



CITY OF CHICAGO

BENEFITS OPEN ENROLLMENT GUIDE

2016

PLAN A

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

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WELCOME TO BENEFITS OPEN ENROLLMENT

November 2 through November 17, 2015

Changes Effective January 1, 2016

Open enrollment is the time of year when you can:

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

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

www.cityofchicagobenefits.org

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

Changes can also be made over the phone, Monday through Friday 8:00 a.m. – 5:00 p.m. by calling:

Benefits Service Center 1-877-299-5111

Enrollment in the Flexible Spending Account does not carry over from year to year. To access this benefit, you must enroll in the FSA on the Benefits Service Center website or call 1-877-299-5111.

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 2016 unless you make changes during the November open enrollment period.

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

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

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

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

FOR HOME ADDRESS CHANGES

Contact your Human Resources Division to make changes to your address.

ENROLLMENT CHANGES DURING THE YEAR

Benefit enrollment changes are allowed throughout the year if you have a life change event such as marriage, divorce, birth of child or loss of coverage through your spouse. **Please call the Benefits Service Center within 30 days of the life event change. If you try to make these changes as an open enrollment change, the coverage will not be effective until January 1, 2016.**

LIFE CHANGE EVENTS DURING THE OPEN ENROLLMENT PERIOD

Life change events are effective on the event date and open enrollment changes are effective January 1, 2016. When you call to make a life change event during the open enrollment period, please explain that you are calling about a life change event.

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

ADDING A DEPENDENT?

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

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

Your dependents will not be enrolled if you fail to provide legal documents by February 29, 2016.

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

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

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

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

Documents required are:

Spouse – marriage certificate and spouse's social security card

Child – birth certificate and child's social security card

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

IMPORTANT NOTICE: If an employee or dependent gives false information, or if the dependent is not a legal dependent of the employee, the City will take action to collect any money paid to cover health care related to the fraud (see page 19).

WAYS TO SAVE MONEY WHEN USING THE PPO

Save by using doctors and hospitals in the Blue Choice Options (OPT) PPO 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.

Use the Provider Finder at www.bcbsil.com/cityofchicago to locate Tier 1 providers, or call 1-800-772-6895.

Save on Lab Tests – use a free-standing lab:

Get your lab tests paid in full by using a free-standing lab (such as Quest Diagnostics) which is not affiliated with a hospital. Tell your doctor you will save money by using a free-standing lab. 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. In contrast, deductibles and co-insurance amounts will need to be paid for lab services billed from a hospital. 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 when done at a free-standing imaging center. When your doctor orders an MRI, CT, or PET scan, call Telligen to get pre-approval for the test and to locate a free standing imaging center near you. In contrast, deductibles and co-insurance amounts are applied to scans billed by a hospital as well as an imaging center affiliated with a hospital.

Become Pregnant? Earn a \$100 incentive by completing a maternity management program:

The free, confidential maternity management program encourages a healthy baby by providing telephone support to moms-to-be. To qualify for the \$100 incentive, enroll by calling Telligen and complete at least eight doctors' visits during the pregnancy.

Free diabetes medication for diabetes management participants:

Two voluntary diabetes management programs are offered to PPO members free of charge.

Taking Control of Your Health (TCOYH) program, where specially trained pharmacists counsel people with diabetes

