

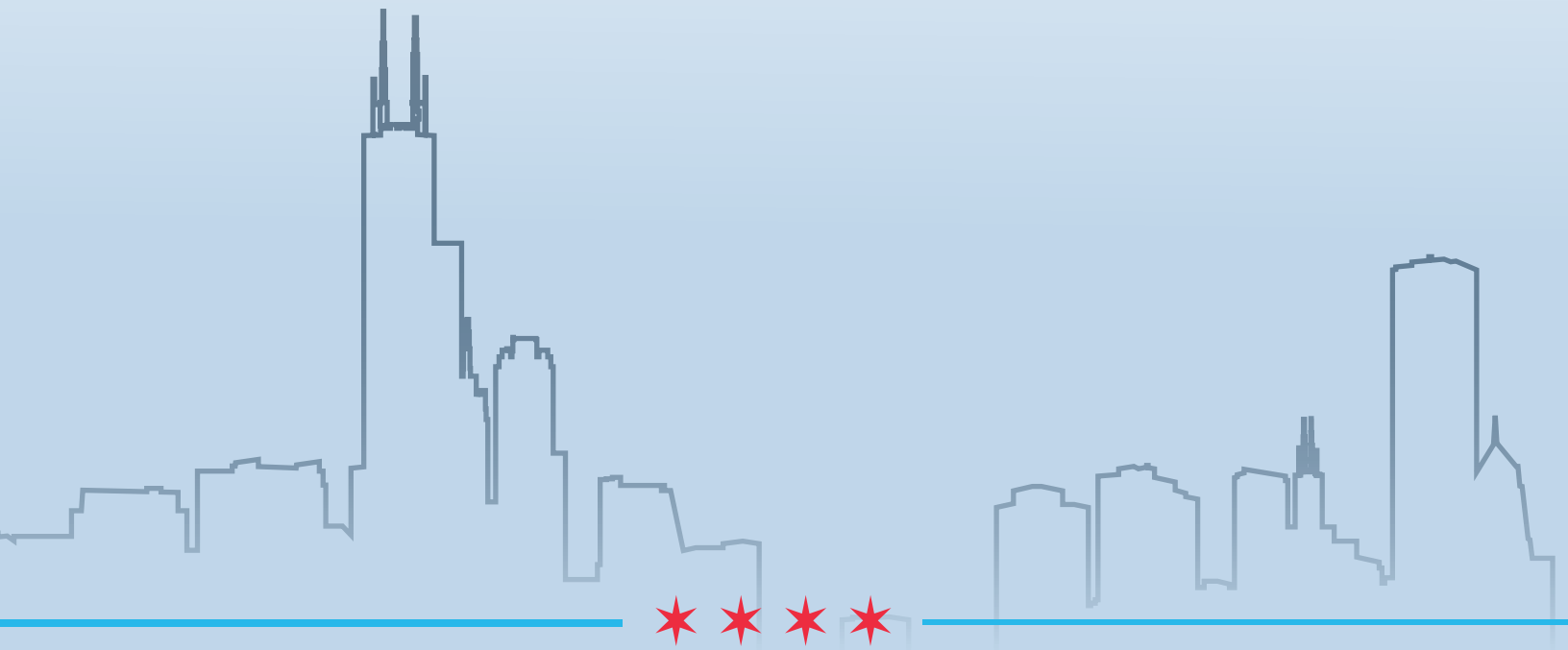


HEALTHCARE AND OTHER BENEFITS
OPEN ENROLLMENT GUIDE

2024



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



Plan A effective 1/1/2024. This is a summary of benefits offered to City Employees (excluding Sworn Police Officers below the rank of Sergeant and Seasonal Employees). The Plan Document and subsequent updates always supersede this summary.

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WELCOME

As a City of Chicago 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 plan changes. This year, the 2024 annual Open Enrollment period is from **October 11, 2023, through October 25, 2023**, with **changes effective January 1, 2024**. This is the **only** time of the year an employee may change, enroll, or cancel benefits (outside of an eligible election change event such as a birth or marriage).

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-insurance, 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 City Plan document and subsequent updates always supersede this summary. Copies of the Plan document are available at www.cityofchicago.org/benefits.

It is your responsibility, before you enroll or change your benefits, to make sure you understand the Plan. If you have any questions **visit the City's website at www.cityofchicago.org/benefits or call the Benefits Service Center at 1-877-299-5111.**

Sincerely,

Chicago Benefits Office

ANNUAL OPEN ENROLLMENT

Begins October 11, 2023 and ends on October 25, 2023

Open Enrollment Changes are effective January 1, 2024

WHAT IS OPEN ENROLLMENT?

During this period, the City allows for its employees to review, change, enroll, or cancel your benefits.

WHAT CAN I DO DURING OPEN ENROLLMENT?

- Enroll in or cancel your medical, vision, or dental insurance
- Switch medical or dental plans (if eligible)
- Add or remove dependents to your plan (for example, a spouse, civil union partner, or children)
- Sign up for or re-enroll in a Healthcare Flexible Spending Account and/or a Dependent Care Flexible Spending Account (FSA)
- Buy optional life insurance and long-term disability insurance

If you do not make changes, your 2023 medical, dental, and vision benefits will continue (excluding healthcare and dependent care FSA). **You must sign up and/or re-enroll in a healthcare FSA and/or dependent care FSA to participate in 2024.**

HOW DO I ADD DEPENDENTS?

You need to (1) add dependents during open enrollment by October 25, 2023 and (2) submit eligibility documents. **The deadline to submit eligibility documents is December 1, 2023. See page 6.**

HOW DO I MAKE CHANGES?

To make changes go to www.cityofchicagobenefits.org The deadline to make changes is October 25, 2023, by 11:59 p.m. CT.

You may also call the **Benefits Service Center at 1-877-299-5111, Monday through Friday from 8:00 a.m. until 7:00 p.m. CT.**



CHECK YOUR BENEFITS COVERAGE SHEET



Your 2023 personalized Benefits Coverage Sheet is included with this Guide. The medical, dental and vision enrollment listed on your Benefits Coverage Sheet will remain the same for 2024 unless you make changes during the open enrollment period. **However, you must enroll or re-enroll in a Healthcare Flexible Spending Account (FSA) and/or a Dependent Care Flexible Spending Account (FSA for the 2024 plan year).**

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 their 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 at 1-877-299-5111 to update your dependent's information, such as:

- **NAME**

To update or correct your dependent's name you may do so by calling the Benefits Service Center at 1-877-299-5111.

If dependent is also a City of Chicago employee and continues to be covered under a parent's or spouse's plan, you may contact the Benefits Service Center at 1-877-299-5111 to update the dependent's name under the parent's or spouse's plan.

