



HEALTHCARE AND OTHER BENEFITS
OPEN ENROLLMENT GUIDE
FOR
SWORN POLICE
(Below the Rank of Sergeant)

2020



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WELCOME

As a City of Chicago (CoC) employee, you have access to a wide variety of benefits. Your benefits are designed to help keep you and your family healthy and financially secure with coverage options that feature choice, flexibility, and tax-savings.

Annually, the Chicago Benefits Office coordinates an Open Enrollment period to allow you and your family to review your coverage and make changes or add a new benefit, as desired. This year, Open Enrollment is from **October 16, 2019 through October 31, 2019**, with **changes effective January 1, 2020**.

This Healthcare and Other Benefits Open Enrollment Guide is intended to provide an overview of the benefits available and the deadlines associated with the annual Open Enrollment process. Included in this Guide are summary explanations of benefits as well as contact information for each provider. Be sure to pay close attention to applicable co-payments and deductibles, preauthorization requirements, and some services that may be limited or not covered.

Every effort has been made to ensure that the information in this Guide is accurate; however, the provisions of the CoC Plan document and subsequent updates always supersede this summary. Copies of the Plan document is available at www.cityofchicagobenefits.org.

It is your responsibility, before you enroll or change your benefits, to make sure you understand the Plan and ask any questions by contacting the **Benefits Service Center at 1-877-299-5111**.

Sincerely,

Chicago Benefits Office

ANNUAL OPEN ENROLLMENT

Begins October 16, 2019 and ends on October 31, 2019

Open Enrollment Changes are effective January 1, 2020

WHAT IS OPEN ENROLLMENT?

During this period, the CoC allows for its employees to elect, change or add benefits.

WHAT CAN I DO DURING OPEN ENROLLMENT?

- Enroll in or cancel your medical, vision and dental insurance
- Switch medical or dental plans (if eligible)
- Add or remove dependents to your plan (for example a spouse, civil union or same sex domestic partner, or children)
- Sign up for a healthcare Flexible Spending Account (FSA)
- Buy optional life insurance or voluntary long term disability insurance

If you do not make changes, your 2019 medical, dental, vision benefits will continue (excluding healthcare FSA). You must sign up for healthcare FSA to participate in 2020.

HOW DO I MAKE CHANGES?

To make changes go online until 11:59 p.m. on October 31, 2019 at www.cityofchicagobenefits.org, or call the **Benefits Service Center at 1-877-299-5111** until 6:00 p.m. on Thursday, October 31, 2019,

During Open Enrollment, the Benefits Service Center hotline will be available Monday through Friday from 8:00 a.m. until 6:00 p.m. and on Saturday, October 26, 2019 from 8:00 a.m. until 6:00 p.m.



WHAT IS NEW IN 2020

All elections/changes are effective January 1, 2020.

Special Enrollment for Long Term Disability by Prudential

Long Term Disability Insurance helps protect against financial challenges that could crop up if you cannot work for an extended length of time. Here are a few reasons to take advantage of this special opportunity to enroll for coverage now:

- Guaranteed coverage.** You can enroll for Long Term Disability Insurance now during this special enrollment period and be guaranteed coverage, meaning you do not have to answer any health questions (some exceptions apply such as employees previously denied coverage or enrolling after the special enrollment period).

- Benefits when you need it.** You might think a disabling injury or illness will be covered by other sources, (such as Worker's Compensation and Social Security Disability Insurance (SSDI)) but the truth is that they typically do not cover all of your expenses. Lengthy eligibility and processing time could really result in financial hardship for you and your family.

- Earning Protection.** You may not realize that the odds of being unable to work, due to sickness or accidental injury are greater than the odds of a premature death. Long term Disability Insurance can help fill the gap.

Take advantage of this special enrollment opportunity! To learn more or enroll, visit www.prudential.com/mybenefits or call 1-800-778-3827.

CHECK YOUR BENEFITS COVERAGE SHEET



Your 2019 personalized Benefits Coverage Sheet is included with this Guide. The medical, dental and vision enrollment listed on your Coverage Sheet will remain the same for 2020 unless you make changes during the open enrollment period which runs October 16, 2019 through October 31, 2019. You must sign up for healthcare and dependent care FSA to participate in 2020.

Dependent children who reach the age of 26 (30 for unmarried military) are automatically terminated from the City's health plan on the last day of the month of his/her birthday. Special rules apply to disabled dependents. For additional information regarding disabled dependents contact the Benefits Service Center at 1-877-299-5111.

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 for dependents:

- Name and birthdate of a dependent.
- Social Security number of the dependent if marked as "N". If any Social Security number is marked "N", please bring the original Social Security Card to the Chicago Benefits Office to update your dependent's record. Federal law requires us to ask for the Social Security number 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. The Chicago Benefits Service Center cannot change your home address on record.