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

BLUE CHOICE OPTIONS (OPT) MEDICAL PPO – PLAN A

		Blue Choice OPT Tier 1	Blue Cross PPO Tier 2	Out-of-Network Tier 3
Annual Deductible	Individual	\$300	\$350	\$1,500
	Family	\$900	\$1,050	\$3,000
Out-of-Pocket Limit	Individual	\$1,000	\$1,500	\$3,500
	Family	\$2,000	\$3,000	\$7,000
PREVENTIVE CARE		YOU PAY	YOU PAY	YOU PAY
Routine checkups & routine lab work for adults & children; well-baby care; well-women visits; mammograms; DRE & PSA; colonoscopies, hearing screenings		\$0 copay No deductible	\$0 copay No deductible	No coverage out-of-network for preventive care
DOCTORS OFFICE VISITS				
Primary Care Physician, lab work, x-rays, allergy shots, chemotherapy		\$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 surgery, anesthesiology, diagnostic testing		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 incentive		
Pre and post natal doctor visits		\$20 copay (first visit)	\$25 copay (first visit)	40% PPO allowed rate plus balance
Delivery and hospital stay*		10%	25%	
OUTPATIENT REHAB				
Physical therapy Occupational and speech therapy*		10% \$20 copay	25% \$20 copay	40% PPO allowed rate plus balance
OTHER SERVICES				
Durable Medical Equipment (DME)*; Oral surgery		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.

** Out-of-Network providers may bill you for the balance over the PPO allowed rate.

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 48 hours of an emergency admission.
Plan pays nothing for the services listed below unless Telligen certifies	
AMBULANCE	
When ambulance is used for transfer between hospitals	Call before the transfer is arranged.
SURGERY	
Organ transplant surgery* Bariatric surgery* Gender reassignment surgery	Call before surgery is scheduled.
MEDICAL EQUIPMENT	
Durable Medical Equipment (DME)	Call before equipment is ordered if more than \$500.
OUTPATIENT THERAPY	
Mental health & substance abuse outpatient therapy/counselling	Call after a combined total of 7 sessions from one or more providers. Call each year.
Occupational and speech therapy	Call after the 10th session each year from one or more providers. Call each year if care is on-going.
DIAGNOSTIC TESTS	
MRI, PET & CT scans	Call before test is done. Covered 100% if pre-approved & done at a free standing facility. Deductibles & coinsurance 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.

*Must be performed at a Blue Distinction Center

PLAN A revised 10/22/15. This is a summary of the benefits offered to City of Chicago employees. The terms of the plan documents and subsequent updates control.

PPO PRESCRIPTION DRUG PROGRAM

Administered by CVS Caremark

PPO PRESCRIPTION MEDICATIONS	YOU PAY
<p>RETAIL 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 90 day supply To get medications through the mail, send your doctor's prescriptions to CVS Caremark P.O. Box 94467 Palatine, IL 60094-4467 Call Caremark or visit their website for more information about mail order.</p>	<p>Generic \$20 copay Preferred brand name \$60 copay* Non-preferred brand name \$100 copay*</p>
<p>SPECIALTY DRUGS Must be purchased from CVS Caremark Specialty Pharmacy. Call 1-800-237-2767 for more information.</p>	<p>Applicable mail or retail copayments as above.</p>
<p>ADVANCED CONTROL FORMULARY</p>	<p>Your plan has adopted the Advanced Control Formulary. Call Caremark for more information or refer to Plan Document.</p>

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

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

BLUE ADVANTAGE HMO* – A Blue Cross HMO	
If care is pre-approved by your HMO primary care physician (PCP) YOU PAY	
DOCTOR 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
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
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

*Enrollment in the HMO is available at the first annual open enrollment following 18 months of full time employment with the City of Chicago.

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 Go to the nearest emergency room in the event of a life threatening emergency</p>	<p>You pay \$150 copay – waived if admitted</p> <p>If possible, contact your PCP before seeking emergency care. Your PCP is available 24 hours a day, seven days a week. In a life threatening emergency, call your PCP within 48 hours following emergency care.</p>
<p>AMBULANCE For life threatening medical emergencies</p>	<p>You pay \$0</p>
<p>TREATMENT IN PCP OFFICE For acute medical problems which are not life threatening</p>	<p>You pay \$25 copay if care is given in your PCP’s office. Call your PCP’s emergency number on the back of your Blue Advantage HMO ID card. A doctor or nurse will listen to your problem and give instructions on where to go for medical care.</p>
<p>URGENT MEDICAL CARE AWAY FROM HOME For treatment for unexpected illness and injury when travelling 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. Co-payments may be different.</p>

