

Specification No.: CBO-2019-01

Addendum Release Date September 4, 2019



**Third Addendum
To Request for Proposal for
Healthcare PPO/HMO, Medical Review Services,
Vision, Dental PPO/HMO**

For the City of Chicago (the "City" or the "Lead Agency")

And

Active Employees—Cook County, Illinois ("Cook County"), Chicago Park District, City Colleges of Chicago, and the Officers' Annuity and Benefit Fund of Cook County and Forest Preserve District Employees' Annuity and Benefit Fund of Cook County (the "Cook County Pension Fund"),

(which are sometimes referred to individually as an Agency or a Municipal Agency,
and collectively as the Agencies or Municipal Agencies)

Answers To First Round of Questions

Other Documents

Attachments

**Third Addendum To
Healthcare PPO/HMO, Medical Review Services, Vision, Dental PPO/HMO RFP**

Spec No. CBO-2019-01

Row	Questions	Proposed Answers
1.	Is there any idea as to the selection process, specifically after the October 1, 2019 deadline?	The goals are as set forth in the written RFP: for the County to have its new contract in place for a start date of December 1, 2020 and all other agencies to have their contracts in place for a start date of January 1, 2021. Internally, target dates have been set for review of the RFP and making selection recommendations.
2.	Will the 8/15/19 deadline for submitting written questions be extended?	See Second Addendum
3.	Since data files were recently released and are very large, will the Agencies accept additional questions through August 23rd?	See Second Addendum
4.	We have not received a copy of the data files, once we receive that information will be provided additional time to ask questions about the information from the USB?	See Second Addendum. Data files were available concurrent with release date of RFP.
5.	Are the monthly capitation rates available for the HMO plans?	Yes, this is included with the census data.
6.	Can we get the HMO encounter data for the last 24 – 36 months? If not, why not??	Much HMO data is provided. HMO encounter data which is not provided, has not been provided as the current HMO vendor has not made it available to the Agencies.
7.	Will everyone receive all questions and answers?	Yes, you will only see the question and the response but you will not see who asked the question..
8.	What are the MBE/WBE goals?	Each agency has its own set of MBE/WBE goals. For example: <ul style="list-style-type: none"> • City: https://chicago.mwdbe.com/?TN=chicago • Cook County is recommending a 17.5% MBE/WBE participation goal on administrative services. Details regarding the County's Contract

Row	Questions	Proposed Answers
		<p>Compliance program can be found here: https://www.cookcountyil.gov/agency/contract-compliance</p> <ul style="list-style-type: none"> • City Colleges (CCC): See City Colleges Agency Exhibit. • Chicago Park District (CPD): see Agency Exhibit
9.	Is there a list of qualified MBE/WBE subcontractors?	<ul style="list-style-type: none"> • City: https://www.chicago.gov/city/en/depts/dps/provdrs/cert.html. • Cook County: https://www.cookcountyil.gov/service/search-certified-vendors <p><i>Note: the City and County are reciprocal with their MBE/WBE certifications.</i></p> <ul style="list-style-type: none"> • <u>City Colleges:</u> http://www.ccc.edu/pages/SearchResults.aspx?q=mbe#gsc.tab=0&gsc.q=mbe&gsc.page=1 • <u>CPD:</u> https://www.chicagoparkdistrict.com/doing-business/purchasing/mbe-wbe-compliance CPD also allows use of vendors approved by Cook County or City of Chicago • <u>Other:</u> See the Agency exhibits of other agencies for more information about subcontractors acceptable to those agencies
10.	Does this joint municipal RFP include the same agencies that participated in years past? What about the CHA?	Many of the Agencies are the same. In the past the Chicago Public Schools and CTA have participated, but they did not participate this time. The Chicago Housing Authority has not routinely participated in the joint municipal RFPs.
11.	Is it permitted for a proposer to submit a proposal on one but not all components of the RFP; for example, bidding on the medical PPO but not the medical HMO?	Yes. The RFP does not require a proposer to propose on all components of the RFP, nor does it require a proposer to propose on any particular paired combination such as medical PPO and medical HMO.
12.	Can carriers quote slice business i.e. HMO or PPO? Are we able to provide bracketed fees as part of our financial response, where the final fee may vary based on final enrollment?	See answer immediately above.

Row	Questions	Proposed Answers
13.	Can carriers propose one plan for all entities?	See answer immediately above
14.	The RFP requests 12 binders, 30 electronic copies on USB, plus 1 redacted binder and USB copy. Is this combined for all agencies or should each agency have its own set of binders/USBs?	<p>Following the instructions in the RFP is sufficient for all Agencies.</p> <p>With respect to the one redacted copy, the Lead Agency will distribute the data on the redacted USB drive to all Agencies. Redactions should be limited to those allowed by Illinois Law, see for example paragraph (g) of Section 7 of the Illinois Freedom of Information Act (5 ILCS 140/).</p>
15.	If possible, please provide 3 to 5 years of Monthly Paid Claims, Enrollment & Paid Premium/Fees for the Dental and Vision Plans.	<p><u>Cook County</u> has provided this information as readily available.</p> <p><u>Other Agencies</u>: Are considering whether this additional information will be provided in a future addendum. .</p>
16.	Please provide the Current Fees, Rate Levels and Fully Insured Equivalent Rate Levels that correspond to the provided experience information for the Dental and Vision Plans.	<p>The premium equivalent rates for the plans can be derived from COBRA rates.</p> <ul style="list-style-type: none"> • City: https://www.chicago.gov/city/en/depts/fin/supp_info/benefits_rates.html • Cook County: https://www.cookcountyil.gov/sites/default/files/rates_fy19_1201_18_113119_cobra.pdf • <u>City Colleges, see rates in our Benefit Guides:</u> http://www.ccc.edu/departments/Pages/Benefits.aspx • CCPF: n/a • Park District: COBRA rates are set forth at the end of these Q&As.
17.	Under the Submit (of the General Section) section of page 1 of the RFP, please clarify the 'signed and sworn to before a notary public' requirement. The only documents that appear to require notarization are the Sexual Harassment Policy Affidavit in the City of Chicago agency exhibits and	This will be clarified in an upcoming addendum.