ENROLLMENT CHANGES DURING THE YEAR - Benefit enrollment changes are allowed throughout the year only if you have a qualifying life event such as marriage, divorce, birth or adoption of a child or loss of coverage through your spouse, civil union or domestic partner. Call the Benefits Service Center within 30 days of the qualifying life event date. If you try to make these changes as an open enrollment change, the coverage will not go into effect until January 1, 2020. You must provide documents to prove the qualifying life event within 60 days of the event. For information about qualifying life events visit www.cityofchicagobenefits.org.

Below are some common events:

<p>LEGAL MARITAL STATUS Marriage, establishment of civil union, dissolving civil union, divorce, death</p>	<p>DEPENDENTS Birth, adoption, legal guardian for a child</p>
<p>COURT ORDER FOR DEPENDENT Coverage for the employee's dependent resulting from a court order (QMCSO, "Qualified Medical Child Support Order")</p>	<p>GAIN/LOSS OF COVERAGE Your spouse/civil union partner/same sex domestic partner/dependents loses coverage</p>

Please note: Qualifying life events are effective on the event date but open enrollment changes are effective January 1, 2020. When you call the Benefits Service Center to report a qualifying life event change during the open enrollment period, be sure to explain that you are calling about a qualifying life change event and ask for benefits to be effective on the event date.

THE ONLINE BENEFITS WEBSITE

www.cityofchicagobenefits.org

You may call the Benefits Service Center to make changes at 1-877-299-5111 however, you are strongly encouraged to use the online Benefits website, www.cityofchicagobenefits.org, due to high call volume and wait time.

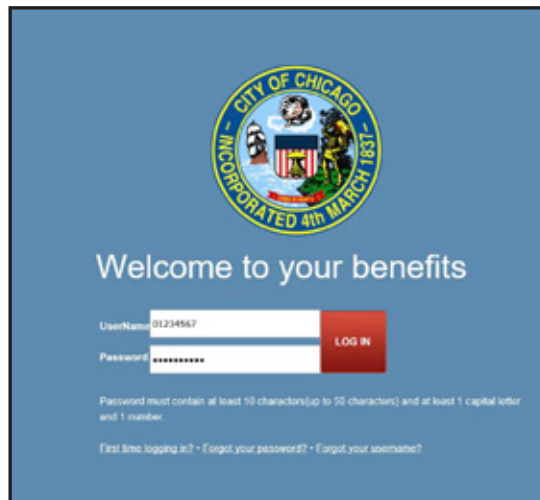
Instructions on how to access the online benefits website are provided below.

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.

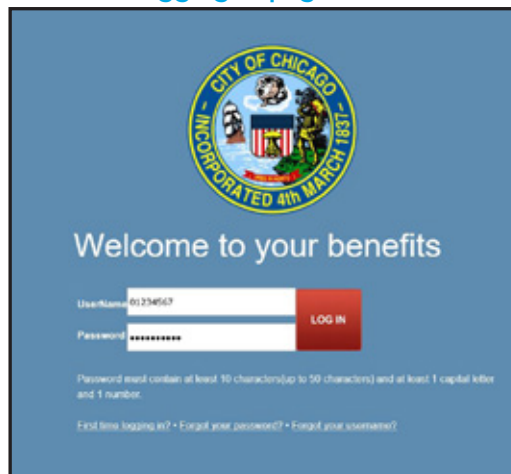
If you know your name and password:



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.

First time logging in page:

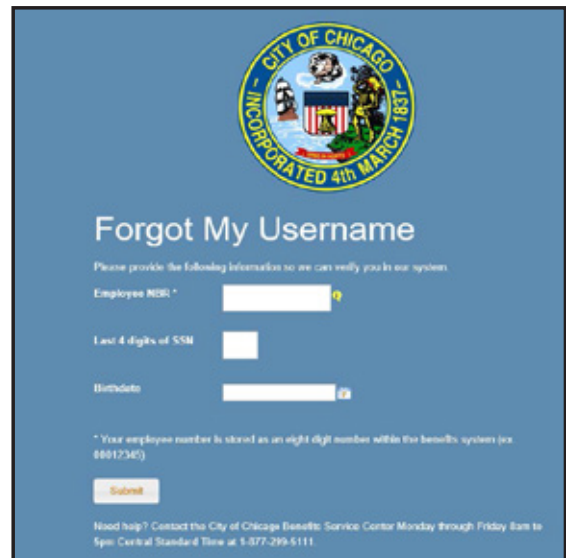
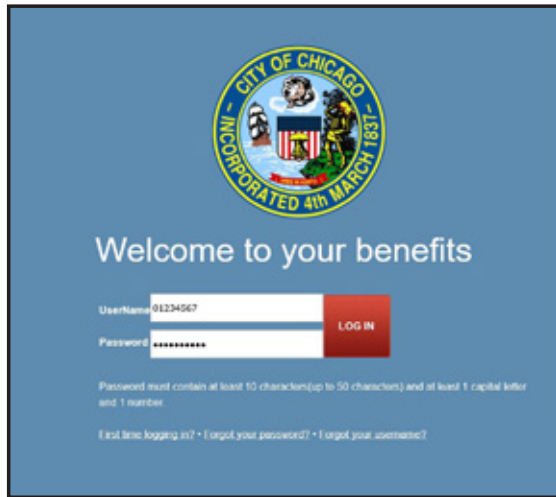