To correct the dependent's name on the City of Chicago employee record, the dependent would follow the instructions listed below for employees.

- **BIRTH DATE**

You may correct your dependent's birth date by calling the Benefits Service Center at 1-877-299-5111. (A copy of the dependent's birth certificate may be required.)

- **SOCIAL SECURITY NUMBER (SSN) OR TAXPAYER IDENTIFICATION NUMBER (TIN)**

The internal Revenue Service (IRS) requires that the City of Chicago ask each member for their (SSN) or (TIN). Failure to provide this information may result in inaccurate reporting to the IRS.

IF YOUR NAME IS INCORRECT - Employees who would like to correct or change their name, can now submit a name change request by accessing the Employee Benefits Portal at www.cityofchicagobenefits.org. You will also be required to submit eligibility documentation to support the name change. The documents can be uploaded to the Employee Benefits Portal or faxed to 412-235-6797.

A copy of your current drivers license and social security card is required and must match the name change being requested.

IF YOUR HOME ADDRESS CHANGES - Contact your department's human resources representative to update your address on file with the City. The Benefits Service Center cannot change your home address on record.

HOW TO ENROLL OR MAKE CHANGES



STEPS TO ENROLL OR CHANGE YOUR ELECTIONS

Employee Benefits Portal

www.cityofchicagobenefits.org

You are strongly encouraged to use the Employee Benefits Portal, www.cityofchicagobenefits.org. You may also call the Benefits Service Center to make changes at 1-877-299-5111.



Scan the QR code to visit the benefits website

Steps to enroll or change your elections.

Step 1: First-time users: To enroll **online**, go to: www.cityofchicagobenefits.org to register, create your username, password, and establish security questions. If you are having difficulty registering, contact the Benefits Service Center at 1-877-299-5111. **See page 41 for detailed instructions for online enrollment.**

Returning Users: Please follow the instructions under, “What’s My Initial Password?” If you haven’t used this website within the last year, you must register. Click register at the bottom.

Step 2: Complete your own enrollment.

Step 3: Enroll your dependents. Enroll your spouse, civil union partner, and children during the open enrollment period **online** or by phone.

Step 4: Submit documents by December 1, 2023 for your dependents **online** at www.cityofchicagobenefits.org or you can fax the eligibility documents to 412-235-6797, or mail to City of Chicago Benefits Service Center, P.O. Box 534077, St. Petersburg, Florida 33747-4077.

Benefits Portal access: The Benefits Portal is available for document upload and can be accessed in two ways, using the QR code or by typing the web address in your web browser.

Access using QR code: Scan the QR code above with your smartphone or table camera to access www.cityofchicagobenefits.org

Step 1. On your smartphone or tablet, open the camera and point it at the QR code.

Step 2. In the camera screen a URL will appear. Tap the URL to view the City of Chicago Benefits page.

If you have questions on how to enroll or make changes to your elections, the Benefits Service Center Call Center is available Monday through Friday from 8 a.m. until 7 p.m. CT.



ADDING A DEPENDENT

Enroll your spouse or civil union partner, and children during the open enrollment period **online** at www.cityofchicagobenefits.org or by calling the Benefits Service Center at 1-877-299-5111, Monday through Friday 8 a.m. until 7 p.m. CT.

DEADLINE TO SUBMIT DEPENDENT ELIGIBILITY DOCUMENTATION. For coverage to begin **January 1, 2024** you must provide eligibility documents to prove they are your legal dependents. Your dependents may not have medical, vision or dental coverage effective on January 1, 2024 if you fail to submit the required documentation by close of business, **Friday, December 1, 2023**. You are strongly encouraged to upload the eligibility documents on the Benefits Portal. If you fail to submit the documentation by the deadline, your dependents may not be enrolled in coverage by **January 1, 2024**. (Your Healthcare Service Provider may not be able to verify coverage).

GRACE PERIOD. If you fail to submit your dependent’s eligibility documents by **Friday, December 1, 2023**, you may submit documents through Friday, December 29, 2023, however, enrollment may be delayed.

FAILURE TO MEET DEADLINE. If you fail to submit your dependent’s eligibility documentation by the end of the grace period you will be required to wait until the next open enrollment period to enroll your dependents for coverage effective **January 1, 2025**.

ADDING OR DROPPING A DEPENDENT DURING THE YEAR. Benefit changes are allowed throughout the year only if you have an election change event, such as a marriage, divorce, birth or adoption of a child, or loss of coverage through your spouse or civil union partner. **Call the Benefits Service Center within 30 days of the election change event date. You must provide documents to prove the election event within 60 days of the event.** If you try to make these changes as an open enrollment change, the coverage will not go into effect until January 1, 2024.

Below are some common events:

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

Please note: Eligible election event changes are effective on the event date but open enrollment changes are effective January 1, 2024. When you call the Benefits Service Center to report an eligible election event change during the open enrollment period, be sure to explain that you are calling about an election change event and ask for benefits to be effective on the event date.

REQUIRED DOCUMENTS FOR DEPENDENTS: *A Summary*



Benefit Participant Being Added	Document(s) Needed
Spouse	A certified marriage certificate and spouse's social security card.
Dependent (0-25yrs)	A certified birth certificate (with parental information) and child's social security card.
Unmarried Military Dependent Children (Age 26-30), Illinois resident	A certified birth certificate, social security card and honorable military discharge paperwork (DDForm214).
Adopted Children	<p>A certified birth certificate and child's social security card.</p> <p>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.</p>
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	A certified civil union certificate and partner's social security card.
Same Sex Domestic Partner	Certificate of Domestic Partnership issued by the City of Chicago Department of Human Resources before August 1, 2017 and the partner's social security card

The Internal Revenue Service (IRS) requires us to ask for the Social Security Number (SSN) or Taxpayer Identification Number (TIN) for everyone enrolled in the City's Health Plans. If you are waiting for this information from a federal agency, do not delay providing the other documents.

If your documents are uploaded, the Chicago Benefits Office reserves the right to request original certified eligibility documents.

HEALTHCARE CONTRIBUTIONS



HEALTHCARE CONTRIBUTION CALCULATIONS

Healthcare (medical, dental, and vision) contributions are deducted on a pre-tax basis and will be deducted from your paycheck each pay period.

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

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

To calculate the cost of your medical coverage, take your base salary (annual salary not including overtime pay) and multiply it by the applicable percentage rate listed for single, employee +1, or family. See page 10 for rates.

