



# OPEN ENROLLMENT 2017



CITY OF CHICAGO

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

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# WELCOME TO BENEFITS OPEN ENROLLMENT

October 24 through November 7, 2016

**Open Enrollment Changes are Effective January 1, 2017**

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 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](http://www.cityofchicagobenefits.org)**

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

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

**Benefits Service Center 1-877-299-5111**

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

**Enrollment in the Flexible Spending Account does not carry over from year to year. You must re-enroll in the FSA if you want this benefit for 2017.**

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

# WHAT'S NEW FOR 2017?

## Three Network Tiers in the PPO:

The Blue Choice Options (OPT) PPO adds a third provider network to the current Blue Cross PPO plan. The PPO network choices in 2017 are:

**Tier 1** Blue Choice OPT PPO – a narrow network with lower out-of-pocket costs than the current Blue Cross PPO plan.

**Tier 2** Blue Cross PPO – includes the same “in-network” providers and out-of-pocket costs as the current PPO plan.

**Tier 3** Out-of-network – highest out-of-pocket costs.

You can choose to use a provider from any network Tier. You do not need to select which Tier to use until the time you make a health care appointment. Family members can also “mix and match” providers from different Tiers. The amount of money you pay out-of-pocket depends on the provider’s Tier. As you can see on page 6, each Tier has different levels of coverage but the lowest deductible, co-insurance and co-pays are in Tier 1.

## Other PPO Changes for 2017:

- \$150 emergency room copay (waived if patient is admitted to hospital).
- Transplant and bariatric surgery covered only when Blue Cross Centers of Distinction are used.
- Scans (MRI, PET and CT) paid at 100% if done at a free-standing (non-hospital) facility and not billed by a hospital.
- Lab tests paid at 100% if done at a free-standing in-network lab (such as Quest).
- PPO members must call to pre-certify scans, transplants and bariatric surgeries (page 8).
- After a PPO member gets a prescription refilled for the third time at a retail pharmacy, the copay increases unless the drug is purchased through mail order (page 7).
- The Value Formulary replaces the Advance Control Formulary (page 7).
- Physician office visit copays.

## HMO CHANGES

Some copays in the Blue Advantage HMO will change and coverage for prescription medications will be governed by a new formulary.

- Primary Care Physician office visits will be \$25.
- Specialist physician office visits will be \$35.
- Emergency co-payment will be \$150 (waived if patient is admitted to hospital).

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Plan B effective 1/1/2017. This is a summary of benefits offered to City of Chicago Sworn Police Officers below the rank of Sergeant represented by the Fraternal Order of Police. The Plan Document and subsequent updates always supersedes this summary.

## CHECK YOUR BENEFIT COVERAGE SHEET

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

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

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

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

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

### IF YOUR HOME ADDRESS CHANGES

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

### ENROLLMENT CHANGES DURING THE YEAR

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

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

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

## ADDING A DEPENDENT DURING OPEN ENROLLMENT?

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

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

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

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

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

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

Your original certified documents will be copied and returned to you.  
Documents required are:

Spouse – certified marriage certificate and spouse's social security card  
Child – certified birth certificate and child's social security card  
Civil Union – certified certificate and partner's social security card

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

# PPO MONEY SAVINGS

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

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

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

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

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

**Become pregnant? Earn a \$100 incentive:** Enroll in a free, confidential maternity management program designed to encourage a healthy baby by providing telephone support for moms-to-be. To qualify for the \$100 incentive, call Telligen (1-800-373-3727) to enroll and complete at least eight doctors' visits during the pregnancy.

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

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

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

# BLUE CHOICE OPTIONS MEDICAL PPO-PLAN B

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

\*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

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

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

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

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# PPO PRESCRIPTION DRUG PROGRAM

Administered by CVS Caremark

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

## VALUE FORMULARY

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

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

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

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# BLUE ADVANTAGE HMO\* – A Blue Cross HMO

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

## DOCTORS VISITS

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

## HOSPITAL (all hospital services must be approved by PCP)

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

## PREVENTIVE SERVICES

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

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

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

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

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

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

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

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

**[www.bcbsil.com/cityofchicago](http://www.bcbsil.com/cityofchicago)**  
**1-800-730-8504**

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# HMO EMERGENCY CARE

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

## What is a medical emergency?

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

<p><b>EMERGENCY ROOM TREATMENT</b></p> <p>Go to the nearest emergency room in the event of a life threatening emergency</p>	<p>You pay <b>\$150 copay</b> – 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><b>AMBULANCE</b></p> <p>For life threatening medical emergencies</p>	<p>You pay <b>\$0</b></p>
<p><b>TREATMENT IN PCP OFFICE</b></p> <p>For acute medical problems which are not life threatening</p>	<p>You pay <b>\$25 copay</b> 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><b>URGENT MEDICAL CARE AWAY FROM HOME</b></p> <p>For treatment for unexpected illness and injury when traveling outside the Chicagoland area contact your PCP.</p>	<p>Call the toll-free emergency number on the back of your Blue Advantage HMO ID card.</p> <p>If you or a covered dependent is away from home for more than 90 days, guest membership is provided at affiliate HMOs. Copays maybe different.</p>