Step 3: CREATE ONLINE ACCOUNT

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.

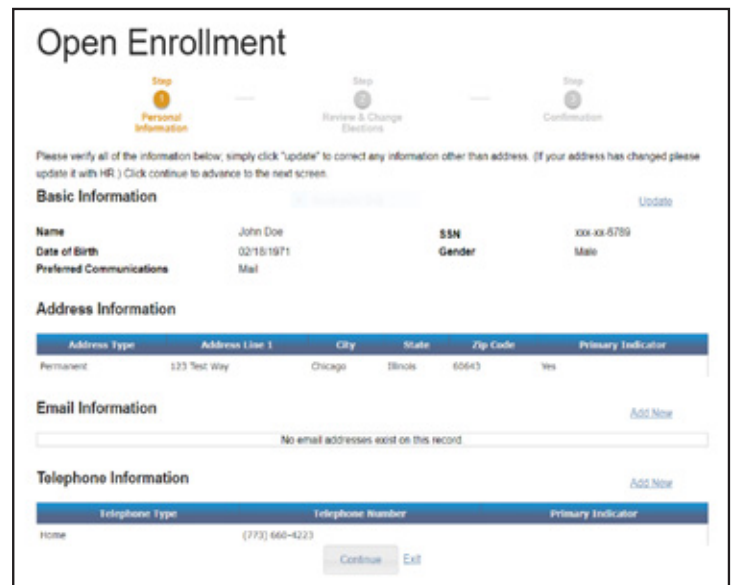
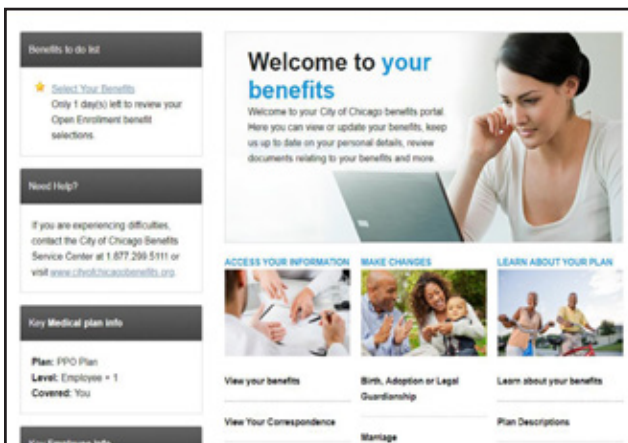
If you've forgotten your username, click "Forgot Your User Name" and enter your eight digit employee ID number. Follow the prompts to get your username. If you've forgotten your password, click "Forgot Your Password" then enter your username and follow the prompts. If you've forgotten both, get your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

**Or you are able to select-First time logging in?
Forgot your password?, or Forgot your username?**



Your Open Enrollment event will be listed in the Benefits to do list. Click the link to enter your event.

You will see your personal information listed. Click continue.



Plan B effective 1/1/2020. This is a summary of benefits offered to City of Chicago Sworn Police Officers below the rank of Sergeant by the Fraternal Order of Police. The Plan Document and subsequent updates always supersede this summary.

Step 4: VERIFY/ADD/REMOVE DEPENDENTS

Add dependent (provide name, date of birth, relationship, social security). Delete/Update dependent – click on the “make changes” link.

DEPENDENT INFORMATION SCREEN

Add New Dependent

Note: Do Not hit continue until all Dependents have been added. (See next screen for instructions)

The screenshot shows a web interface for adding dependents. At the top, there is a progress bar with three steps: 'Step 1 Personal Information' (highlighted), 'Step 2 Review & Change Elections', and 'Step 3 Confirmation'. Below the progress bar, a message reads: 'Please verify all dependent information is correct. Dependents must be added below before they can be added to coverage.' The main section is titled 'Dependent Information' and contains a text box with the message 'There are no dependents on file.' To the right of this text box is a link labeled 'Add New Dependent'. At the bottom of the section are two buttons: 'Continue' and 'Exit'.