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

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

SALARY	SINGLE	EMPLOYEE +1	FAMILY
\$51,533	x 2.7921%	x 3.4854%	x 3.9765%
	= \$1,438.85	= \$1,796.13	= \$2,049.21
	÷ 24	÷ 24	÷ 24
Subtotal Medical PPO cost	\$59.95	\$74.84	\$85.38
Subtotal Dental PPO Cost	\$0.51	\$1.02	\$2.05
Subtotal Vision Cost	\$0.15	\$0.30	\$0.61
TOTAL	\$60.61	\$76.16	\$88.04

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

HEALTHCARE CONTRIBUTIONS

What You Pay For Healthcare Coverage Medical Plans (HMO and PPO)

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

Non-Union Employees			
ANNUAL SALARY	SINGLE	EMPLOYEE+1	FAMILY
Up to \$30,000 (flat rate)	\$15.71	\$23.88	\$27.65
\$30,001 to \$89,999	1.2921% of payroll ÷ 24	1.9854% of payroll ÷ 24	2.4765% of payroll ÷ 24
\$90,000 to \$119,999	\$48.45	\$74.45	\$92.87
\$120,000 and Above	1.2921% of payroll ÷ 24	1.9854% of payroll ÷ 24	2.4765% of payroll ÷ 24

Uniformed Firefighters and Paramedics Represented by the Chicago Fire Fighters Union Local No. 2			
ANNUAL SALARY	SINGLE	EMPLOYEE+1	FAMILY
Up to \$30,000 (flat rate)	\$15.71	\$23.88	\$27.65
\$30,001 to \$114,999	2.7921% of payroll ÷ 24	3.4854% of payroll ÷ 24	3.9765% of payroll ÷ 24
\$115,000 and Above (flat rate)	\$133.79	\$167.01	\$190.54

Applies to all Unions Except Those Listed Above			
ANNUAL SALARY	SINGLE	EMPLOYEE+1	FAMILY
Up to \$30,000 (flat rate)	\$15.71	\$23.88	\$27.65
\$30,001 to \$129,999	2.7921% of payroll ÷ 24	3.4854% of payroll ÷ 24	3.9765% of payroll ÷ 24
\$130,000 and Above (flat rate)	\$151.24	\$188.79	\$215.39

What You Pay For Healthcare Coverage Dental and Vision

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

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

*Note: New employees are eligible for Dental HMO or Dental PPO coverage the first of the month following 12 months of full-time employment.

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MEDICAL BENEFITS PPO AND HMO



MEDICAL PLANS AT A GLANCE



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

HMO and PPO Summary of Medical Plan Differences

Blue Choice PPO	Blue Advantage HMO
There are deductibles, coinsurance and copays	No deductibles or coinsurance. There are copays.
Covers in-network and out-of-network doctors. Offers financial savings depending on the tiers (See page 13)	Doctors must be selected from pre-approved list of doctors.
See a specialist without a referral. Pre-certification, however, is required for certain services such as MRIs, CT scans (for more information - see page 14).	Requires referral from your primary care doctor to see a specialist. Your primary care physician and the staff will manage and coordinate your care.

MEDICAL BLUE CHOICE OPTIONS PPO - PLAN A

Administered by Blue Cross and Blue Shield of Illinois

		Blue Choice OPT Tier 1	Blue Choice OPT Tier 2	Out-of-Network Tier 3
Annual Deductible	Individual Family	\$300 \$900	\$450 \$1,350	\$1,500 \$4,500
Out-of-Pocket Limit	Individual Family	\$1,000 \$2,000	\$1,700 \$3,400	\$4,500 \$9,000
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% then \$100 copay if not performed at a free standing facility	25% then \$100 copay if not performed at a free standing facility	40% PPO allowed rate plus balance
HOSPITAL SERVICES*				
Hospital stay* including inpatient surgery		10%	25%	40% PPO allowed rate plus balance
EMERGENCY ROOM CARE				
Emergency Room		\$200 co-pay waived if admitted to hospital		
Emergency Room Treatment		10%		
Ambulance emergency care		10% of PPO allowed rate - additional cost		
Urgent care		\$25 copay/10% coinsurance	\$35 copay/25% coinsurance	40% coinsurance
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%	

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

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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 manner in the event of a hospitalization. This \$1,000 penalty does not go towards the deductible or get counted in the out-of-pocket maximum. Telligen's phone number is 1-800-373-3727. This number is also on the back of the PPO ID card.

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

HOSPITAL (\$1,000 penalty if Telligen is not called)	
Any inpatient stay in the hospital for medical, surgical, maternity, mental health or substance abuse care.	Call before elective admission or within two business days of an emergency admission.
Hospital outpatient treatment for mental health and substance abuse	Call before the treatment begins.
Plan pays nothing for the services listed below unless Telligen certifies	
AMBULANCE	
When an ambulance (or air ambulance) is used for transfer between hospitals or to a hospital in a non-emergency situation	Call before the transfer is arranged.
SURGERY	
Organ transplant surgery Bariatric surgery Cardiac Care Hip, knee, spine procedures } Must be done at a Blue Distinction Center or Blue Distinction Center +	Call before surgery is scheduled.
Gender reassignment surgery	
MEDICAL EQUIPMENT	
DME (durable medical equipment)	Call before equipment is ordered if more than \$500 for each item.
OUTPATIENT THERAPY	
Mental health & substance abuse outpatient therapy/ counseling	Call after a combined total of 10 sessions from one or more providers. Call each year if care is on-going.
Occupational and speech therapy	Call after a combined total of 10 sessions from one or more providers. Call each year if care is on-going.
Physical therapy	Call after a combined total of 10 sessions from one or more providers. Call each year if care is on-going.
DIAGNOSTIC TESTS	
MRI, PET & CT scans - Outpatient	Call before test is done. Covered 100% if pre-certified and done at a free standing facility. Deductibles and co-insurance amounts apply if done at a hospital facility or billed by a hospital, or performed at a facility other than one considered Free Standing.
OTHER SERVICES	
Home health care	Call before services start.
Skilled nursing facility	Call before being admitted.
Sleep Study, Hospice, Infertility treatment, Non-surgical transplants, Other gender reassignment services	Call before services start.

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PPO SAVINGS



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

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

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

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

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.

MEDICAL BLUE ADVANTAGE HMO*

Administered by Blue Cross and Blue Shield of Illinois

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

If care is pre-approved by your HMO primary care physician (PCP), you pay the amount shown.

Service Type	You Pay
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	\$100 copay per day first 5 days
Surgery (outpatient)	\$100 copay
Maternity delivery	\$100 copay per day first 5 days
Behavioral Health Inpatient Care	\$100 copay per day first 5 days
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	\$200 copay (waived if admitted)
Ambulance - life threatening	You pay \$0
Urgent care	\$25 copay
MENTAL HEALTH & SUBSTANCE ABUSE (must receive referral from PCP)	
Outpatient therapy	\$25 copay
OUTPATIENT REHAB THERAPY (must receive referral from 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

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

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

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HMO EMERGENCY CARE



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

What is a medical emergency?