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

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

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# HMO PRESCRIPTION DRUG PROGRAM

Administered by Blue Cross Blue Shield of Illinois

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

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

**[www.bcbsil.com/cityofchicago](http://www.bcbsil.com/cityofchicago)  
1-877-357-7463**

# DENTAL PROGRAM

Administered by Blue Cross Blue Shield of Illinois

Enrollment in the dental plan is available after one calendar year of full-time employment. 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, if currently enrolled.

## BLUE CARE DENTAL PPO & HMO BENEFITS

	PPO In-Network	PPO Out-of-Network	HMO In-Network*
	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Preventive</b> (Two visits each year) <b>Oral exams</b> <b>Cleanings</b> <b>X-Rays</b>	<b>\$10 copay</b>  No deductible for preventive services	<b>20%</b> of PPO allowable amount plus balance of billed charges  No deductible for preventative services	<b>\$10 copay</b> for each preventative visit  No deductible in the HMO
<b>Annual deductible</b> (amount each member pays first before plan pays benefits)	<b>YOU PAY</b>  <b>\$100</b>	<b>YOU PAY</b>  <b>\$200</b>	<b>YOU PAY</b>  No deductible
<b>Annual limit</b> (maximum amount a member receives in dental coverage each year after deductible has been paid)	<b>PLAN PAYS UP TO</b>  <b>\$1,200</b>	<b>PLAN PAYS UP TO</b>  <b>\$1,200</b>	<b>YOU PAY</b>  No annual limit
	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Restorative</b> <b>Endodontics</b> <b>Periodontics</b> <b>Oral Surgery</b> <b>Crowns</b>	<b>40%</b>	<b>50%</b> of PPO allowed amount plus balance of billed charges.	Copays of various amounts (for information about co-pay amounts visit <a href="http://www.bcbsil.com/cityofchicago">www.bcbsil.com/cityofchicago</a> or call 1-855- 557-5487). Plan pays 100% after co-pay
<b>Orthodontics</b>	Not covered	Not covered	Covered for children up to age 25 with \$2,300 copay. Not covered for employee or spouse.

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

**[www.bcbsil.com/cityofchicago](http://www.bcbsil.com/cityofchicago)**  
**1-855-557-5487**

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## 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 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](http://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
<b>Routine Eye Exam</b> (One each year)	<b>\$0</b>	Balance over <b>\$35</b>
<b>Frames</b> One pair every 12 months	<b>\$0</b> for frames from exclusive collection: <ul style="list-style-type: none"> <li>• Or balance over the <b>\$110</b> allowance for frames at Vision-works stores</li> <li>• Or balance over the <b>\$50</b> allowance for frames at other in-network stores</li> </ul>	Balance over <b>\$50</b>
<b>Lenses-single vision</b>	<b>\$0</b> one set every 12 months	Balance over <b>\$35</b>
<b>Tinting</b> <b>Coatings</b> <b>Special lenses</b>	Copays for tinting, coatings and special lenses vary.  Visit <a href="http://www.davisvision.com">www.davisvision.com</a> or call 1-888-456-8758 for specific copay amounts.	
<b>Contact lenses</b> (in lieu of glasses)	<b>\$0</b> one set every 12 months	Balance over <b>\$105</b>

[www.davisvision.com](http://www.davisvision.com)  
**1-888-456-8758**

You are automatically enrolled in the Vision Program when you enroll in the City's PPO or Blue Advantage HMO plan.

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# PROTECT YOUR FUTURE INCOME FOR YOU AND YOUR LOVED ONES

The City gives you basic term life insurance and the chance to buy more coverage through its group insurance policy. Long term disability insurance (LTD) is a voluntary program and requires proof of good health when you sign up during the open enrollment period. Visit a benefit fair during open enrollment to speak with experts who represent the companies underwriting these programs, or contact their customer services anytime to learn more.

**BASIC TERM LIFE INSURANCE:** (Prudential [www.prudential.com](http://www.prudential.com) or 1-800-778-3827)

As a City employee, you automatically receive \$25,000 of free basic life insurance which pays in the event of your death and/or for certain accidental losses. This amount increases for Sworn Police to \$75,000 after the first year of full employment. When your employment with the City ends, you can continue this basic life insurance by paying premiums directly to Prudential.

**OPTIONAL TERM LIFE INSURANCE:** (Prudential [www.prudential.com](http://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:** (Texas Life (formerly MetLife) [www.empben.com/CityofChicagoUL/](http://www.empben.com/CityofChicagoUL/) or 1-800-638-6855)

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

**LONG TERM DISABILITY INSURANCE:** (Prudential [www.prudential.com](http://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.