HMO PRESCRIPTION DRUG PROGRAM

Administered by Blue Cross Blue Shield of Illinois

HMO PRESCRIPTION MEDICATIONS	YOU PAY
<p>RETAIL Short term medications purchased at a participating retail pharmacy – 34 day supply or 100 units, whichever is less.</p>	<p>Generic \$10 copay Preferred brand name \$30 copay* Non-preferred brand name \$45 copay*</p>
<p>RETAIL Maintenance or long term medications. The 4th fill and any additional refills– 34 day supply or 100 units, whichever is less.</p>	<p>Generic \$20 copay Preferred brand name \$60 copay Non-preferred brand name \$90 copay</p>
<p>MAIL ORDER Long term and maintenance medications for chronic conditions for 90 day supply.</p> <p>To order medications through the mail, send your doctor’s prescription to:</p> <p>Prime Mail P.O. Box 650041 Dallas, TX 75265-0041</p> <p>Go to www.bcbsil.com or call 1-877-357-7463 for more information about mail order.</p>	<p>Generic \$20 copay Preferred brand name \$60 copay*</p> <p>Non-preferred brand name drugs are not available through mail order.</p>
<p>Oral Contraceptives (generic or brand)*</p>	<p>Covered with copayment.</p>

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

www.bcbsil.com/cityofchicago

1-800-423-1973

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. You are automatically enrolled in the Dental PPO with the option to switch to the Dental HMO within 30 days of being eligible for dental coverage. You can also change dental plans during open enrollment, once you become eligible for dental.

BLUE CARE DENTAL PPO & HMO BENEFITS

	PPO In-Network	PPO Out-of-Network	HMO In-Network *
Preventive (Two visits each year) Oral exams Cleanings X-Rays	YOU PAY \$10 copay No deductible for preventive services	YOU PAY 20% of PPO allowable amount plus balance of billed charges No deductible for preventive services	YOU PAY \$10 copay for each preventive 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	YOU PAY 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 co-pay amounts visit www.bcbsil.com/cityofchicago or call 1-855- 557-5487).
Orthodontics	Not covered	Not covered	Covered for children of Sworn Police and Uniformed Firefighters under age 25; all others under age 19. Not covered for employee or spouse.

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

www.bcbsil.com/cityofchicago

1-855-557-5487

VISION PROGRAM

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, prescription eyeglasses and contact lenses. How much the plan pays depends on the type of services or eyewear 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 HMO or PPO 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 Once every calendar year	\$0	Balance over \$35
Frames One pair every 12 months	\$0 for frames from exclusive collection: <ul style="list-style-type: none"> • Or balance over the \$110 allowance for frames at Visionworks stores • Or balance over the \$50 allowance for frames at other in-network stores 	Balance over \$50
Lenses - single vision Tinting Coatings Special lenses	\$0 one set every 12 months Copays for tinting, coatings and special lenses vary. Visit www.davisvision.com or call 1-888-456-8758 for specific copay amounts	Balance over \$35
Contact Lenses (in lieu of glasses)	\$0 one pair every 12 months	Balance over \$105

www.davisvision.com

1-888-456-8758

STRETCH YOUR HEALTH CARE DOLLARS!

ENROLL IN A FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts may save you money by reducing your income taxes. FSAs allow you to have money deducted from your paycheck before your federal and Social Security taxes are calculated. Your FSA contributions are spread over the year and automatically tracked in a FSA account administered by PayFlex. You can choose to have FSA reimbursement checks mailed to you or deposited directly into your bank account. The City's FSA program does not issue you a debit card. A Healthcare FSA and a Dependent Care FSA are offered for 2016:

HEALTHCARE FSA:

A healthcare FSA allows you to set aside pre-tax dollars for qualified health care expenses not covered by your medical, dental or vision plan. Qualified expenses include deductibles and co-pays for medical care, prescription medication copays, vision services and dental care. The maximum contribution in a Healthcare FSA for 2016 is \$2,550.