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

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

***HMO enrollment is available at the first open enrollment following 18 months of full-time City employment.**
www.bcbsil.com/cityofchicago • 1-800-730-8504

PRESCRIPTION BENEFITS HMO AND PPO PLANS



HMO and PPO PRESCRIPTION DRUG PROGRAM

Administered by CVS Caremark



PRESCRIPTION MEDICATIONS

YOU PAY

RETAIL - Short term medications

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

Generic **\$11 copay**
Preferred brand name **\$31 copay**
Non-preferred brand name **\$46 copay**

RETAIL - Maintenance or long term medications

The 4th fill and any additional refills
34 day supply or 100 units, whichever is less.

Generic **\$21 copay**
Preferred formulary brand name **\$61 copay**
Non-preferred brand name **\$101 copay**

MAIL ORDER

Long term and maintenance medications for chronic conditions and specialty medication

90 day supply

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

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

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

Generic **\$21 copay**
Preferred brand name **\$61 copay**
Non-preferred formulary **\$101 copay**

Generic birth control Smoking Cessation medications

\$0 copay

Annual Rx Deductible

\$100 per household

Annual Out-of-Pocket Limit

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

VALUE FORMULARY

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

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

www.caremark.com • 1-866-748-0028

DENTAL BENEFITS HMO AND PPO



DENTAL PROGRAM

Administered by Blue Cross and Blue Shield of Illinois



Enrollment in the dental plan is available after one calendar year of full-time employment. 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 2024.

If you want to add or drop coverage or change dental plans for 2024, 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	\$10 copay for each preventive visit No deductible in the HMO
Annual deductible (amount each member pays first before plan pays benefits)	YOU PAY	YOU PAY	YOU PAY
	\$100	\$200	No deductible
Annual limit (maximum amount a member receives in dental coverage each year after deductible has been paid)	PLAN PAYS UP TO	PLAN PAYS UP TO	
	\$1,500	\$1,500	No annual limit
Restorative Endodontics Periodontics Oral Surgery Crowns	YOU PAY	YOU PAY	YOU PAY
	20%	50% of PPO allowed amount plus balance of billed charges	Copays of various amounts (for information about co-pay amounts visit www.bcbsil.com/cityofchicago or call 1-855-557-5487). Plan pays 100% after co-pay
	20%		
	20%		
	20%		
40%			
Orthodontics	Not covered	Not covered	Covered for children of sworn police and uniformed firefighters up to age 25 with \$1,800 copay. Coverage limited to age 19 for all others with \$1,800 copay. Not covered for employee or spouse

*There is no 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

VISION BENEFITS



VISION PROGRAM

Administered by Davis Vision

You pay separate contributions for vision coverage which will be taken as payroll deductions. No action is needed if you want to continue your same vision coverage for 2024. If you want to drop vision coverage for 2024, visit www.cityofchicagobenefits.org or call the Benefits Service Center at 1-877-299-5111 during open enrollment.



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

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

The Vision Program does not issue ID cards. Your Blue Cross 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	\$0 for frames from exclusive collection: • 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 Scratch Coatings Special lenses	\$0 one set every 12 months \$0 copays 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 set every 12 months *Davis Vision collection \$0 for 4 multipacks or boxes *Other disposables: Balance over \$105	Balance over \$105

www.davisvision.com • 1-888-456-8758

FLEXIBLE SPENDING ACCOUNTS





FLEXIBLE SPENDING ACCOUNT (FSA) **(Healthcare and Dependent Care)**

Administered by Optum Financial

You must sign up for an FSA Plan each year during Open Enrollment

WHAT IS A HEALTHCARE FSA?

A Healthcare Flexible Spending Account (HCFSA) is a tax-advantaged account that allows you to use pre-tax dollars to pay for qualified medical expenses. You enroll in an HCFSA at the beginning of each year and can access these funds throughout the year. The contribution is subject to certain legal limits. There is a minimum contribution amount of \$120, and the maximum contribution amount is currently \$3,050.

If you elect to enroll in the HCFSA you will receive a VISA debit card. Funds will be available for use as of January 1, 2024.

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

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

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

WHAT IS A DEPENDENT CARE FSA?

A Dependent Care Flexible Spending Account (DCFSA) is a tax-advantaged account that allows you to use pre-tax dollars to pay for qualified child care and/or adult dependent care expenses. You enroll at the beginning of each year and can access these funds throughout the year. The contribution is subject to certain legal limits. Currently, the minimum contribution is \$120. The maximum contribution is \$5,000 (\$2,500 if married). See page 28 for additional information.

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

For more information, review the HCFSA and the DCFSA Summaries.

HEALTHCARE FSA SUMMARY

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

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

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

- At the present time, **Healthcare FSA contributions are limited by the IRS to \$3,050 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 Healthcare 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 \$3,050 per calendar year. The IRS may increase the maximum amount annually.

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

www.myoptumfinancial.com/cityofchicago • 1-833-229-4428

DEPENDENT CARE FSA SUMMARY



You may also choose to enroll in a Dependent Care FSA, which is an alternative to the Dependent Care Tax Credit and covers dependents (up to the age of 13) and certain elder care expenses while you are at work (special requirements apply).

A Dependent Care FSA allows you to pay for expenses while benefiting from a tax break. Expenses must be for qualifying dependents. Typical expenses under this account include charges for day care, nursery school, and certain elder care (unless it is for medical care) for your legal dependents.

Eligibility Requirements

To be reimbursed through your Dependent Care FSA for child and dependent care expenses, you must meet the following conditions:

- You must have incurred the expenses in order for you and your spouse, if married, to work or look for work, unless your spouse was either a full-time student or was physically or mentally incapable of self-care.
- You cannot have made the care payments to someone you can claim as your dependent on your federal tax return or to your child who is under age 19.
- Your filing status must be single, qualifying widow(er) with a dependent child, married filing jointly, or married filing separately.
- You and your spouse must maintain a home that you live in for more than half the year with the qualifying child or dependent.
- Unlike the Healthcare FSA, you must use all of your Dependent Care FSA funds by the end of your plan year, or remaining funds will be forfeited, according to IRS regulations
- According to the IRS, you may contribute up to \$5,000 per year if you are married and filing a joint return, or if you are a single parent. If you are married and filing separately, you may contribute up to \$2,500 per year per parent.
- Unlike the Healthcare FSA, you may only receive reimbursement from your Dependent Care FSA equal to the amount you have actually deposited.

MINIMUM/MAXIMUM CONTRIBUTIONS TO THE DEPENDENT CARE FSA

To participate in the Dependent Care FSA, you must contribute a minimum of \$120 annually. IRS rules limit the amount of money you can put in a Dependent Care FSA each calendar year. You may contribute up to the lesser of:

- \$5,000 per plan year (\$2,500 if you are married and filing a separate income tax return)
- Your spouse's total earned income (you may not contribute to the dependent care FSA if your spouse's earned income is \$0 and your spouse is capable of self-care or is not a full-time student).