Add Dependent

Insert all required information, even if your dependent is a City of Chicago Employee

Click OK

The screenshot shows the 'Dependent Information' form with the following fields and values:

Field	Value
First Name	Test
Middle Initial	A
Last Name	Spouse
Suffix	
Email Address	test@test.com
Date of Birth	12/24/1970
Relationship	Spouse
Gender	Female
Dependent SSN	123456789
Mobile Telephone	
Is Dependent an Employee	Yes
Address Same as Employee	Yes

At the bottom of the form are two buttons: 'OK' and 'Cancel'.

Step 5: ENROLLMENT

- Select benefits to enroll
 - Choose coverage: Single, Employee + One, Family
 - Enroll or re-enroll in the healthcare Flexible Spending Account (FSA) for 2020.
- Once you have made your enrollment selections ensure you click “submit” on the final screen.

Make changes to elections or add dependents to coverage by clicking “Make Changes”

Coverage can be changed (if eligible), waived or dependents added or removed in each section. Save Changes.

	Cost	Dental Election Vision Election FSA Election
Medical Make Changes		
PPO Plan, Single	\$80.25	
Dental Make Changes		
Dental PPO, Single	\$0.51	
Vision Make Changes		
Davis Vision, Single	\$0.15	
Flexible Spending Make Changes		
Health Care FSA, Waive FSA	\$0.00	
Flexible Spending Make Changes		
Dependent Care FSA, Waive FSA	\$0.00	
Total Costs:	\$80.91	

Change Your Medical Coverage

Please select the plan and which dependents you wish to cover below. Prescription drug coverage is included with your Medical plan election. The cost is based on your current pay frequency.

Plan	Single	Employee + 1	Employee + Family
<input type="radio"/> Blue Advantage HMO	\$80.25	\$104.52	\$121.71
<input checked="" type="radio"/> PPO Plan	\$80.25	\$104.52	\$121.71
<input type="radio"/> Waive			

Choose dependents to be covered in PPO Plan plan:

Name	Relation	Date of Birth
<input checked="" type="checkbox"/> Test Spouse	Spouse	12/24/1970

Change Your Wellness Program Participation

For 2018, you (and if applicable your covered spouse, same sex domestic partner or civil union spouse) have automatically been enrolled in the Chicago Lives Healthy wellness program. You can opt out of the program for yourself or for your covered spouse, same sex domestic partner or civil union spouse by selecting “No” below.

If you select “No” you will pay a \$25 per-non-participant increase in your health care contribution per pay period. If you opt out for both you and your covered spouse, same sex domestic partner or civil union spouse your health care contribution per pay period will increase by \$50.

Name	Wellness Participation	Fees
John Doe	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$0.00

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

Complete Dental Elections

Open Enrollment

Change Your Dental Coverage

Please select the plan and which dependents you wish to cover below. You must be enrolled in the Medical plan to elect Dental coverage. The cost of your Dental coverage has been included in your Medical plan cost. The cost is based on your current pay frequency.

Plan	Single	Employee + 1	Employee + Family
<input type="radio"/> Dental HMO	\$0.29	\$1.06	\$2.78
<input checked="" type="radio"/> Dental PPO	\$0.51	\$1.02	\$2.05
<input type="radio"/> Waive			

Dependents that are covered in Dental PPO plan:

Name	Relation	Date of Birth
<input checked="" type="checkbox"/> Test Spouse	Spouse	12/24/1970

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

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View Your Vision Elections

Open Enrollment

Step 1

Personal Information

Step 2

Review & Change Elections

Step 3

Confirmation

Change Your Vision Coverage

Vision coverage is included for those employees that enroll in Medical. Your Vision coverage is listed below based on your current Medical plan election. The cost of your Vision coverage has been included in your Medical plan cost. The cost is based on your current pay frequency.

Plan	Single	Employee + 1	Employee + Family
<input checked="" type="radio"/> Davis Vision	\$0.15	\$0.30	\$0.61
<input type="radio"/> Waive			

Dependents that are covered in Davis Vision plan:

Name	Relation	Date of Birth
<input checked="" type="checkbox"/> Test Spouse	Spouse	12/24/1970

Change Your Coverage due to Open Enrollment

Your change in coverage is effective 01/01/2020.

You have 1 day remaining to complete your changes. Changes must be completed by 09/19/2019.

Election Summary

- Medical Election
- Dental Election
- Vision Election
- FSA Election

Complete FSA Elections. Click Save.

Health Care FSA

Option	Employee Pay Period Cost	Annual Amount Elected	Amount Elected
<input checked="" type="radio"/> Contribution Amount	\$41.67	<input type="text" value="\$1,000.00"/>	
<input type="radio"/> Waive FSA	\$0.00		\$0.00

Election Summary

- Medical Election
- Dental Election
- Vision Election
- FSA Election

Read FSA disclosure (if electing). Click OK.

