enroll or re-enroll in the healthcare and dependent Flexible Spending Account (FSA) for 2019

Once you have made your enrollment selections ensure you click "submit" on the final screen.

Step 5: Write it Down

Keep your username and password; you need them to use the online open enrollment system in the future.

ADDING A DEPENDENT DURING OPEN ENROLLMENT?

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

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

Submit your dependents documents as soon as possible. Your dependents will not have medical, vision or dental coverage, effective January 1, 2019 if you fail to submit the required documentation by December 6, 2018.

If you are adding dependents, you must submit the required documents for coverage to begin.

Deadline: If you submit your documents by close of business **Thursday, December 6, 2018** coverage will be reflected on January 1, 2019. For example, if your dependents seek medical care on January 1, 2019, your healthcare service provider will be able to verify coverage online. Please submit your documents to the Chicago Benefits Office by this deadline to properly reflect coverage by the January 1st effective date. ***We encourage you to submit your documents right away to avoid the last minute rush.***

Grace Period. If you fail to submit your documents by **Thursday, December 6, 2018**, you may submit documents through Thursday, January 31, 2019. Your failure to timely submit documents may result in delayed coverage.

If you fail to submit documentation by the end of the grace period on January 31, 2019, you will be required to wait until the next open enrollment period to enroll your dependents.

Bring certified documents and your dependent's social security card to:

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

It should be noted that:

- If healthcare services were received by your dependents during the grace period, and your medical provider submitted claims that were not paid because the required documents deadline of **December 6, 2018** was missed, those claims will be reprocessed retroactive to January 1, 2019 if the required enrollment documents are received by the Chicago Benefits Office by close of business January 31, 2019.
- Your medical provider may need to resubmit claims.
- Alternatively, if you paid out of pocket for healthcare services during the grace period, you may need to submit paper claims.

To avoid inconvenience, and to ensure your dependent's new coverage is reflected at the time of service, submit your documents to the Chicago Benefits Office by **Thursday, December 6, 2018**.

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 healthcare expenses related to the fraud and/or report the fraud to the appropriate authority.

DO NOT WAIT UNTIL THE LAST MINUTE

ENROLL OR RE-ENROLL IN A FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts (FSA) 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 ConnectYourCare. You can choose to have FSA reimbursement checks mailed to you or deposited directly into your bank account. You will have the option for a debit card for healthcare flexible spending account.

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.

HEALTHCARE 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 2019 is \$2,650.

Estimate how much you will likely spend in 2019. 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 healthcare 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 2019 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 either FSA for 2019, qualified expenses have to be incurred before March 15, 2020. You will have until March 31, 2020 to submit your 2019 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, 2020 for expenses incurred in 2019). 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 ConnectYourCare

New FSA provider: You will continue to submit 2018 claims to PayFlex through March 31, 2019. Claims for 2019 will be processed by ConnectYourCare. More information coming soon.

Plan A effective 1/1/2019. 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.

SPECIAL REMINDERS

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. You make 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 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 Blue Shield 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 Blue Shield at 1-800-772-6895 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 Charitable Contribution Allocation form at: <http://www.cityofchicago.org/city/en/depts/fin/provdrs/payroll.html> under supporting information, "Charitable Giving".

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 2019

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

MEDICAL PLAN (HMO & PPO)*

ANNUAL SALARY	SINGLE	EMPLOYEE+1	FAMILY
Up to \$30,000	\$15.71	\$23.88	\$27.65
\$30,000 to \$114,999	2.2921% of payroll ÷ 24	2.9854% of payroll ÷ 24	3.4765% of payroll ÷ 24
\$115,000 and above	\$109.83	\$143.05	\$166.58

*For recently ratified collective bargaining agreements.

Plan A effective 1/1/2019. 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 MONEY SAVINGS

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. Just call 1-866-748-0028 and ask CVS Caremark to contact your doctor for a new prescription to be processed through mail order.

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.

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.

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; 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*		10%	25%	40% PPO allowed rate plus balance
Occupational and speech therapy*		\$20 copay	\$20 copay	
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 1/1/2019. 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 calendar year from one or more providers. Call each year if care is on-going.
Physical therapy	Call after the 7th visit. Call each year if care is ongoing.
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 pre-certified and 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 transplants, Other gender reassignment services	Call before services start.