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

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

www.myoptumfinancial.com/cityofchicago • 1-833-229-4428

OTHER BENEFITS



LIFE INSURANCE

The City at no cost to you, provides basic term life insurance. You have an opportunity to buy more coverage through the City's group insurance policy. You may contact the insurance providers at any time to learn more.



BASIC TERM LIFE INSURANCE: (MetLife www.metlife.com/mybenefits or 1-866-492-6983)

As a City employee, you automatically receive \$25,000 of free basic life insurance which pays in the event of your death and/or for certain accidental losses. When your employment with the City ends, you can continue this basic life insurance by paying premiums directly to MetLife. Value of basic life insurance may differ based on Collectively Bargained Agreement.

LONG TERM DISABILITY (LTD): (Prudential www.prudential.com 1-800-842-1718)

The LTD is designed to provide you a monthly cash payment in the event you cannot work because of an illness or injury.

New City employees are automatically enrolled in Long Term Disability coverage. An employee may opt out of the program by contacting Prudential directly at the number above.

OPTIONAL TERM LIFE INSURANCE: (MetLife www.metlife.com/mybenefits or 1-866-492-6983)

You may increase the amount of life insurance for yourself or buy coverage for your eligible dependents. 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).

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 for this coverage and/or apply for coverage for your dependents. Proof of good health is required satisfactory to Texas Life.

VOLUNTARY SUPPLEMENTAL INSURANCE

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

- **Combined Insurance Company**, www.combinedinsurance.com/cityofchicago, 1-888-870-3382
- **Aflac Insurance Company**, www.aflac.com/cityofchicago, 1-888-382-3522

Each insurer is authorized to enroll you in one of three supplemental insurance products:

- Hospital Indemnity Insurance pays a fixed dollar amount if you are hospitalized.
- Accidental Injury Insurance pays a fixed dollar amount for certain medical and other services if you are injured in a non-work accident.
- Critical Care insurance pays a fixed dollar amount if you become ill with a specified critical diagnosis.

Employees should carefully consider which of the optional products the City offers best meets their needs for life insurance, disability insurance, medical care and supplemental insurance through payroll deduction.

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

DEFERRED COMPENSATION RETIREMENT PLAN

Administered by Nationwide

The Deferred Compensation program can help you save for retirement. Don't wait until you are approaching retirement; start now and enjoy immediate tax savings. Contributions accumulate with interest, earnings and investment gains or losses. Even if you are only investing a small amount each pay period, it will add up over time. Enroll now and start saving.

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

*These numbers are subject to change annually

Continued on next page...

www.chicagodeferrredcomp.com • 1-855-457-2489 or 1-877-677-3678

Plan A effective 1/1/2024. This is a summary of benefits offered to City Employees (excluding Sworn Police Officers below the rank of Sergeant and Seasonal Employees). The Plan Document and subsequent updates always supersede this summary.

DEFERRED COMPENSATION RETIREMENT PLAN (CONTINUED)

Administered by Nationwide

Taxation of Distributions	<p>Distributions from pre-tax contributions are subject to income tax unless rolled over to an IRA or a qualified retirement plan. Not all distributions are eligible for rollover.</p> <p>Distributions of Roth contributed funds and earnings are deemed “qualified” and free from federal income tax if the following have been met:</p> <ol style="list-style-type: none">1) Five calendar years have passed after making your first Roth contribution before taking a withdrawal AND2) Reached age 59 ½ or older; or are disabled or died and beneficiary becomes disabled <p>If your Roth withdrawal does not meet these qualifications, your accumulated Roth earnings, but not your Roth contributions, will be taxed</p>
Matching Contribution	<p>Some Collective Bargaining Agreements provide for employee matching contributions into a 401(a) Match Plan. See your collective bargaining agreement for details</p>

www.chicagodeferrredcomp.com • 1-855-457-2489 or 1-877-677-3678

Build a more secure retirement by supplementing your pension



CHICAGO DEFERRED COMPENSATION PLAN OVERVIEW

Key reasons to consider your Chicago Deferred Compensation Plan:

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

Easy — Payroll deduction means your contributions are automatic

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

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

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

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

Automatic — Earnings are reinvested, harnessing the power of compounding



Enroll today!

chicagodeferrredcomp.com

855-457-2489

205 W Randolph St.,

Suite 1540,

Chicago, IL 60606



Retirement specialists

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



Educational workshops

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



Investing approaches

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



My Retirement by NationwideSM app

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



Account consolidation

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



Robust website

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

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

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

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

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OTHER RESOURCES



TELLIGEN SERVICES

COACHING PHILOSOPHY

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



DISEASE MANAGEMENT COACHING

Chronic Condition Coaching

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

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

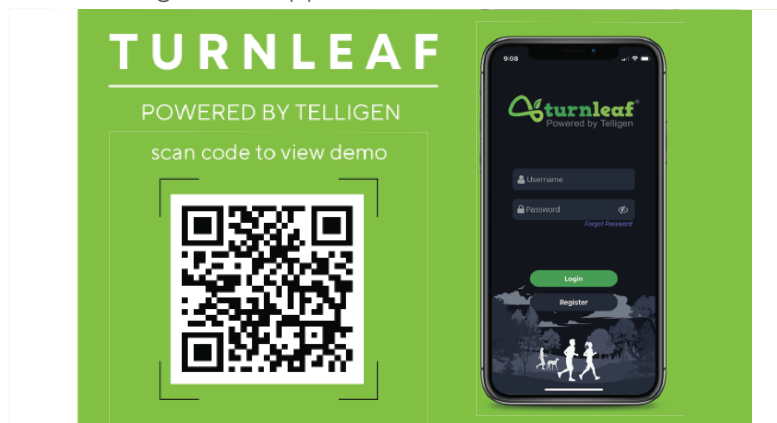
Metabolic Syndrome/At-Risk Coaching

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

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

MOBILE APPLICATION

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



Features include:

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

CASE MANAGEMENT

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

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

UTILIZATION MANAGEMENT

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

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

BCBSIL RESOURCES

BLUE ACCESS FOR MEMBERS

Your Online Resource

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

You can:

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

It's Easy to Get Started

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

PROVIDER FINDER

Looking for a Doctor?

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

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

Go to bcbsil.com/cityofchicago and click the **Doctors and Hospitals** tab to get started.