Row	Questions	Proposed Answers
	the EDS form for the Park District. Please advise if these notarized exhibits would satisfy the notarized requirement. If not, please clarify.	
18.	Please confirm the MBE and WBE goal percentages for each agency: Cook County, Cook County Pensions, Chicago Park District, and City Colleges.	<p><u>All Agencies</u>: See #8 above, and the Agency exhibits.</p> <p><u>CCPF</u>: The Cook County Pension Fund MBE/WBE requirement does not include goal percentages.</p>
19.	Are the agencies open to alternate plan design options if it would be clearly outlined how it would be beneficial to the employees and agency?	<p><u>All Agencies</u>: Yes. As was stated in the RFP, the Agencies are subject to collective bargaining at different intervals with different unions. Any vendor selected must be able to offer the same benefit terms as are described in the RFP (must be able to reproduce current collectively bargained plan designs). If a proposer wishes to offer additional plan design options, it can do so, but it must also offer the existing plans as requested.</p> <p><u>Cook County</u>: Yes. Alternative suggestions can only be considered for the non-bargained workforce.</p> <p><u>CCPF</u>: In addition to being required to administer the current plan design, proposers may recommend plan design changes.</p>
20.	What benefits administration system is being used, if any, to enroll and manage benefits? If so, what are the areas of improvement to enhance the enrollment and technology experience for employees and the agency?	<p>Different agencies handle enrollment differently.</p> <p><u>City</u>: Morneau Shepell is the enrollment vendor.</p> <p><u>Cook County</u>: The County utilizes Oracle EBS. The County is open to proposals for enhanced enrollment platforms.</p> <p><u>CCC</u>: City Colleges uses PeopleSoft HCM.</p> <p><u>CCPF</u>: Cook County Pension Fund uses an internal pension administration system to manage enrollment and create eligibility files which are passed to the plan administrator.</p> <p><u>CPD</u>: The Park District does not have a benefit management system. It enrolls via the carrier's (ASO vendor's) website</p>
21.	Is DHMO a requirement of bid, or can we provide a quote for a DPPO to run alongside a DHMO?	See # 11, 12 and 13 above.

Row	Questions	Proposed Answers
22.	DPPO: Please confirm there is a \$10 co-pay for in-network preventative services. Will we be disqualified if we don't require a \$10 co-pay for in-network preventative services?	<p><u>General:</u> To which Agency is this directed? An agency's benefit plan is subject to negotiation for most if not all employees. The benefit programs should be provided in accordance with the current terms</p> <p><u>All Agencies:</u> See Agency Exhibits.</p> <p><u>Notes:</u></p> <ul style="list-style-type: none"> • <u>Note for CPD:</u> Park district will not disqualify. • <u>Note for Cook County:</u> The County DPPO includes 100% of the maximum allowance for preventive services. • <u>Note for City Colleges:</u> Deductible does not apply to preventative services, e.g., oral exams, cleanings or x-rays.
23.	For Dental, will fully insured PPO proposals be accepted/ considered?	Yes
24.	What are the employer contributions as a percentage of dental cost?	<p><u>Cook County:</u> The County contributes 100% of the covered dental costs.</p> <p><u>City of Chicago:</u> As shown in the Agency Exhibits, LMCC members pay a separate premium for dental and vision; FOP members do not pay any additional premium for dental and vision and have a less generous plan of benefits. Premiums are small relative to expense for LMCC and not attributed for FOP members.</p> <p><u>CCC:</u> For City Colleges see #16 above.</p> <p><u>CPD:</u> For the Park District 20% for PPO (that is the employer contribution). The HMO is provided with no cost to employee</p>
25.	What is the Dental ASO PEPM fee?	This information will not be made available. Please develop your own fee using the data provided.
26.	For 'Seasonal Employees Group C', what dental benefits do they receive? Please provide the plan summary.	<p>This appears to be a question for the City of Chicago. For the City, please see the LMCC, Group A plan summary, it is the same for the Seasonal Employees.</p> <p><u>Note for CPD:</u> Seasonals do not get dental benefits.</p>
27.	For Dental, what is the out of network reimbursement for each group (usual and customary charge, i.e. 70th, 80th, 90th, Maximum	<u>City of Chicago:</u> The out of network amount is a custom schedule designed to provide the same allowable amount as for the PPO benefit; it is paid at the lower non-network rates; it is not based on a percentile of U&C or R&C.