DEPENDENT CARE FSA:

Use pre-tax dollars to pay for care for a dependent child, disabled spouse, elderly parent or other tax dependents. Qualified expenses include a babysitter, day care, preschool tuition, before and after school care and day camps for dependents under age 13. Care for other tax dependents who are mentally or physically incapable of caring for themselves also qualifies for FSA reimbursement. The maximum contribution in a dependent care FSA in 2016 is \$5,000 if married and filing taxes jointly or \$2,500 if filing single.

HOW TO ENROLL IN AN FSA FOR 2016:

Estimate how much you will likely spend in 2016. Consider what medical, vision and dental expenses you are fairly certain to have next year including deductibles, co-pays and co-insurance amounts. Keep in mind you must submit receipts for dependent care after it has been provided. Decide how much to put aside in an FSA and then call the Benefits Service Center to enroll (1-877-299-5111) or enroll at www.cityofchicagobenefits.org. You cannot enroll or re-enroll at PayFlex's HealthHub website.

USE IT OR LOSE IT:

The IRS requires that any money left in your account at the end of the year will be forfeited. If you enroll in an FSA for 2016, qualified expenses have to be incurred before March 15, 2017. You will have until March 30, 2017 to submit your 2016 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 30, 2017 for expenses incurred in 2016). Your expenses must be incurred during the time you were covered by the City's medical plan.

**You must enroll in the FSA each year during open enrollment.
Don't forget to re-enroll!**

www.cityofchicagobenefits.org
(FSA enrollment cannot be done by PayFlex)

PAY FOR YOUR COMMUTE TO WORK AND SAVE \$\$

Enroll in the City's Transit Benefit Program

When you sign-up for Wageworks, the City's transit benefit program, you do not pay Federal income tax on the money you use for rides on CTA or Metra. You decide how much to put aside each paycheck before taxes to pay for your commuting expenses.

Sign up at www.wageworks.com or call 1-877-924-3967 and then place an order for a CTA or Metra card. It takes two months for your first card to be mailed to your home. You can cancel your transit benefit anytime with two months notice if your commute changes.

Go to www.wageworks.com to enroll and set up your online transit account, or call 1-877-924-3967.

PROTECT YOUR FINANCIAL FUTURE

The City gives you basic term life insurance and the chance to buy more coverage through its group insurance policy at rates typically much lower than individual policies.

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

As a City employee, you automatically receive \$25,000 of free basic life insurance which pays in the event of your death and/or for certain accidental losses. Uniformed Firefighters and Sworn Police receive \$75,000 of basic term life insurance. When your employment with the City ends, you can continue this basic life insurance by paying premiums directly to Prudential. Visit a benefit fair during open enrollment to speak with experts who represent the insurance company underwriting these programs, or contact their customer services anytime to learn more.

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

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

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

VOLUNTARY PERMANENT LIFE INSURANCE: (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 MetLife.

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

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

DEFERRED COMPENSATION: (Nationwide www.chicagodeferrredcomp.com 1-877-677-3678).

This program offers a way to put aside money from each paycheck toward retirement. A deferred comp plan can help bridge the gap between your pension and Social Security and how much you'll need in retirement. You can enroll in the Deferred Compensation program at any time. Visit a benefit fair to speak with a Nationwide representative or contact Nationwide directly.