BLUE365

A Discount Program for You

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

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

LEARN ABOUT OTHER OPPORTUNITIES

(Informational Only)

Contact Bright Horizons and DePaul for details

CHILDCARE SERVICES

Bright Horizons Cook County/City of Chicago Child Development Center

Learn more about the high-quality childcare available on site at the Bright Horizons® Cook County/City of Chicago Child Development Center. Visit the website <https://child-care-preschool.brighthouse.com/il/chicago/cookcounty> or call 312-319-1240 to learn more about priority access for City of Chicago employees and to enroll your child today.

Bright Horizons® carefully creates high-quality materials for every center to create beautiful environments with rich, open-ended experiences that nurture development and inspire learning.

Contact Bright Horizons to schedule a tour and learn how your child can join the **Bright Horizons**® family.

Bright Horizons Cook County/City of Chicago Child Development Center is located at

40 North Dearborn, Chicago.

NEW EDUCATIONAL OPPORTUNITY FROM DEPAUL UNIVERSITY

We are delighted to announce a new partnership between the City of Chicago and DePaul University. Streamlined admission, discounted tuition and professional development opportunities are just a few of the benefits now available to full-time employees of the City of Chicago.

Benefits for City of Chicago employees:

- A 25% tuition discount on credit-bearing courses, certificates and degree programs*
- Waived application fee and streamlined application process
- GMAT and GRE not required for most graduate programs
- Dedicated advisors for working professionals
- Access to complimentary professional development seminars and workshops



At DePaul, you'll join a top-tier institution known for innovative, hands-on, real-world learning and career-focused curricula. You'll have access to over 300 undergraduate and graduate programs and learn from DePaul's distinguished faculty who are recognized for their research, expertise and thought leadership within their discipline. Let a DePaul education make the difference for you.

To learn more about the City of Chicago - DePaul University education partnership, program eligibility and upcoming events for City of Chicago employees, visit go.depaul.edu/cityofchicago.

Questions about the partnership?

Connect with us at corporatepartnership@depaul.edu.

*This discount cannot be used in conjunction with other DePaul scholarships, waivers or awards, including the Double Demon discount, or applied to a few select degree programs where tuition has already been lower.



WELLNESS PROGRAM



CHICAGO LIVES HEALTHY WELLNESS PROGRAM FOR 2024



Well OnTarget® (www.wellontarget.com)

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

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

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

Health Improvement Programs (HIP)

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

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

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

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

EMPLOYEE BENEFITS PORTAL INSTRUCTIONS



EMPLOYEE BENEFITS PORTAL

www.cityofchicagobenefits.org



Scan the QR code to visit the Benefits Portal

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

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

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

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

First time users / Returning Users

CHICAGO
BENEFITS OFFICE

[Need Help?](#)

Welcome to the Employee Benefits Portal!

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

EMPLOYEE NUMBER [Forgot Employee Number?](#)

PASSWORD [Forgot Password](#)

Login [First-time Users - REGISTER HERE](#)

Step 3: Provide first name, last name, last 4 digits of SSN, and date of birth. You will verify "I am not a robot" by reviewing the photos and completing the process.

Self-Registration

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Please answer the following questions to register.

FIRST NAME

LAST NAME

LAST 4 DIGITS OF SSN

DATE OF BIRTH (MM/DD/YYYY)

I'm not a robot 
reCAPTCHA
Privacy - Terms

Cancel Continue

EMPLOYEE BENEFITS PORTAL

www.cityofchicagobenefits.org

Step 4: Create and confirm a password.

Follow the instructions below.

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Please enter a password and confirm the password to finish the registration process.

Password Requirements

- Must contain a minimum of 10 and a maximum of 18 alphanumeric characters.
- Must contain at least one uppercase letter.
- Must contain at least one lowercase letter.
- Must Contain at least one number.
- Must not contain your login ID.
- Must not contain your first name or last name.
- Must contain special characters such as, but not limited to "!", "@", "\$", "#", "%".
- Must not re-use your previous 6 passwords.
- Must not be repeated in the past 365 days.

PASSWORD

CONFIRM PASSWORD

You have successfully registered.

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Registration successful

You have successfully registered.

Show Employee ID Continue

Step 5: Establish the Security Questions.

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Select Security Questions

You will use your Security questions to reset your password. To set your Security questions select three different questions from the drop-down lists and enter your answers. Please note that your answers are case sensitive.

QUESTION 1

What is your favorite movie?

QUESTION 2

Who was your childhood hero?

QUESTION 3

What is your spouse's middle name?

Cancel Continue

EMPLOYEE BENEFITS PORTAL

www.cityofchicagobenefits.org

Step 6: Confirm your security questions and answers.

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Confirm Security Questions.

You will use your Security questions to reset your password. To set your Security questions select three different questions from the drop-down lists and enter your answers. Please note that your answers are case sensitive.

QUESTION 1
What is your favorite movie?
ANSWER 1
test1

QUESTION 2
Who was your childhood hero?
ANSWER 2
test2

QUESTION 3
What is your spouse's middle name?
ANSWER 3
mary

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

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Security questions saved.

[Continue](#)

Step 7: Read the Disclaimer information and accept. If the Disclaimer is not accepted, you will not be able to move further with **online** enrollment.

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BENEFITS OFFICE

Disclaimer

TELUS Health receives your personal information directly from you or your authorized representatives, or from your employer or benefits plan sponsor ("You"). In accordance with our Privacy Policy we limit the collection, use and disclosure of personal information to information that is necessary for the purposes of providing our pension and/or benefits administration services to You, providing You with information about our services and products, enhancing our overall service delivery, creating anonymous and aggregate statistics and reports about TELUS Health's services, service standards and trends and for audit, quality control and the protection of our interests in legal proceedings.

By participating in your pension and/or benefits program you consent to the foregoing. For more information see our [Privacy Policy](#).

ACCEPT

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

CHICAGO
BENEFITS OFFICE

Disclaimer accepted.

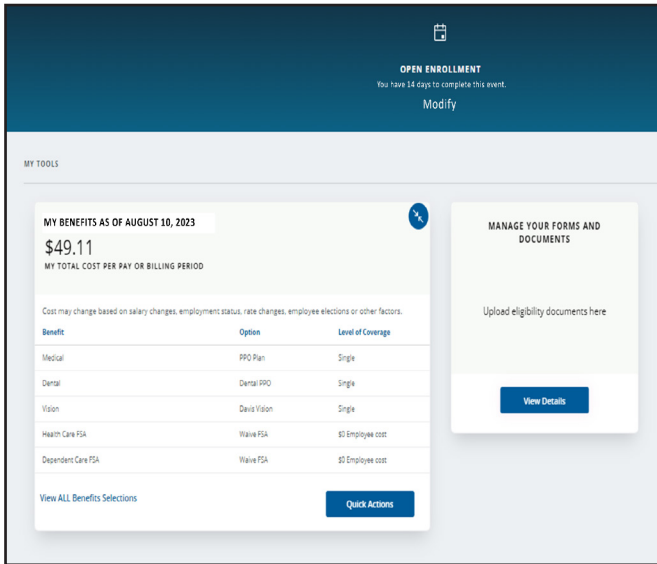
You have successfully accepted the terms of the disclaimer.