Row	Questions	Proposed Answers
	Allowable Charge, etc.).	<p><u>Cook County</u>: Please develop your own fee using the data provided. This information will not be made available.</p> <p><u>City Colleges</u>: 80% of U&C</p> <p><u>CPD</u>: See the chart provided in the Chicago Park District exhibits</p>
28.	For Dental, please describe the banking arrangements for the self-insured coverage.	<p><u>City of Chicago</u>: There are no banking arrangements. See sample professional services agreement in the City's Agency Exhibit.</p> <p><u>Cook County and City Colleges of Chicago</u>: No banking arrangement; Claims and ASO are paid monthly.</p> <p><u>CPD</u>: N/A currently – not self-insured.</p>
29.	For Dental, Please describe the process by which claims are reimbursed by agencies to the vendor(s) on the self-funded plans.	<p><u>City of Chicago and City Colleges</u>: Are billed on a monthly basis that includes claims paid in the prior month with an administrative services fee. Similarly, <u>Cook County</u> pays claims monthly.</p> <p><u>CPD</u>: n/a</p>
30.	What are the employer contributions as a percentage of vision cost?	<p><u>General</u>: For most of the Agencies the employee contributions are set forth in the Agency exhibits and the cost of the benefit can be derived from the COBRA rates available online.</p> <p><u>City</u>: This is the case for the City of Chicago, for example. See #24 above; same methodology applies to dental and vision.</p> <p><u>CCC</u>: City Colleges rates are online. See # 16 above.</p> <p><u>CCPF</u>: Cook County Pension Fund's share of vision costs is a component of medical and prescription drug plan rates and there is no stand-alone vision rate calculated. Overall 2019 employer contribution subsidies vary from 38% to 48% for annuitants and from 51% to 62% for survivors, depending on plan election and Medicare status.</p> <p><u>CPD</u>: none</p>
31.	Please provide the vision utilization reports for each carrier, to include all groups. This report should have the # of services provided by plan year (for example, # of exams, lenses, frames,	<p>In general: please review the USB drives for this data.</p> <p><u>City</u>: Vision Utilization reports will be provided in an upcoming Addendum..</p> <p><u>Cook County</u>: n/a for vision</p> <p><u>CCPF</u>: Cook County Pension Fund's vision service counts by type for 2017</p>

Row	Questions	Proposed Answers
	etc.).	and 2018 are included as one of the CCPF data files on the USB drive. <u>CPD</u> : See detailed response in item #118 below. <u>CCC</u> : This information will be provided.
32.	For Vision, please provide the fully insured rates by tier.	Please develop your own rates using the information provided. Also refer to COBRA rates – see #16 above. City Colleges: Rates are online. See # 16 above. <u>CCPF</u> : Cook County Pension Fund vision benefits are self-insured.
33.	Will full benefit summaries and/or SPD's be released for each agency's current benefits? Several agencies only provided benefit overview sheets and they are not sufficiently detailed to enable matching current plans, particularly for the DHMO plans.	In general, the Agency exhibits include the co-pays, exclusions etc. and other design details necessary for you to develop your proposal. For example, for the City, see the City's Agency exhibit for plan designs for FOP and LMCC. Please specify the Agency for which you are requesting more detailed information. <u>City Colleges</u> : will provide in an addendum the certificate booklets produced by Blue Cross for medical and dental. <u>CCPF</u> : Cook County Pension Fund full benefit descriptions are included in the Agency Exhibits. <u>CPD</u> : Dental booklet is provided below, in this addendum Finally, with respect to SPDs, be advised that the Agencies are governmental entities.
34.	Please provide revised census files for all agencies showing all eligible EE's (with waivers) that includes: EE gender, EE date of birth/age, Med plan election (using current plan names matching provided benefit summaries), medical tier coverage, and EE home zip code	The census data that has been approved by each Agency has already been provided on the USB drive. <u>CCPF</u> : The census file on the USB drive contains gender, age, plan election, participant zip code, and Medicare status. Each record represents a covered life, so medical tier is not an applicable field.
35.	In the Agency Exhibits PDF file there are several documents referenced that are not included. Will these be provided in a later addendum or are they	<u>All</u> : There are documents referenced which will be prepared for each Agency based on the proposer selected. MBE/WBE questions: See #9 above. For Scope questions, see Scope in main RFP document and

Row	Questions	Proposed Answers
	<p>not required as part of the proposal? The references include:</p> <ul style="list-style-type: none"> • Page 361 – Scope of Services and Time Limits for Performance • Page 362 – Schedule of Compensation • Page 363 – Special Conditions for Minority Business Enterprises and Women’s Business Enterprises, Including Schedules C-1 and D-1: Does this refer to: SCHEDULE_C1_MBE_WBE_Letter of Intent to Perform as a Subcontractor, Supplier or Consultant, and SCHEDULE_D1_M_WBE_Utilization - Affidavit of Prime Contractor. • Page 364 – Exhibit 4 Economic Disclosure Statement and Affidavit: • Page 375– Exhibit 8 Performance Guarantees • Page 438 – Exhibit 1 Scope of Services • Page 439 – Exhibit 2 Schedule of Compensation • Page 440 – Exhibit 3 Evidence of Insurance • Page 441 – Exhibit 4 Identification of Subcontractor/Supplier/Subconsultant Form • Page 442 – Exhibit 5 Board Authorization • Page 443 – Exhibit 6 Minority and Women Owned Business Enterprise Commitment • Page 444 – Economic Disclosure Statement 	<p>individual Agency Exhibits for services to be provided for individual Agencies. For Performance Guarantees, see #36 below. For economic disclosure statements, requirements vary by Agency; Complete each Agency’s documents as part of your proposal.</p>
36.	<p>Performance guarantees are referenced on a few documents but no specifics are provided. Are there specific guarantees that should be included with the proposal</p>	<p>Propose the performance guarantees that are in the best interests of the Agencies and their plan participants. CCPF: Cook County Pension Fund performance guarantees will be part of contract negotiations.</p>