Please review the following information:

In the event of an error in your FSA deductions or FSA administration, you authorize the employer to correct that error including the authorization to withhold corrective amounts from your wages. The time period of withholding commences as early as the error is discovered and continues until the corrective amount has been satisfied; the deduction will be a level amount per pay period, and the employee may voluntarily withdraw his or her authorization for the deduction. By making these elections, I hereby attest that all information I have submitted is true and accurate and I acknowledge that I have read the FSA statement above.

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Read Terms. Click check box, acknowledging changes. Click Submit.

Defrauding or misleading the Plan about my eligibility or the eligibility of my dependents, or failure to remove an ineligible dependent from coverage, may result in my dependents and me becoming ineligible for benefits effective immediately and possibly retroactively. Further, fraudulent or misleading conduct on my part may result in discipline, up to and including termination of employment. Finally, if the Plan mistakenly pays benefits or incurs fees as a result of such conduct on my part, the Plan may pursue collection or elect to offset any such amounts mistakenly paid or fees incurred as a result against any future benefits otherwise due me or my dependents.

Acknowledgement

I have received the information summarizing the benefits available under the provisions outlined in the governing Plan document and summary.

Authorization

By submitting my elections, I authorize the City of Chicago to deduct my share of the cost of this coverage from my pay. This authorization remains in effect until the coverage is canceled. I also understand that once the enrollment period is closed, my elections cannot be changed until the next annual enrollment period unless I experience a change during the year, that is a permitted election change event under the Plan.

Attestation

I hereby attest that all information that I have submitted is true and accurate.

Please check here if you agree before submitting your enrollment elections:

To confirm your elections, effective 1/1/2019 you must hit Submit. If you fail to hit Submit, your 2018 elections will remain in effect excluding FSA.

enrollment

Step 1 Personal Information

Step 2 Review & Change Elections

Step 3 Confirmation

Please review the following information:

Thank you for completing Open Enrollment.
If you are interested in learning more about additional voluntary insurance products administered directly by Aflac and Combined Insurance please call AFLAC Insurance at 888-382-3522 or Combined Insurance at 888-870-3382.

SAVE

PRINT


Step 6: PRINT OR WRITE IT DOWN

If you wish, print your confirmation statement for your records.

Click View Confirmation Forms;

Note: a confirmation statement should reflect every change to elections

powered by Momeau Stepell



Open Enrollment

Step 1 Personal Information

Step 2 Review & Change Elections

Step 3 Confirmation

Your Benefit Selections have been submitted for approval!
[Return to the Home Screen](#)

For your records

We recommend that you save a copy of your elections for your record.

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ADDING A DEPENDENT DURING OPEN ENROLLMENT?

STEP 1: - 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 2: - For coverage to begin January 1, 2020 provide original eligibility documents to prove they are your legal dependents.

Your dependents will not have medical, vision or dental coverage effective January 1, 2020 if you fail to SUBMIT THE REQUIRED DOCUMENTATION BY THE DEADLINE BELOW.

DEADLINE: If you submit your dependent's eligibility documents by close of business **Friday, December 6, 2019** coverage will be active on January 1, 2020. For example, if your dependents seek medical care on January 1, 2020, 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 dependent's eligibility documents by **Friday, December 6, 2019**, you may submit documents through Friday, January 24, 2020. Your failure to timely submit documents may result in delayed coverage.

If you fail to submit your dependent's eligibility documentation by the end of the grace period on January 24, 2020, you will be required to wait until the next open enrollment period to enroll your dependents for coverage effective January 1, 2021.

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, 2019** was missed, those claims will be reprocessed retroactive to January 1, 2020 if the required enrollment documents are received by the Chicago Benefits Office by close of business **January 24, 2020**.
- 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.

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 TO SUBMIT YOUR DEPENDENT'S ELIGIBILITY DOCUMENTATION

REQUIRED DOCUMENTS FOR DEPENDENTS: *A Summary*



Benefit Participant Being Added

Document(s) Needed

Spouse	An original certified marriage certificate and spouse's social security card.
Dependent (0-25yrs.)	An original certified birth certificate (with parental information) and child's social security card.
Unmarried military dependent children (Age 26-30), Illinois resident	An original certified birth certificate, social security card and honorable military discharge paperwork (DDForm214).
Adopted children	If the child is your adopted child and the birth certificate has not yet been amended to name you and other adoptive parent as the child's parents, then the letter issued by the governmental agency placing the child in your home will suffice for documentation, until such reasonable time as the amended birth certificate and the social security card can be issued.
Legal Guardianship of dependents- (Court appointed)	Certified guardianship documents from the Clerk of Circuit Court placing the child in the home (date of placement) and social security card.
Civil union partner	An original certified civil union certificate and partner's social security card.
Same Sex Domestic Partner	Certificate of Domestic Partnership issued by City Department of Human Recourses before August 1, 2017 or an out of state agreement that is recognized as a civil union and the partner's social security card

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 documents will be copied and returned to you immediately.