HEALTH CARE PREMIUM RATES FOR 2016

NON-REPRESENTED EMPLOYEE EFFECTIVE JANUARY 1, 2016

(Per pay period, 24 pay periods a year)

ANNUAL SALARY	SINGLE	EMPLOYEE + 1	FAMILY
Up to \$30,000	\$15.71	\$23.88	\$27.65
>\$30,000 and < \$90,000	1.2921% of payroll ÷ 24	1.9854% of payroll ÷ 24	2.4765% of payroll ÷ 24
\$90,000 and < \$120,000	\$48.45	\$74.45	\$92.87
\$120,000 or over	1.2921% of payroll ÷ 24	1.9854% of payroll ÷ 24	2.4765% of payroll ÷ 24

REPRESENTED EMPLOYEE EFFECTIVE JANUARY 1, 2016

(Per pay period, 24 pay periods a year)

ANNUAL SALARY	SINGLE	EMPLOYEE + 1	FAMILY
Up to \$30,000	\$15.71	\$23.88	\$27.65
>\$30,000 and < \$90,000	1.2921% of payroll ÷ 24	1.9854% of payroll ÷ 24	2.4765% of payroll ÷ 24
\$90,000 or over	\$48.45	\$74.45	\$92.87

VETERAN CROSSING GUARDS HIRED PRIOR TO JANUARY 1, 2006

(Per pay period, 18 pay periods a year)

ANNUAL SALARY	SINGLE	EMPLOYEE + 1	FAMILY
Up to \$30,000	\$20.95	\$31.84	\$36.87
>\$30,000 and < \$90,000	1.2921% of payroll ÷ 18	1.9854% of payroll ÷ 18	2.4765% of payroll ÷ 18

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2016 WELLNESS PROGRAM – AUTOMATIC ENROLLMENT

All employees and their spouse, or civil union partner, or same sex domestic partner currently enrolled in the City's HMO and PPO health plans will be automatically enrolled in the *Chicago Lives Healthy* wellness program for 2016. This automatic enrollment effective January 1, 2016 also includes:

- New employees (and their spouse/partner) hired in 2015 any time before October 31, 2015
- A new spouse/partner added to your health plan any time during 2015 before October 31, 2015
- All employees (and their spouse/partner) whose health plan enrollment was reinstated following leave of absence or a break in service before October 31, 2015

You can select "NO" during the open enrollment period online at www.cityofchicagobenefits.org November 2 thru November 17, 2015 to opt out of the *Chicago Lives Healthy* wellness program for 2016.

If you and/or your spouse/partner elect to opt out and not participate in the *Chicago Lives Healthy* wellness program, you will pay a \$50 increase in your 2016 health care premiums for each non-participant. This increase will begin the first pay period in January 2016 and continue through the last pay period in 2016.

Waiver of Enrollment from Chicago Lives Healthy for 2016

If a medical condition or illness prevents you or your spouse/partner from enrolling and participating in the *Chicago Lives Healthy* wellness program during the 2016 benefit year, you must submit a waiver form no later than December 1, 2015. Forms need to be completed and signed by the waiver applicant's physician.

Do you currently have a waiver of enrollment in the Chicago Lives Healthy wellness program?

A new waiver form needs to be submitted for the 2016 plan year if you already have a waiver for 2015. A waiver form will be mailed to your home address in November. Updated forms need to be completed by the waiver applicant's physician and returned to the Wellness Administrator no later than December 1, 2015.

Need to apply for a waiver for 2016?

Requests for enrollment waiver forms must be submitted in writing to the Wellness Administrator no later than November 23, 2015. A waiver form will be mailed to you promptly to be completed by the waiver applicant's attending physician. Submit the completed form to:

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

Watch for more Chicago Lives Healthy wellness program information to arrive at your home soon.

BE HONEST!

A REMINDER ABOUT FRAUD

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

- Failure to notify the City Benefits Service Center and Chicago Benefits Office of an event that would cause coverage to end, e.g. divorce
- 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.

ANNUAL HEALTH CARE REMINDER

As required by the Women's Health and Cancer Rights Act of 1998, each medical plan offered by the City of Chicago provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between breasts, prostheses and complications resulting from a mastectomy (including lymphedema). Keep this notice for your records and contact your PPO or HMO administrator for more information.