Row	Questions	Proposed Answers
37.	The RFP indicates that multiple vendors could be awarded contracts for each agency. Can we assume that only one administrator will be awarded the PPO and/or HMO for each agency or could there be multiple PPO and/or HMO administrators for an agency? If not, would size banded fees be acceptable?	<u>All</u> : It is not anticipated that any Agency will select more than one vendor for any component. At the present time no agency contemplates multiple vendors for any component (e.g. multiple medical HMO vendors). CCPF: Cook County Pension Fund will contract with a single vendor for PPO and EPO administration.
38.	Would it be possible to please provide a master list of forms/required documents provided in the RFP that will need to be returned in our submittal, separated by agency?	Please respond to the RFP as published
39.	Are there any specific preferences for how the RFP should be organized or instructions for the RFP layout? Are we able to organize the forms/agreements that need to be included in our response by separate tabs for each agency?	Please respond as instructed in the RFP. In addition, please respond as per the responsive documents on the USB drive. If you wish to include additional material, organized in a different manner, it must supplement, not replace the instructions provided.
40.	In the "Contracting" section in the Main RFP document, it states: Contracting. The selected Proposer shall perform its services in accordance with the terms and conditions of an insurance contract (policy) issued to the Agency or a written contract (professional services agreement) entered into between the Proposer and the individual Municipal Agency, in either case pursuant to negotiations between the Proposer and the Agency. Are you requiring that we redline the terms and conditions, or provide deviations?	Redlined documents are acceptable. A separate document enumerating specific exceptions is also acceptable. In either case, exceptions should be stated with specificity. "Need to negotiate", "need to discuss" etc. are not acceptable responses.
41.	In the General Scope of Service Matters section in the Main RFP document, it states: ss. Proposer acknowledges that any contract executed by the individual Agency with the selected Proposer may be subject to and contain mandatory terms and	Confirmed: proposers are to list exceptions or deviations. Redlined documents are acceptable.

Row	Questions	Proposed Answers
	<p>conditions. The terms and conditions may include the terms and conditions set forth in the Agency Exhibit for that Agency, although the precise language and detail may differ. Nothing here represents a restriction on an Agency or prevents an Agency from requiring fewer, different or additional terms and conditions in the contract. Please confirm if we are to redline or list any deviations for this item.</p>	<p>A separate document enumerating specific exceptions is also acceptable.</p> <p>In either case, exceptions should be stated with specificity. “Need to negotiate”, “need to discuss” etc. are not acceptable responses.</p>
42.	<p>In the Evaluation Criteria in the Main RFP document, it states: Terms and Conditions. No exceptions to Sample Terms and Conditions to be Included in Professional Services Agreement to the extent included in Agency exhibits, or if exceptions are noted, the acceptability to the Agencies of those noted exceptions. Please clarify whether the City is seeking proposers to redline and mark only exceptions to the sample Professional Services Agreements included in the Agency Exhibits, or have they been submitted for informational purposes only?</p>	<p>Incorrect; the Agencies do not confirm that the terms and sample agreements are merely for informational purposes.</p> <p>Your review and response is required. A response in the form of redlined documents is acceptable. A response in the form of a separate document enumerating specific exceptions is also acceptable.</p> <p>In either case, exceptions should be stated with specificity. “Need to negotiate”, “need to discuss” etc. are not acceptable responses.</p>
43.	<p>In the “General Scope of Service Matters” section in the Main RFP document, it states: o. Proposer shall complete the disclosure documents pertaining to each individual Agency as set forth in the Agency Exhibits (Documents vary by Agency: e.g., the Economic Disclosure Statement, Contractor Disclosure Form, Contractor’s Disclosure Affidavit, Disclosure of Retained Parties, etc.) and to promptly update such documents when any material aspect of the submitted disclosures change. Please confirm that each of</p>	<p>Confirmed: the forms in each Agency’s Agency Exhibit are specific to that Agency.</p>

Row	Questions	Proposed Answers
	the signature forms is specific to each agency, and the relevant set of forms is specific to each bid.	
44.	<p>In the Evaluation Criteria Section of the Main RFP document, it states: Proposers must be able to clearly demonstrate strength and experience, as Contractor, in its ability to: Adhere to the data security requirements disclosed in the Agency exhibits (e.g. the City of Chicago’s Information Security and Technology Policies) Please clarify if you are referring to a separate Information Security and Technology Policy, or if you are referring to the language in the City of Chicago exhibits.</p> <p>In the Evaluation Criteria Section of the Main RFP document, it states: Proposers must be able to clearly demonstrate strength and experience, as Contractor, in its ability to: Sign each Agency’s Business Associate Agreement. Please confirm if the BAAs must be signed and returned in the proposal response.</p>	<p>With respect to the first question, the reference is an example of the evaluation criterion, not an all-inclusive list. As an example, it refers to the city’s policy.</p> <p>Yes, the City of Chicago has a separate data protection policy. A copy is provided below as part of this Addendum. Also see #101 below.</p> <p>Yes, Proposers must be able to demonstrate willingness to sign the Agencies BAAs. Signing Agency’s BAAs as part of the submission demonstrates this willingness.</p> <p>However, as set forth in the Agency Exhibits, most Agencies do not require a BAA submission at the time of a proposal; rather a BAA will be required as part of contract implementation. For example, this is the case for the City, CPD and Cook County. If you do not wish to submit a signed BAA as part of your proposal, but are prepared if selected to sign the sample BAA provided by an agency in its Agency Exhibits, so state. If you are not, explain why in detail and propose alternate language.</p>
45.	What is the total employee count for Cook County?	See page 4 of the RFP for enrolled members. Total employees are approximately 21,000. For more details see census file for Cook County.
46.	Addendum1 indicates which agencies are interested in Medicare Supplement Plans. Are any agencies interested in Medicare Advantage options?	The RFP requests proposals for Medicare supplement plans. Please respond to the RFP as requested.
47.	If we are unable to duplicate the current DHMO plans can we offer another plan that is of similar benefit level overall?	You may offer plans of similar benefit in addition to, not as a substitute for, your proposal to offer the plans of benefits of the Agencies. See items #19 and #22 above.
48.	Can the Agencies please provide the Information Security and Technology Policies Exhibit	See item # 101 below.