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PPO PRESCRIPTION DRUG PROGRAM

Administered by CVS Caremark

PPO PRESCRIPTION MEDICATIONS	YOU PAY
<p>RETAIL - Short term medications If purchased at a participating retail pharmacy 34 day supply or 100 units whichever is less.</p>	<p>Generic \$10 copay Preferred formulary brand name \$30 copay Non-preferred brand name \$45 copay</p>
<p>RETAIL - Maintenance or long term medications The 4th fill and any additional refills 34 day supply or 100 units, whichever is less.</p>	<p>Generic \$20 copay Preferred formulary brand name \$60 copay Non-preferred brand name \$90 copay</p>
<p>MAIL ORDER - Long term medications for chronic conditions</p> <p>90 day supply</p> <p>To get medications through the mail, send your doctor's prescriptions to:</p> <p>CVS Caremark P.O. Box 94467 Palatine, IL 60094-4467</p> <p>Call Caremark or visit its website for more information about mail order.</p>	<p>Generic \$20 copay Preferred formulary brand name \$60 copay</p>
<p>Generic birth control Smoking Cessation medications</p>	<p>\$0 copay</p>
<p>Annual Rx Deductible</p>	<p>*\$35 per household</p>

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. Call CVS Caremark or visit the website for information about the prior authorization process and the list of Value Formulary drugs.

*\$35 annual Rx deductible may vary based on collective bargaining agreement.

www.caremark.com

1-866-748-0028

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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

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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 911 and contact 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 evaluate the 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

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HMO PRESCRIPTION DRUG PROGRAM

Administered by CVS Caremark

HMO 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 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 brand name \$60 copay* Non-preferred brand name \$90 copay*
MAIL ORDER Long term and maintenance medications for chronic conditions 90 day supply To order medications through the mail, send your doctor's prescription to: CVS Caremark P.O. Box 94467 Palatine, IL 60094-4467 Call Caremark or visit their website for more information about mail order.	Generic \$20 copay Preferred brand name \$60 copay*
Oral Contraceptives (generic or brand)*	Generic \$0 copay Preferred brand name \$30 copay* Non-preferred brand name \$45 copay*
Smoking cessation medications	Certain generic medications \$0 copay
Annual Rx Deductible	**\$35 per household

*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.

**\$35 annual Rx deductible may vary based on collective bargaining agreement.

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

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DENTAL PROGRAM

Administered by Blue Cross Blue Shield of Illinois (BCBS)

Enrollment in the dental plan is available after one calendar year of full-time employment. Separate contributions for dental coverage will be taken as payroll deductions. No action is needed if you want to continue your same dental coverage in 2019.

If you want to add or drop dental coverage or change dental plans for 2019, 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
Annual deductible (amount each member pays first before plan pays benefits)	YOU PAY \$100	YOU PAY \$200	YOU PAY No deductible
Annual limit (maximum amount a member receives in dental coverage each year after deductible has been paid)	PLAN PAYS UP TO \$1,500	PLAN PAYS UP TO \$1,500	PLAN PAYS UP TO 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 with \$1,800 copay. Not covered for employee or spouse

*There is no coverage out-of-network 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
1-855-557-5487

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VISION PROGRAM

You pay separate contributions for vision coverage which will be taken as payroll deductions. No action is needed if you want to continue your same vision coverage in 2019. If you want to drop vision coverage for 2019, 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, 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 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 exam every 12 months) based on last date of service	\$0	Balance over \$35
Frames One pair every 12 months	\$0 for frames from Davis Vision 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-net-work stores 	Balance over \$50
Lenses-single vision	\$0 one set every 12 months	Balance over \$35
Scratch Coatings	\$0 Copays	
Special lenses and other coatings	Visit www.davisvision.com or call 1-888-456-8758 for specific copay amounts.	
Contact lenses (in lieu of glasses)	Once every 12 months: <ul style="list-style-type: none"> • Davis vision collection: \$0 for 4 multipacks or 8 boxes. • Other disposables: Balance over \$105 	Balance over \$105.

* Visit the DavisVision website or call 1-888-456-8758 to locate a Visionworks store

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

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Chicago Lives Healthy WELLNESS PROGRAM FOR 2019

Chicago Lives Healthy is a comprehensive wellness program for covered employees and covered spouses/domestic partners/civil union partner. The program combines the latest science around Biometric Screenings and WellBeing Assessments (WBS) with effective tools, resources and coaching services to empower people to adopt healthier lifestyle habits.