[Continue](#)

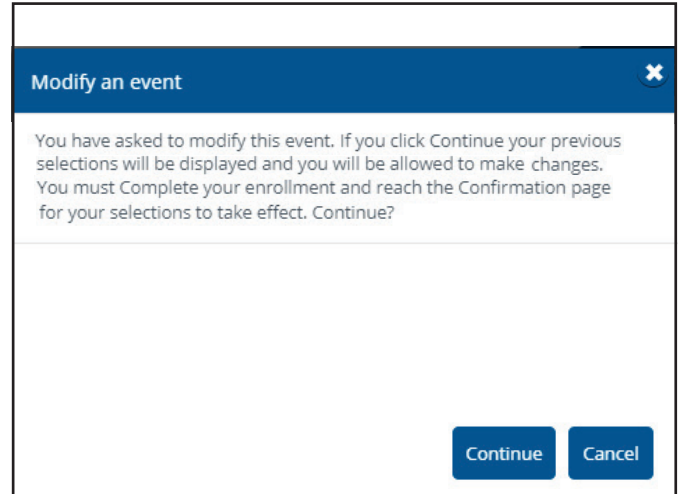
EMPLOYEE BENEFITS PORTAL

www.cityofchicagobenefits.org

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

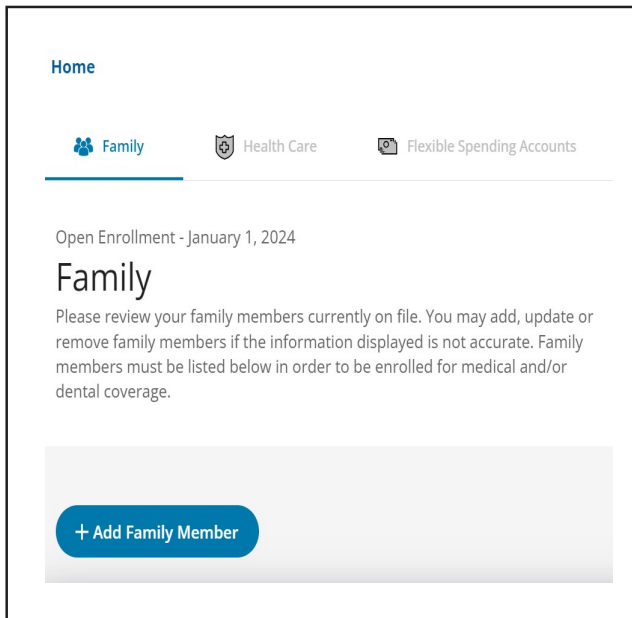


Click the **“Modify”** link to enter your event.

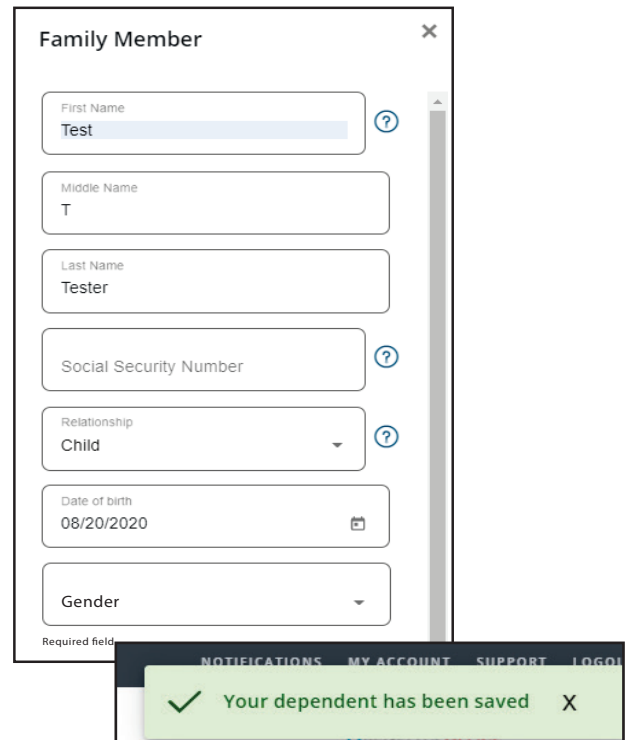


Step 8: Verify/Add Dependents

Click **“Add Family Member”**



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



EMPLOYEE BENEFITS PORTAL

www.cityofchicagobenefits.org

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

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

Each plan has it's own tab. Select eligible benefits to enroll under each tab:

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

Enroll or re-enroll in the healthcare and/or dependent care Flexible Spending Account (FSA) for 2023.

Plan A effective 1/1/2024. This is a summary of benefits offered to City Employees (excluding Sworn Police Officers below the rank of Sergeant and Seasonal Employees). The Plan Document and subsequent updates always supersede this summary.

EMPLOYEE BENEFITS PORTAL

www.cityofchicagobenefits.org

Step 10 continued: Complete Enrollment

Open Enrollment - January 1, 2024

Complete Enrollment

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

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

Important information

- Health Care FSA**

In the event of an error in your FSA deductions or FSA administration, you authorize the City of Chicago to take action to correct that error through whatever means it considers appropriate, including, but not limited to, withholding corrective amounts from your wages (for example, to correct any deficiencies in deductions or any over-payments by the Plan). The time period for withholding commences as early as the error is discovered and continues until the correction has been achieved. You may withdraw this authorization for the corrective 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.

Family Members

Below is a summary of the dependents you have on file. While these dependents are on file, this does not mean the dependents are enrolled in coverage. For Coverage, **YOU must enroll them.** Please review the coverage field on each dependent to ensure correct coverage. **Also note that** enrollment is a two-step process:

- 1) Enroll the dependent in coverage during the Open Enrollment period.
- 2) Provide proof of dependency by submitting certified documentation within the approved time frame. **Documentation deadline for Open Enrollment is December 1, 2023**

Your coverage

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

Benefit	Coverage Options	Coverage Details	Employee Cost
Health Care			
Medical			
Medical	FFO Plan	Single	\$48.48
Dental			
Dental	Dental FFO	Single	\$0.51
Vision			
Vision	David Vision	Single	\$0.15
Flexible Spending Accounts			
Health Care FSA	\$500.00	\$20.83 Employee cost	\$20.83
Dependent Care FSA	\$0.00	\$0 Employee cost	-
Total			\$69.94

Cost Summary

COST PER PAY OR BILLING PERIOD

Medical / Vision / Dental	\$48.11
Health Care FSA	\$20.83
Dependent Care FSA	\$0.00
Your Cost per Pay or Billing Period	\$69.94

Read Terms. Click check box, acknowledging changes.