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MEDICAL PLANS AT A GLANCE



You can select a PPO or HMO from **Blue Cross Blue Shield of Illinois**.

HMO and PPO Summary of Medical Plan Differences

PPO	HMO
There are deductibles, coinsurance and co-pays	No deductibles or coinsurance. There are co-pays.
Covers in-network and out-of-network doctors. Offers financial savings depending on the tiers (See page 15).	Doctors must be selected from pre-approved list of doctors.
See a specialist without a referral. Pre-certification, however, is required for certain services such as MRIs, CT scans (for more information-see page 16).	Requires referral from your primary care doctor to see a specialist. Your primary care physician and the staff will manage and coordinate your care.

HEALTH CARE CONTRIBUTION RATES FOR 2020

For Sworn Police Officers below the rank of Sergeant represented by the Fraternal Order of Police (FOP)

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

MEDICAL PLAN (HMO & PPO)

ANNUAL SALARY	SINGLE	EMPLOYEE+1	FAMILY
Up to \$30,000 (flat rate)	\$15.71	\$23.88	\$27.65
\$30,001 to \$89,999	1.2921% of payroll ÷ 24	1.9854% of payroll ÷ 24	2.4765% of payroll ÷ 24
\$90,000 and over (flat rate)	\$48.45	\$74.45	\$92.87

BLUE CHOICE OPTIONS MEDICAL PPO-PLAN B

Administered by Blue Cross Blue Shield of Illinois

		Blue Choice OPT Tier 1	Blue Choice OPT Tier 2	Out-of-Network Tier 3
Annual Deductible	Individual Family	\$300 \$900	\$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		
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 (20 visits)		\$30 copay does not apply to deductible	\$35 copay does not apply to deductible	
Annual deductible must be paid before Plan covers these services:		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 to hospital		
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
OTHER SERVICES				
Occupational and speech therapy* (Limited to 60 visits annually)		\$20 copay	\$20 copay	40% PPO allowed rate plus balance
DME*: Oral Surgery; Ambulance transport between hospitals*		10%	25%	

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CERTAIN PPO SERVICES NEED TO BE PRE-CERTIFIED

Administered by Telligen

Telligen, the PPO medical advisor, needs to pre-certify the services listed below. There is a \$1,000 penalty if Telligen is not contacted in a timely 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 a 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.
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 transplants, Other gender reassignment services	Call before services start.

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PPO 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 free-standing facility. Take this paperwork or the order form from your doctor to the free-standing 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 ADVANTAGE HMO* – A Blue Cross HMO

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

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

YOU PAY**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	\$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

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

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>You pay \$150 copay - waived if admitted</p>
<p>Go to the nearest emergency room in the event of a life threatening emergency</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>You pay \$0</p>
<p>For life threatening medical emergencies</p>	
<p>TREATMENT IN PCP OFFICE</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>For acute medical problems which are not life threatening</p>	
<p>URGENT MEDICAL CARE AWAY FROM HOME</p>	<p>Call the toll-free emergency number on the back of your Blue Advantage HMO ID card.</p>
<p>For treatment for unexpected illness and injury when travelling outside the Chicagoland area contact your PCP.</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 may be 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 and PPO PRESCRIPTION DRUG PROGRAM

Administered by CVS Caremark



PRESCRIPTION MEDICATIONS

YOU PAY

RETAIL - Short term medications

If purchased at a participating retail pharmacy
34 day supply or 100 units whichever is less

Generic **\$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 formulary brand name **\$60 copay**
Non-preferred brand name **\$90 copay**

MAIL ORDER

Long term and maintenance medications for chronic conditions

90 day supply

To get medications through the mail, send your doctor's prescription to:

CVS Caremark
P.O. Box 94667
Palatine, IL 60094-4467

Call Caremark or visit its website, www.caremark.com, for more information about mail order.

Generic **\$20 copay**
Preferred brand name **\$60 copay**
Non-preferred formulary **\$100 copay**

Generic birth control Smoking Cessation medications

\$0 copay

VALUE FORMULARY

Your plan has adopted Value Formulary to encourage use of generics. Prescriptions not on the Value Formulary list will be denied coverage at the pharmacy and the pharmacist will then ask your physician to substitute a Value Formulary drug.

If your physician does not agree to change the prescription, your physician must request an exception from CVS Caremark by submitting clinical information for prior authorization. An approval or a denial will be faxed to your physician and mailed to your home address. Call CVS Caremark or visit the website, www.caremark.com 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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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. 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 2020.