PROGRAM ENROLLMENT

You will be automatically enrolled in the *Chicago Lives Healthy* wellness program starting on January 1, 2019 if you:

- are a City employee who was covered by a City medical plan as of November 1, 2018; or
- are the covered spouse/domestic partner/civil union partner of a City employee and you are covered as a dependent in a City medical plan as of November 1, 2018; or
- returned to work from a leave of absence and your medical coverage was reinstated on or before November 1, 2018.

About Biometric Screenings in the 2019 benefit year: Most employees will **NOT** need to complete a biometric screening in 2019. Personalized letters outlining your enrollment steps and program requirements will be sent to each participant who is automatically enrolled in the *Chicago Lives Healthy* wellness program. Follow the instructions in your letter, not your spouse's letter.

OPTING OUT OF THE CHICAGO LIVES HEALTHY WELLNESS PROGRAM

If you or your covered spouse/domestic partner/civil union partner choose not to participate in the *Chicago Lives Healthy* wellness program, you can select "NO" during open enrollment and opt out of the wellness program. If you select "NO" for yourself or your covered spouse/domestic partner/civil union partner you will pay a \$50 per non-participant increase in your monthly employee healthcare contributions for the 2019 benefit year. Increased medical contributions for those who opt out of the wellness program will begin with the first pay period of January 2019.

WAIVER OF ENROLLMENT FROM THE CHICAGO LIVES HEALTHY WELLNESS PROGRAM

If you and/or your covered spouse/domestic partner/civil union partner have a medical condition or illness that prevents you from participating in the *Chicago Lives Healthy* wellness program, you must submit a waiver of enrollment form completed by your doctor. You must submit an updated waiver of enrollment form each benefit year

Please send in a written request for a waiver of enrollment form. All waiver of enrollment forms should be completed by your doctor and returned no later than **December 3, 2018**. Send your requests to:

Wellness Administrator
Chicago Benefits Office
333 South State Street-Room 400
Chicago, IL 60604-3978

Look for more Chicago Lives Healthy wellness program information to arrive at your home address on file with the City of Chicago in December 2018 and January 2019.

PROTECT YOUR-FUTURE INCOME FOR YOU AND YOUR LOVED ONES

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.

Seasonal employees with less than 12 months of seasonal service are only eligible for basic life insurance.

BASIC TERM LIFE INSURANCE: (MetLife 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. 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 or 1-866-492-6983)

During open enrollment you may increase the amount of life insurance for yourself or buy coverage for your eligible dependents. You will pay the cost through payroll deductions. Proof of good health may be required.

Please note:

- Increasing the amount of insurance (1x to 10x your annual earnings, up to \$1.5 million) will require proof of good health.
- Buy insurance for a spouse or civil union partner for \$10,000, \$25,000 or \$50,000 of coverage (limits apply)
- Enroll 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)

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)

The LTD is designed to provide you a monthly cash payment in the event you cannot work because of an illness or injury. Your premium is deducted from your paycheck Proof of good health may be required when you sign up during open enrollment. Note: If you are a new City Employee hired on or after April 1, 2018, you were automatically enrolled in the Long Term Disability (LTD) Plan. You may opt out of the benefit by contacting Prudential directly.

DEFERRED COMPENSATION: (Nationwide www.chicagodeferredcomp.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.

VOLUNTARY SUPPLEMENTAL INSURANCE

Employees will have the opportunity to purchase voluntary supplemental insurance through payroll deduction. Voluntary Supplemental Insurance will be sold by two insurers:

- Combined Insurance Company 1-888-870-3382
- Aflac Insurance Company 1-888-382-3522

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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 and dental care and now 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.

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 of an event that would cause coverage to end, e.g. divorce
- 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 in the City's Plan document available at www.cityofchicagobenefits.org:

Notify the Benefits Service Center within 30 days of the date of the divorce and bring the certified 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 as of the date of the divorce.

You must call the Benefits Service Center to notify the City of the divorce at 1-877-299-5111 and take the original certified 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 Benefits Information Fair and speak directly with representatives from the Chicago Benefits Office, Blue Cross (HMO and PPO), Blue Care Dental (HMO & PPO), Telligen medical advisor, CVS Caremark prescription drug program, Davis Vision Plan, ConnectYourCare, Prudential, MetLife, Nationwide deferred compensation program, Texas Life insurance, Combined and Aflac Voluntary Supplemental Insurance.