Terms and Conditions

Defrauding or misleading the Plan about my eligibility or the eligibility of my dependents, my failure to timely remove an ineligible dependent (such as a former spouse following divorce) from coverage, or continuing to submit claims to the Plan after the date of loss of eligibility may result in my dependents and I becoming ineligible for benefits effective immediately and possibly retroactively. Further, fraudulent or misleading conduct on my part may result in discipline, up to and including termination of employment. Finally, if the Plan mistakenly pays benefits to an ineligible person or incurs fees as a result of such conduct on my part, the Plan may pursue collection or elect to offset any such amounts against any future benefits otherwise due me or my dependents. Lastly, failure to timely notify the City of a PHSa COBRA qualifying event (such as divorce or death) will result in a loss of eligibility for PHSa COBRA continuation coverage.

Acknowledgement
I have reviewed the information summarizing the benefits available under the provisions outlined in the governing Plan document and summary and I understand the benefits available to me as well as the rights and obligations I have under the Plan.

Authorization
By submitting my elections, I authorize the City of Chicago to deduct my share of the cost of this coverage from my pay. I understand that any election is prospective only. This authorization remains in effect until the coverage is canceled or I otherwise revoke this election.

I also understand that, if my share of the cost of coverage increases or decreases with respect to a new year, and, under the terms of the respective plan, I am required to make a corresponding change in payments; the plan will automatically increase or decrease my corresponding deductions. In addition, if the cost of participation in the applicable City plan increased during the calendar year, or any prior calendar year, and, under the terms of the plan, I was required to make a corresponding change in payments, but the City inadvertently failed to implement such change or did not become aware of such change until after the fact (for example, because of the retroactive effects of collective bargaining), the City may, on a reasonable and consistent basis, require me to pay the difference.

I also understand that once the enrollment period is closed, my elections cannot be changed until the next open enrollment period unless I experience an election change event during the year, as set forth in the City of Chicago Pre-Tax Contribution Plan Summary, and timely request to make a change as a result of such election change event.

[Read full terms and conditions](#)

I agree to the Terms and Conditions

Confirmation - Enrollment Complete

Enrollment Confirmed

Event type: Open Enrollment | January 1, 2024

[View my Enrollment Summary](#)

To do

If a new dependent has been added, coverage changes will not go into effect until documentation has been received and approved by the City of Chicago. Federal Law requires us to ask for the Social Security Number for anyone enrolled in City Health plans. If you are still awaiting issuance of a Social Security card, do not delay submitting other documents or information. If available, upload a copy of the Social Security card with the Marriage or Birth Certificates required. If your dependent cannot provide a Social Security Number but has an Individual Taxpayer Identification Number (ITIN), provide that number. Here is the list of documents you are required to provide to finalize the enrollment.

- [Birth Certificate \(Test Test\)](#)
Submit by: December 30, 2023

[Take me home](#)

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

MANAGE YOUR FORMS AND DOCUMENTS

Upload eligibility documents here

[View Details](#)

Manage your forms and documents, go to the upload documents tab

Required Forms | Health Evidence | Uploaded Documents

Required Forms

Form Name	Event Name	Expiration Date
Birth Certificate	Birth, Adoption or Legal Guardianship(Sep 9, 2020)	Nov 7, 2020

Outstanding

Processed
No data available

Required Forms | **Upload Documents**

[Upload documents](#)

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

Document Name	Required for	Status	Details	Actions
Birth Certificate	Test X Test	Not Received		Upload

Plan A effective 1/1/2024. This is a summary of benefits offered to City Employees (excluding Sworn Police Officers below the rank of Sergeant and Seasonal Employees). The Plan Document and subsequent updates always supersede this summary.

REMINDERS



REMINDERS

ABOUT FRAUD

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

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

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

DIVORCED or DISSOLUTION OF CIVIL UNION OR DOMESTIC PARTNERSHIP EX-SPOUSE'S HEALTH COVERAGE

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

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

Eligibility documents, such as a divorce decree, can be uploaded on the Benefits Portal at www.cityofchicagobenefits.org or faxed to 412-235-6797.

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

UPDATE YOUR BENEFICIARIES

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

ONLINE PAY SLIPS Available

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

REMINDERS (CONTINUED)

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

WOMEN'S HEALTH AND CANCER RIGHTS ACT

As required by the Women's Health and Cancer Rights Act of 1998, each medical plan offered by the City of Chicago provides benefits for mastectomy related services including reconstruction and surgery to achieve symmetry between breasts, as well as prostheses and complications resulting from a mastectomy (including lymphedema).

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

Contact your PPO or HMO administrator for more information

ILLINOIS CONSUMER COVERAGE DISCLOSURE

For the Illinois Consumer Coverage disclosure Act Essential Health Benefits Comparison, go to www.CityofChicago.org/Benefits

IMPORTANT WEBSITES AND PHONE NUMBERS





IMPORTANT WEBSITES AND PHONE NUMBERS

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 disability	www.prudential.com	1-800-842-1718
Texas Life Universal permanent life insurance	www.empben.com/CityofChicagoUL/	1-800-638-6855
Nationwide Retirement Services	www.chicagodeferrredcomp.com	1-877-677-3678
Voluntary Supplemental Insurance Combined Insurance Company Aflac Insurance Company	www.combinedinsurance.com/cityofchicago www.aflac.com/cityofchicago	1-888-870-3382 1-888-382-3522
Optum Financial Flexible Spending Account (FSA) Healthcare and Dependent Care Account; Transit Benefit Program	www.optumfinancial.com/cityofchicago	1-833-229-4428
Chicago Lives Healthy Wellness Program: Well on Target Health Improvement Program (HIP)	www.wellontarget.com thms.qualitrac.com	1-877-806-9380 1-800-373-3727

Plan A effective 1/1/2024. This is a summary of benefits offered to City Employees (excluding Sworn Police Officers below the rank of Sergeant and Seasonal Employees). The Plan Document and subsequent updates always supersede this summary.

IMPORTANT WEBSITES AND PHONE NUMBERS

SERVICE PROVIDER	WEBSITE	PHONE NUMBER
Firemen's Annuity and Benefit Fund of Chicago	www.fabf.org	1-312-726-5823
Policemen's Annuity and Benefit Fund of Chicago	www.chipabf.org	1-312-744-3891
Municipal Employees' Annuity and Benefit Fund of Chicago	www.meabf.org	1-312-236-4700
Laborers' and Retirement Board Employees' Annuity and Benefit Fund of Chicago	www.labfchicago.org	1-312-236-2065