If you want to add or drop coverage or change dental plans for 2020, visit www.cityofchicagobenefits.org or call the Benefits Service Center at 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 preventive 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 \$1,200	PLAN PAYS UP TO \$1,200	PLAN PAYS UP TO No annual limit
Restorative Endodontics Periodontics Oral Surgery Crowns	YOU PAY 40%	YOU PAY 50% of PPO allowed amount plus balance of billed charges	YOU PAY Copays of various amounts (for information about copay 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 up to age 25 with \$2,300 copay. Not covered for employee or spouse

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

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

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VISION PROGRAM

Administered by Davis Vision

You are automatically enrolled in the VISION PROGRAM when you enroll in the City's PPO or Blue Advantage HMO plan. 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 Blue Shield ID or a State ID will be used to verify coverage in the Davis Vision plan.

DAVIS VISION CARE BENEFITS	In-Network You Pay	Out-of--Network You Pay
Routine Eye Exam (One exam every 12 months) based on last date of service	\$0	Balance over \$35
Frames One pair every 12 months	<p>\$0 for frames from exclusive collection:</p> <ul style="list-style-type: none"> • Or balance over the \$110 allowance for frames at Visionworks 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
Scratch Coatings	\$0 copays	
Special lenses	Visit www.davisvision.com or call 1-888-456-8758 for specific copay amounts.	
Contact lenses (in lieu of glasses)	<p>\$0 one set every 12 months</p> <p>*Davis Vision collection \$0 for 4 multipacks or boxes</p> <p>*Other disposables: Balance over \$105</p>	Balance over \$105

www.davisvision.com • 1-888-456-8758

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SIGN UP FOR FLEXIBLE SPENDING ACCOUNT

(Healthcare)

Administered by ConnectYourCare

You must sign up for the FSA each year during Open Enrollment

WHAT IS AN FSA?

A Flexible Spending Account is a tax-advantaged account that allows you to use pre-tax dollars to pay for qualified medical or dependent care expenses. You choose how much money you want to contribute to an FSA at the beginning of each plan year and can access these funds throughout the year. This contribution is subject to certain legal limits. There are minimum and maximum contribution requirements. More information is provided below.

HEALTHCARE FSA SUMMARY

- **MULTIPLE USES.** There are hundreds of eligible expenses for your FSA funds, including prescriptions, some over-the-counter items, doctor office copays, health insurance deductibles and coinsurance. FSA funds may even be used for eligible expenses for your spouse or federal tax dependents.
- **EASY TO ACCESS.** Funds in the account are easily accessed with the payment card. Your account balance is available at any time online, through the mobile app, or over the phone.
- **TAX ADVANTAGES.** Since FSA contributions are not taxed, you can reduce your taxable income by the amount you contribute to your FSA. You can then use those pre-tax dollars to pay for eligible health care expenses that would have otherwise been paid with post-tax dollars.
- **RAPID REIMBURSEMENTS.** Paying for health care expenses is easy when you use your payment card. If you do not use your card, you can quickly and easily create your claim online. Once you submit your receipts, you will be reimbursed via check or direct deposit.

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 FSA for 2020, qualified expenses have to be incurred before March 15, 2021. You will have until March 31, 2021 to submit your 2020 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, 2021 for expenses incurred in 2020). If you plan to incur expenses after your employment with the City ends, you must elect to continue FSA contributions under PHSA/COBRA Continuation Coverage.

FSA RULES & REGULATIONS

- The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your payment card. Other times, you will need to submit itemized receipts. **Always save your itemized receipts!**

- Beginning January 1, 2020, **Healthcare FSA contributions are limited by the IRS to \$2,700 each year.** The limit is per person; a husband and wife may each contribute up to the limit.

- The IRS requires that employers make the full annual Health FSA election available to employees when an eligible expense occurs, regardless of whether you have deposited enough to cover the full amount at that point in time.

For example, let's say you choose to contribute \$1,200 per year, equal to a payroll deduction of \$100 a month. You are eligible for reimbursement up to the full \$1,200 in the first month, even though you have only deposited \$100 in your account. Remaining deductions will be taken from your pay during the rest of the plan year.

MINIMUM/MAXIMUM CONTRIBUTIONS TO THE HEALTH CARE FSA

To participate in the Healthcare FSA, you must contribute a minimum of \$120 and up to a maximum of \$2,700 per calendar year. The Internal Revenue Service may increase the maximum amount.

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

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.



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. This amount increases for sworn police to \$75,000 after the first year of full employment. 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:

- Proof of good health may be required if you are Increasing the amount of insurance (1x to 10x your annual earnings, up to \$1.5 million).
- Insurance is available for purchase for a spouse or civil union partner for \$10,000, \$25,000 or \$50,000 of coverage (limits apply)
- Insurance is available for children from birth to age 25 for \$5,000 to \$10,000 in coverage (one rate covers all your children and no proof of good health is required)

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 is not required when you sign up during open enrollment.