QUESTIONS? WANT TO LEARN MORE?

Visit a benefit fair and speak directly to representatives who can answer questions about the benefits offered to City of Chicago employees. Representatives will be available from the Chicago Benefits Office, Blue Cross Blue Shield Illinois medical PPO, Blue Advantage HMO, Blue Care Dental HMO & PPO, Telligen medical advisor, Quest Diagnostics, CVS Caremark prescription drug program, Davis Vision Plan, PayFlex FSA, MetLife universal life insurance, Prudential term life insurance and voluntary long term disability, Nationwide deferred compensation program, Wageworks transit benefits, Chicago Municipal Employees Credit Union and the Chicago Patrolmen’s Federal Credit Union.

Date	Time	Location	Address
Thursday November 5	10:00 AM- 3:30 PM	Midway Airport AMC Building	6201 S. Laramie (1st Floor)
Friday November 6	10:00 AM- 3:30 PM	Public Safety Headquarters	3510 S. Michigan Ave (Multi-Purpose Room)
Tuesday November 10	10:00 AM- 3:30 PM	O’Hare Airport Department of Aviation	10510 W. Zemke Blvd. (2nd Floor)
Friday November 13	10:00 AM - 4:00 PM	City Hall	121 N. LaSalle Street (10th & 11th Floors)
Monday November 16	10:00 AM -4:00 PM	DePaul Center	333 S State Street (3rd & 4th Floors)

TAKE CARE OF YOUR BENEFITS BUSINESS

ANYTIME, ANYWHERE

Some of the websites listed in this guide are mobile enabled. This allows you to access your personal benefits information 24 hours a day, seven days a week from your smart phone, tablet or other mobile device. Here are some sites to bookmark:

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

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

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

BLUE 365 DISCOUNT PROGRAM. www.blue365deals.com

A program offered by Blue Cross Blue Shield of Illinois to HMO and PPO members. Save money on health care products and services that are not covered by the City of Chicago's medical plans. Get discounts from top national and local retailers on fitness gear, gym memberships, family activities and healthy eating options. Examples include Reebok shoes, Life Time Fitness memberships, Procter and Gamble dental products and TruHearing services. Register to receive weekly featured deals which offer additional discounts.

2016 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 PPO Pharmacy Telligen medical plan advisor	www.bcbsil.com/cityofchicago www.caremark.com http://telligen.qualitrac.com	1-800-772-6895 1-866-748-0028 1-800-373-3727
Medical HMO Blue Advantage HMO HMO pharmacy program	www.bcbsil.com/cityofchicago	1-800-730-8504 1-800-423-1973
BlueCare Dental Dental PPO and HMO	www.bcbsil.com/cityofchicago	1-855-557-5487
Davis Vision	www.davisvision.com	1-888-456-8758
Quest Diagnostics	www.questdiagnostics.com	1-866-697-8378
PayFlex Flexible Spending Account (FSA)	www.HealthHub.com	1-800-284-4885
Wageworks Transit Benefit	www.wageworks.com	1-877-924-3967
Prudential Basic term life insurance	www.prudential.com	1-800-778-3827
Prudential Long term disability	www.prudential.com	1-800-778-3827
MetLife Universal permanent life insurance	www.empben.com/CityofChicagoUL/	1-800-638-6855
Nationwide	www.chicagodeferrredcomp.com	1-877-677-3678
Firemen's Annuity and Benefit Fund of Chicago	www.fabf.org	1-312-726-5823
Municipal Employees' Annuity and Benefit Fund of Chicago	www.meabf.org	1-312-236-4700
Laborers' and Retirement Board Annuity and Benefit Fund of Chicago	www.labfchicago.org	1-312-236-2065
Policemen's Annuity and Benefit Fund of Chicago	www.chipabf.org	1-312-744-3891