Date	Time	Location	Address
Wednesday October 10, 2018	10:00 AM - 3:30 PM	City Hall	121 N. LaSalle St. (11th Floor)
Thursday October 11, 2018	10:00 AM - 3:30 PM	DePaul Center	333 S. State St. (4th Floor)
Wednesday October 17, 2018	10:00 AM - 3:30 PM	Public Safety Headquarters	3510 S. Michigan Ave. (1st Floor)
Thursday October 18, 2018	10:00 AM - 3:30 PM	Family and Support Services	1615 W. Chicago Ave. (2nd Floor)
Wednesday October 24, 2018	10:00 AM - 3:30 PM	Midway Airport AMC Building	6201 S. Laramie St. (1st Floor)
Thursday October 25, 2018	10:00 AM - 3:30 PM	O'Hare Airport Department of Aviation	10510 W. Zemke Blvd.
Monday October 29, 2018	10:00 AM - 3:30 PM	2FM Building	900 E. 103rd St.
Tuesday October 30, 2018	10:00 AM - 3:30 PM	2FM Building	1869 W. Pershing Rd.

Benefits Information Fairs are for current employees and their spouses/civil union partners/domestic partners to learn more about healthcare and other benefits related to the annual open enrollment process.

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BLUE CROSS BLUE SHIELD ONLINE

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 Blue Shield card. Then go to the website www.bcbsil.com/cityofchicago 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.

Blue Access For Members (BAM)

Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross Blue Shield of Illinois secure member website, Blue Access for Members (BAM). With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one
- Visit Health Care School to see articles and videos to help you make the most of your benefits

2019 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 www.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 CVS Caremark	www.bcbsil.com/cityofchicago www.caremark.com	1-800-730-8504 1-866-748-0028
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 (2018 claims) Flexible Spending Account (FSA)	www.HealthHub.com	1-800-284-4885
ConnectYourCare (January 1, 2019) Flexible Spending Account (FSA) Dependent Care Account Transit Benefit	www.connectyourcare.com/cityofchicago	1-833-229-4428
Healthways	www.chicagoliveshealthy.com	1-866-556-7671
MetLife Basic term life insurance Optional life insurance	www.metlife.com/mybenefits	1-866-492-6983
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
Voluntary Supplemental Insurance Combined Aflac		1-888-870-3382 1-888-382-3522

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2019 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.chipabf.org	1-312-744-3891
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

LEGAL NOTICES

CITY OF CHICAGO MEDICAL PPO PLANS ("MEDICAL PLANS")

NOTICE TO ENROLLEES OF MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT EXEMPTION FOR 2019

Generally, group health plans sponsored by state and local governmental employers, such as the City of Chicago (the "City" or "plan sponsor") must comply with federal law requirements in title XXVII of the Public Health Service Act, and the amendments thereto set forth in the Mental Health Parity and Addiction Equity Act. However, these governmental employers are permitted to elect to exempt a plan from all of the requirements listed below for any part of the plan that is self-funded by the employer rather than provided through a health insurance policy. The purpose of this Notice is to inform you that the City of Chicago has elected to exempt the City of Chicago Medical PPO Plans as follows:

1. *Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan (sometimes referred to as "mental health parity requirements").* The plan sponsor has elected to maintain the existing terms and conditions of the Medical Plans by exempting the Medical Plans from this requirement. Therefore, the City will continue in place the current requirement that Plan Participants who receive outpatient mental health and substance abuse treatment by a behavioral health specialist must obtain pre-certification by a Medical Advisor, under the Plans' Medical Advisor Review Program, after the first seven sessions each year with one or more such providers. This requirement will continue in effect for the 2019 plan year (beginning January 1, 2019, and ending December 31, 2019), and may be renewed for subsequent plan years pursuant to a subsequent exemption election, unless modified through the collective bargaining process.
2. *Protection against limiting hospital stays in connection with the birth of a child to less than 48 hours for a vaginal delivery, and 96 hours for a cesarean section.* The Medical Plans currently meet this requirement and thus this requirement will continue to apply under the terms of the Medical Plans without exception.
3. *Certain requirements to provide benefits for breast reconstruction after a mastectomy.* The Medical Plans currently meet this requirement and thus this requirement will continue to apply under the terms of the Medical Plans without exception.
4. *Continued coverage for up to one year for a dependent child who is covered as a dependent under the plan solely based on student status, who takes a medically necessary leave of absence from a postsecondary educational institution.* The Medical Plans no longer use student status and provides an opportunity to elect coverage to age 26 and thus this requirement currently applies under the terms of the Medical Plans without exception.

ANNUAL HEALTHCARE 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 resulting from a mastectomy (including lymphedema). Contact your PPO or HMO administrator for more information.

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