Row	Questions	Proposed Answers
	referenced on page 67 of the SpecCBO_2019_01 Main RFP Document?	
49.	Page 286 of the SpecCBO2019_01Agency Document points vendors to the City of Chicago’s website. There are various forms linked on this website. Can the Agencies please confirm that the only forms and documents vendors need to complete on this website are the MBE/WBE documents and the Economic Disclosure Statement (EDS)?	Confirmed. The instructions to the City Agency Exhibit directs proposers to complete the MBE/WBE and EDS documents, and does not require completion of any other documents found at that website link.
50.	Is the request for HIPAA administration on the cost proposal sheets just in case we need to start providing HIPPA certs in the future or are there current situations that still require HIPPA administration?	We will respond to this question in an upcoming Addendum
51.	Claim Fiduciary Liability (full) is being requested on the cost proposal sheets. Would you please define what is meant by full liability? How would this apply to an ASO proposal?	We will respond to this question in an upcoming Addendum.
52.	<p>Would it be possible to obtain the following information on the City of Chicago dental and vision benefits:</p> <ul style="list-style-type: none"> a. DPPO ASO fee and Premium Equivalent rates for 2018 and 2019 b. Disruption file with the following information (TIN, Full Name, Street Address, City, State, Zip Code) c. Repricing file with the following information by provider by CDT code (TIN, Full Name, Street 	Please derive this information as described in #16 above.

Row	Questions	Proposed Answers
	<p>Address, City, State, Zip Code, Submitted Charges and Paid Charges)</p> <p>d. DHMO fully insured rates for 2018 and 2019</p> <p>e. Vision rates for 2018 and 2019</p> <p>f. 24 months of paid claims and enrolled lives</p> <p>g. Disruption file with the following information by provider by CDT code (TIN, Full Name, Street Address, City, State, Zip Code, Submitted Charges and Paid Charges)</p>	
53.	<p>Would it be possible to obtain the following information on the City Colleges of Chicago dental and vision benefits:</p> <p>a. Vision rates for 2018 and 2019</p> <p>b. 24 months of paid claims and enrolled lives</p> <p>c. Disruption file with the following information by provider by CDT code (TIN, Full Name, Street Address, City, State, Zip Code, Submitted Charges and Paid Charges)</p> <p>d. DHMO fully insured rates for 2018 and 2019</p> <p>e. Vision ASO fee and Premium Equivalent rates for 2018 and 2019</p> <p>f. 24 months of paid claims and</p>	<p>Please derive information as described in #16 above.</p> <p>Also note:</p> <p>a. Vision rates did not change from 2018 to 2019.</p> <p>b. Previously provided.</p> <p>c. A disruption file is not available for vision. However, City Colleges may request proposer’s network information to perform disruption analysis.</p> <p>d. City Colleges does not currently offer a DHMO.</p>

Row	Questions	Proposed Answers
	<p>enrolled lives</p> <p>g. Disruption file with the following information by provider by CDT code (TIN, Full Name, Street Address, City, State, Zip Code, Submitted Charges and Paid Charges)</p>	
54.	<p>Would it be possible to obtain the following information on the Cook County dental benefits:</p> <p>a) DPPO ASO fee and Premium Equivalent rates for 2018 and 2019</p> <p>b) Disruption file with the following information (TIN, Full Name, Street Address, City, State, Zip Code)</p> <p>c) Repricing file with the following information by provider by CDT code (TIN, Full Name, Street Address, City, State, Zip Code, Submitted Charges and Paid Charges)</p> <p>d) DHMO fully insured rates for 2018 and 2019</p>	<p>Please derive information as described in #16 above.</p> <p>The County 2019 Premium Equivalents are located here: https://www.cookcountyil.gov/sites/default/files/rates_fy19_120118_1131_19_cobra.pdf</p> <p>The County 2018 Premium Equivalent rates are set forth at the end of this Addendum. The title at the top of the page is Cook County Monthly Insurance Rates Effective: 12/1/17 - 11/30/18</p>
55.	<p>Would it be possible to obtain the following information on the Cook County Pension Fund vision benefits:</p> <p>a) Vision ASO fee and Premium Equivalent rates for 2018 and 2019</p> <p>b) 24 months of paid claims and enrolled lives</p>	<p>a) There are no separate premium rates for the vision coverage. It is included in the medical rates. Vision administration is currently included in the medical ASO fees and is not broken out.</p> <p>b) The vision enrollment counts are identical to the medical monthly enrollment counts provided in the data files sent to bidders. Paid vision</p>