VOLUNTARY SUPPLEMENTAL INSURANCE

Employees will have the opportunity to purchase voluntary supplemental insurance through payroll deduction. Voluntary Supplemental Insurance is available through two insurance companies.

- For each insurer:
 - The 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.
- Combined Insurance Company, www.combinedinsurance.com/cityofchicago, 1-888-870-3382
- Aflac Insurance Company, www.aflac.com/cityofchicago, 1-888-382-3522

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 supplemental insurance through payroll deduction.

Detailed information about these products is available directly from the insurers at the numbers listed above. Additional information will be sent to your home by the insurers. The City of Chicago Benefits Office does not provide advice regarding these insurance products.

DEFERRED COMPENSATION RETIREMENT PLAN

Administered by Nationwide

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.

Minimum payroll deduction to start account	\$10 per pay period
Contribution limits if you are under age 50	\$19,000 for 2019 (may increase by IRS for 2020)
Contribution limits if you are over age 50	Additional “catch-up” contribution of \$6,000 permitted, for a total of \$25,000 in 2019 (may increase by IRS for 2020)
Age at which you must begin taking distributions	April 1st of the year following the year when you attain 70 ½ or end employment with the City of Chicago, whichever is later
Penalty for early withdrawals (may increase by IRS for 2020)	You may not withdraw funds prior to ending your employment with City of Chicago. Funds rolled over from an IRA or qualified retirement plan may be subject to early withdrawal penalty if withdrawn prior to 59 ½
Taxation	Disbursements are subject to income tax

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REMINDERS

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

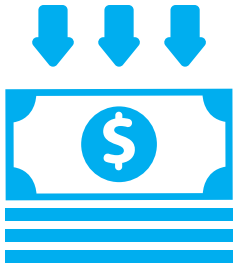
Notify the Benefits Service Center within 30 days of the date of the divorce and bring the certified divorce decree to the Chicago Benefits Office within 60 days.

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.), excluding Holidays



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> 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.

QUESTIONS? WANT TO LEARN MORE?



During Open Enrollment the Chicago Benefits office will be hosting six (6) Benefits Information Fairs. Visit a Benefits Information Fair and speak directly with representatives from the Chicago Benefits Office, Benefits Service Center, 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, Texas Life insurance, Combined and Aflac Voluntary Supplemental Insurance.

DATE	TIME	LOCATION	ADDRESS
Wednesday October 16, 2019	10:00 AM - 3:30 PM	Depaul Center	333 S. State St. (4th Floor)
Monday October 21, 2019	10:00 AM - 3:30 PM	Public Safety Headquarters	3510 S. Michigan Ave. (1st Floor)
Tuesday October 22, 2019	10:00 AM - 3:30 PM	City Hall	121 N. LaSalle St. (11th Floor)
Wednesday October 23, 2019	10:00 AM - 3:30 PM	Family and Support Services	1615 W. Chicago Ave. (1st Floor)
Thursday October 24, 2019	10:00 AM - 3:30 PM	O'Hare Airport Department of Aviation	10510 W. Zemke Blvd.
Friday October 25, 2019	10:00 AM - 3:30 PM	Midway Airport AMC Building	6201 S. Laramie St. (1st Floor)

Benefits Information Fairs are for current employees and their spouses/civil union partners/domestic partners, to learn more about healthcare and other benefits.

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2020 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	www.bcbsil.com/cityofchicago	1-800-772-6895
CVS Caremark Pharmacy	www.caremark.com	1-866-748-0028
Telligen medical plan advisor	thms.qualitrac.com	1-800-373-3727
Medical HMO Blue Advantage HMO	www.bcbsil.com/cityofchicago	1-800-730-8504
CVS Caremark Pharmacy	www.caremark.com	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
MetLife Basic term life insurance Optional life insurance	www.metlife.com/mybenefits	1-866-492-6983
Prudential Long Term Life 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.chicagodeferredcomp.com	1-877-677-3678
Voluntary Supplemental Insurance Combined Insurance Company Aflac Insurance Company	www.combinedinsurance.com/cityofchicago www.aflac.com/cityofchicago	1-888-870-3382 1-888-382-3522
ConnectYourCare Flexible Spending Account (FSA) Transit Benefit Program	www.connectyourcare.com/cityofchicago	1-833-229-4428
Policemen's Annuity and Benefit Fund of Chicago	www.chipabf.org	1-312-744-3891

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CITY OF CHICAGO MEDICAL PPO PLANS (“MEDICAL PLANS”)

NOTICE TO ENROLLEES OF MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT EXEMPTION FOR 2020

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 2020 plan year (beginning January 1, 2020, and ending December 31, 2020), 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



NOTES

Plan A effective 1/1/2020. 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.