**DEFERRED COMPENSATION:** (Nationwide [www.chicagodeferrredcomp.com](http://www.chicagodeferrredcomp.com) 1-855-457-2489 or 1-877-677-3678).

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



## ENROLL IN A FLEXIBLE SPENDING ACCOUNT (FSA)

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

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

### HOW TO ENROLL IN AN FSA FOR 2017

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

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

### USE IT OR LOSE IT

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

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

### DON'T FORGET TO RE-ENROLL!

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

**[www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org)**

**1-877-299-5111**

**(FSA enrollment cannot be done by PayFlex)**

# HEALTH CARE CONTRIBUTION RATES FOR 2017

Rates Effective 7/1/2006

For Sworn Police Officers below the rank of Sergeant represented by the Fraternal Order of Police (FOP)  
(Contributions taken as payroll deductions; 24 pay periods each year)

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

\*If your salary is under \$30,000 and you enroll for single coverage, you pay a flat rate of \$15.71 each pay period

If your salary is more than \$30,000 but less than \$90,000 and you enroll in single coverage, your premium is calculated as a percentage and divided by 24 pay periods. Here is an example of the premium calculation for an employee who makes \$46,000 a year:

Single	$\$46,000 \times .012921 \div 24 = \$24.77$ each pay period
Employee + 1	$\$46,000 \times .019854 \div 24 = \$38.05$ each pay period
Family	$\$46,000 \times .024765 \div 24 = \$47.47$ each pay period

\*\*If your salary is \$90,000 or more, your premium is capped at a flat rate as shown above.

## ONLINE PAY SLIPS

Sign up for GreenSlips, the City online pay slips program to view direct deposit of your paycheck online. You can also view and download your W2 tax return as soon as available. Go to <https://greenslips.cityofchicago.org/TransformContentCenter/> and use your employee number to set up a secure account.

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# BE HONEST!

## A REMINDER ABOUT FRAUD

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

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

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

## DIVORCED SPOUSE'S HEALTH COVERAGE:

If an employee becomes divorced, they must follow the procedure outlined at [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org):

**Notify the Benefits Service Center within 30 days of the date of the divorce and take a copy of the divorce decree to the Chicago Benefits Office within 60 days.**

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

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

### **Chicago Benefits Office**

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

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

## QUESTIONS? WANT TO LEARN MORE?

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

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

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

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## BLUE CROSS ONLINE

### **BLUE CROSS BLUE SHIELD OF ILLINOIS** [www.bcbsil.com/cityofchicago](http://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](http://www.blue365deals.com)

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

## ANNUAL HEALTH CARE REMINDER

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

## VOLUNTARY CHARITABLE PAYROLL CONTRIBUTIONS PROGRAM

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

## 2017 IMPORTANT WEBSITES AND PHONE NUMBERS

SERVICE PROVIDER	WEBSITE	PHONE NUMBER
<b>City of Chicago Benefits Service Center</b>	<a href="http://www.cityofchicagobenefits.org">www.cityofchicagobenefits.org</a>	<b>1-877-299-5111</b>
<b>Medical PPO</b> Blue Cross Blue Shield of Illinois	<a href="http://www.bcbsil.com/cityofchicago">www.bcbsil.com/cityofchicago</a>	<b>1-800-772-6895</b>
CVS Caremark PPO Pharmacy	<a href="http://www.caremark.com">www.caremark.com</a>	<b>1-866-748-0028</b>
Telligen medical plan advisor	<a href="http://telligen.qualitrac.com">http://telligen.qualitrac.com</a>	<b>1-800-373-3727</b>
Davis Vision	<a href="http://www.davisvision.com">www.davisvision.com</a>	<b>1-888-456-8758</b>
PayFlex Flexible Spending Account (FSA)	<a href="http://www.HealthHub.com">www.HealthHub.com</a>	<b>1-800-284-4885</b>
Prudential Basic term life insurance	<a href="http://www.prudential.com">www.prudential.com</a>	<b>1-800-778-3827</b>
Prudential Long term disability	<a href="http://www.prudential.com">www.prudential.com</a>	<b>1-800-778-3827</b>
Texas Life Universal permanent life insurance	<a href="http://www.empben.com/CityofChicagoUL/">www.empben.com/CityofChicagoUL/</a>	<b>1-800-638-6855</b>
Nationwide Retirement Services	<a href="http://www.chicagodeferredcomp.com">www.chicagodeferredcomp.com</a>	<b>1-877-677-3678</b>
Policemen's Annuity and Benefit Fund of Chicago	<a href="http://www.chipabf.org">www.chipabf.org</a>	<b>1-312-744-3891</b>

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