Row	Questions	Proposed Answers
	<p>c) Disruption file with the following information by provider by CDT code (TIN, Full Name, Street Address, City, State, Zip Code, Submitted Charges and Paid Charges)</p>	<p>claims for the period 7/1/17-6/30/18 were \$204,422. Paid vision claims for the period 7/1/18-6/30/19 were \$239,828.</p> <p>c) A detailed vision provider file with TIN, name, address, City, State, Zip, claim/service counts, and claim amount was included in one of the CCPF data files on the USB drive.</p>
56.	<p>Would it be possible to obtain the following information on the Chicago Park District dental and vision benefits:</p> <ul style="list-style-type: none"> a) DPPO ASO fee and Premium Equivalent rates for 2018 and 2019 b) 24 months of paid claims and enrolled lives c) Disruption file with the following information (TIN, Full Name, Street Address, City, State, Zip Code) d) Repricing file with the following information by provider by CDT code (TIN, Full Name, Street Address, City, State, Zip Code, Submitted Charges and Paid Charges) e) DHMO fully insured rates for 2018 and 2019 f) Vision rates for 2018 and 2019 g) 24 months of paid claims and enrolled lives 	<p>For a), please derive information as described in #16 above. For other items, please respond based on the data provided on the USB drive.</p>
57.	<p>Please send a revised 'All Agencies' dental provider match file that includes the following information (TIN, Full Name, Street Address, City,</p>	<p>Will be included in an addendum.</p>

Row	Questions	Proposed Answers
	State, Zip Code)	
58.	Are the various forms (Economic Disclosure, MBE/WBE, etc.) for each Agency that vendors are required to complete available in Word format or editable PDF format?	<p><u>General</u>: This varies by Agency. Please see each Agency's Agency Exhibit, which may include pdf forms or a link to editable documents.</p> <p><u>City</u>: Please use the forms at the link provided.</p> <p><u>CCPF</u>: No</p> <p><u>CPD</u>: No</p> <p><u>CCC</u>: The form is attached to this addendum.</p>
59.	Please provide a copy of the Data Security Requirements mentioned on page 67 (first bullet) for vendors to review.	This is a City of Chicago document. A copy of the City of Chicago Data Security Requirements is set forth below as part of this Addendum.
60.	The City of Chicago's Business Associate Agreement document that vendors are required to sign does not include a signature area. Should we include a signature line?	If you are signing the BAA, yes you may include a signature area. However, see item #44 above.
61.	Please provide a copy of the City Colleges of Chicago Business Associate Agreement for vendors to review and sign as we are unable to locate it.	No sample is available. A BAA will be negotiated as part of contract negotiations.
62.	Is there a Business Associate Agreement for Cook County Pension Fund that vendors should review and sign?	Response will be provided in an upcoming Addendum.
63.	Please provide census data for the Chicago Park District as the USB drive did not include it.	The USB drive does include CPD census. It is labeled age bands and gender 2019. Chicago Park District is at the top of the 1st sheet
64.	Please confirm if vision vendors should provide separate GeoAccess reports for each agency or combine all census data and provide one report for all agencies.	Separate reports for each Agency.
65.	For standalone vision only, please clarify exactly what information you are looking for in this question: For your five largest employer groups, indicate clients with : (Indicate the Services allocation of this population (e.g. HMO, PPO, medical review services, dental HMO, etc.).	If you are proposing stand alone vision services, you should also answer this question, notwithstanding the fact that the original question was limited to other components such as medical or dental.

Row	Questions	Proposed Answers
	<ul style="list-style-type: none"> a. Employee population greater than 25,000 b. Employee population greater than 25,000 with collective bargaining agreements 	
66.	Please confirm how many employees are currently under the City of Chicago's vision Plan A.	A revised City of Chicago is provided in this Addendum with additional information, including splitting out groups A and B. You are hereby reminded that all of Group B who elect Medical benefits have vision bundled. The City began receiving an employee contribution on Group A very recently, but very few who elect medical coverage opt out of vision.
67.	Please confirm how many employees are currently under the City of Chicago's vision Plan B.	See question immediately above.
68.	Please confirm we are to quote the City of Chicago's Plan B as fully insured, packaged with medical and includes scratch-resistant coating in network, as part of their current plan.	<p>Incorrect. You may propose the City's vision benefit on a fully insured basis, a self-insured basis, or both.</p> <p>Incorrect. You need not package your City vision proposal with a Medical proposal. The City's vision benefit is currently carved out (stand-alone).</p> <p>With respect to scratch resistance, see City's Agency Exhibit.</p>
69.	Please confirm we are to quote the City of Chicago's Plan A as fully insured, standalone (not packaged with medical) and does not include scratch-resistant coating in network, as part of their current plan.	See response immediately above.
70.	Can you provide the Supporting Documents in Word Version as well?	No. Please respond to the RFP as published.
71.	Can you provide the Business Associate Agreement you would like us to sign for each Agency?	<p><u>General</u>: See Agency exhibit for each Agency's BAA.</p> <p><u>CCPF</u>: CCPF sample BA will follow in an Addendum.</p>
72.	Can the MBE/WBE requirements of each agency be confirmed in a single document? The link on page 286 of the Agency Specifications document	No, because each Agency has separate MBE/WBE requirements, individual responses are required. See # 8 above.

Row	Questions	Proposed Answers
	was not connecting to an active page.	Regarding the link, we will review this link and if it is determined a revision is required it will be provided in an addendum.
73.	Can you provide the benefit summaries or a complete summary plan description for Cook County, Chicago Park District, and City Colleges?	<p><u>Cook County</u>: Benefit descriptions have been provided in the Agency Exhibit.</p> <p><u>CPD</u>: Benefit Summaries have been provided.</p> <p><u>CCC</u>: Benefit Summaries are included in this Third Addendum . Five files are found in the zip file.</p>
74.	Can you provide the date of birth or age for the City College retiree vision census?	A responsive file is included in this Addendum. It is in the zip file.
75.	<p>Can you provide a standard census for each product requested for the Chicago Park District, Cook County and City of Chicago?</p> <ul style="list-style-type: none"> • <i>A standard census is on excel and includes gender, date of birth, coverage status (EE, ES, EC or Family), work status (active, pre-65 retiree or Medicare Retiree) and home zip code for each eligible employee (active, retiree or waived)</i> 	<p>Tables of data were provided, as opposed to one record for each person for the City, Cook County and the Park District. Please propose based on the data provided.</p> <p>Also note:</p> <p><u>City</u>: An enhanced City of Chicago census file with additional data is provided in this Addendum. It is in the zip file.</p> <p><u>Cook County</u>: The census data provided by Cook County represents active employees only and includes the other fields referenced.</p> <p><u>CCC</u>: City Colleges' original census file does not include those who waived coverage. City Colleges has provided an updated file including those who waived. It is in the zip file.</p>
76.	Please explain in detail the services performed by Medical Review Services	The Scope of Services provides detailed requirements. If proposing on these services, in your response, identify whether you propose to provide services that satisfy each and every requirement.
77.	For City of Chicago claim reports, please explain this statement.... *Starting 4/1/2016, the City of Chicago went from a NET basis to RARE basis for reporting purposes.	Please ignore this statement and use the data as reported.
78.	For Cook County, City of Chicago, Park District and City Colleges, please provide	<u>General</u> : The approach presented in this RFP is for the vendors to reprice a previously provided representative claims file for all Agencies. Please develop a proposal based on the data provided.

Row	Questions	Proposed Answers
	<ul style="list-style-type: none"> Monthly paid medical claims with corresponding monthly covered lives for the <u>past 36 months</u> through July, 2019 – for both the HMO and PPO plans 	<p><u>Also:</u> <u>City:</u> The City of Chicago will consider providing rolling 12 data going back 36 months in an upcoming addendum.</p>
79.	<p>For Cook County, City of Chicago, Park District and City Colleges, please provide</p> <ul style="list-style-type: none"> Monthly capitation amounts for the past 36 months for the HMO product through July, 2019. 	<p><u>All three:</u> For the incumbent, the total HMO cost consists of capitation, plus provider charges not included within the capitation, plus administrative and other fees. The breakout between provider charges within and outside the capitation is based on the incumbent’s contracts with each provider, which can vary. The Agencies have provided the total cost which should provide a basis for competitive proposals.</p> <p><u>Also:</u> <u>City:</u> Note that this data has been provided for 24 months. <u>CCC:</u> The City Colleges HMO is fully insured and capitation is embedded in fully insured rates (see #16).</p>
80.	<p>For Cook County, City of Chicago, Park District and City Colleges, please provide</p> <ul style="list-style-type: none"> The per member per month capitation amount for the HMO plan for the past 36 months through July 2019. 	<p><u>Cook County</u> will not provide this information. It can be derived from the premium equivalent rates found at https://www.cookcountyil.gov/sites/default/files/rates_fy19_120118_1131_19_cobra.pdf</p> <p><u>City and CPD</u> :Rates can also be derived from the COBRA rates. See #16 above</p>
81.	<p>For Cook County, City of Chicago, Park District and City Colleges, please provide</p> <ul style="list-style-type: none"> Individual large claims in excess of \$250,000 (\$100,000 for City Colleges and Park District) for the past two, 12-month policy periods including basis diagnosis (with PHI removed). Please separate the large claims by plan (HMO and PPO) or send separate reports for each plan (HMO and PPO). 	<p>The City of Chicago is not seeking a stop loss proposal for its PPO and large claims data would appear to be inapposite.</p> <p>A response will be provided in an upcoming addendum.</p>
82.	For Cook County, City of Chicago, Park District and	Please prepare your proposals based on the data sets provided.

Row	Questions	Proposed Answers
	<p>City Colleges, please provide</p> <ul style="list-style-type: none"> Please send the Blue Cross Blue Shield "Blue Insight Report" for past two 12 month policy years. This report must include the "BCBS Utilization and Analysis Report" too and separated by HMO and PPO. 	
83.	Please clarify funding on the plans for Cook County, Cook County Pension Fund and Chicago Park District.	See the grid on page 4 of the RFP. Note that SI = Self Insured and FI = fully insured.
84.	Both fully insured and self-funded plans are requested. Who is to serve as claims fiduciary for self-funded plans?	An entity which exercises discretionary authority is responsible for its exercise of discretion.
85.	The RFP mentions a cost proposal, is this a separate binder submission or a separate tab in our proposal submission? If it's a separate binder submission please verify how many binders and or USBs are needed.	There is a folder entitled "Pricing Templates and Products Sought" on the USB drive. The cost proposal format is located in that file folder.
86.	How will the MBE/WBE percentage requirements change if we only get one line of coverage? Are the MBE/WBE percentages a requirement for each product or can the requirement spread across all the requested products?	<p><u>All</u>: As a general matter, Agencies may be willing to allow a vendor to meet goals on an overall basis. This is the case for the City and CPD. Similarly, The County reviews MBE/WBE responsiveness by vendor and contract, not by product line.</p> <p>However, the precise mathematics of meeting MBE/WBE requirements is negotiated separately with each Agency.</p> <p>Also see #9 above.</p>
87.	Please verify what the MBE/WBE requirements are for Cook County and if there is a MBE/WBE requirement for the Cook County Pension Fund?	Cook County Pension Fund requires vendors to document commitment to MWDBEs and encourages vendors to provide additional information related to diversity initiatives.

Row	Questions	Proposed Answers
88.	Can each Agency please provide a web link to a list of their MBE/WBE/DBE vendors?	See #9 above.
89.	The term 'dedicated' has been used for medical management and for member service operations. Please define 'dedicated'.	In this context "dedicated" means that the function has a unit or group within the larger organization not providing substantial services to others, but substantially devoted to providing services to the Agencies.
90.	How are you defining 'preferred provider'? (p.32 # 27) Is the intent to be a 'network provider'?	Yes.
91.	Interrogatories on pg. 25 are to be responded to by all plans proposed. (Medical, dental, vision for example).	It is unclear what exactly is being asked.
92.	Scope, p.9 'g', please provide eligibility file format and time frames the Agency is requesting	This is a requirement for implementation.
93.	Scope, p.10 'p', please provide examples of the type of customization the Agencies may require	<p>Examples of communication customization include:</p> <ul style="list-style-type: none"> • Co-branding such as a logo or seal • Correction of standard boilerplate that is not in accordance with an Agency's plan document. • Correction of standard boilerplate that is not in accordance with an Agency's collective bargaining agreements. • Artwork that does not reflect the diversity of the Agencies
94.	Scope, p.10 'bb', clarification needed. Not sure what is being asked. Please provide an example.	<p>Variations from standard waiting periods a proposer is accustomed to administering may be required by an Agency. Examples include:</p> <ul style="list-style-type: none"> • Some employees may be eligible as of the first of the month after date of hire. • Some employees may be eligible as of the date of hire as a matter of state or federal accreditation. • Some employees may be eligible as of other dates as specified in the collective bargaining agreements or Agency policy.
95.	Scope, p.10 'cc', clarification needed. Not sure what is being asked. Please provide an example.	Under Federal Law (the Affordable Care Act) employee plans are prohibited from placing certain restrictions on pre-existing conditions. No examples will be provided as all Proposers are expected to be familiar with this

Row	Questions	Proposed Answers
		provision of Federal law.
96.	Scope, p.12 'uu', are medical review services (utilization review) currently carved out by the Agencies?	<p><u>General</u>: The RFP specifies which Agencies are seeking medical review services carved out from the medical benefit. <i>For example</i>: <u>City</u>: The City of Chicago currently carves out Medical Review Services. The City is seeking a carved our Medical Review Services proposal, not Medical Review Services from the insurer/TPA. <u>CPD</u>: The Chicago Park District is requesting medical review services be provided as part of the plan's administration and is not seeking a separate MRS proposal.</p> <p><u>CCPF</u>: The CCPF request for proposal for Medical Review Services is clarified as follows: "Medical review services to be integrated with medical PPO/HMO proposal". You are to consider pages 3 and 16 of the RFP revised to reflect this clarification.</p>
97.	Scope, p.17 #6, what format and timing are provided by the current carrier regarding review decisions? Are transmissions daily? Do the Agencies have direct view/control of member data such as eligibility status/claims/active referrals?	The County maintains control over eligibility and provides weekly data transmissions.
98.	Scope, p.26 Record Keeping #6, please provide an example or more specifics on what type of administrative error. Claim? Eligibility data?	A response will be provided in an upcoming Addendum.
99.	Scope, p.23 General Communications #1, are the standard hours provided by the current carrier 7:30am – 7pm or are these the requested hours for the proposal?	Please specify whether you can meet the requirement specified in the Scope. The current carrier's capabilities should not affect your response.
100.	Interrogatories, p.37 Customer Support #1 (also asked under General), are dedicated services currently provided to the Agencies? Please define 'dedicated'.	In this context "dedicated" means that the function has a unit or group within the larger organization not providing substantial services to others, but "dedicated" to substantially devoted to providing services to the Agencies.

Row	Questions	Proposed Answers
		The Agencies require sufficient staffing and expertise from Customer Services to meet each Agency's needs. Performance Guarantees should reflect this requirement.
101.	Can the Agencies please provide the Information Security and Technology Policies Exhibit referenced on page 67 of the SpecCBO_2019_01 Main RFP Document?	This pertains to the City of Chicago. See the City's Data Protection Requirements included as part of this Addendum, below.
102.	Can the Agencies please provide additional data elements for the "Dental Provider Match File"? At a minimum, we would prefer TIN and full addresses, including zip code.	This new information is provided in this Addendum. You will find it in the zip file.
103.	For the Data Requests Section of the Interrogatives, question 3 is asking for information on our clients. Many of our largest clients have confidentially clauses in their agreements with us so would it be acceptable to provide the requested information without disclosing the actual client name?	Proposers must respond to the question. If your existing legal obligations prevent you from fully disclosing the name of the client, describe the client with as much specificity as possible.
104.	For the HIPAA Compliance Section of the Interrogatives, question 6 asks the following: <i>How is security set up in the system? What are the different levels of security?</i> Can the Agencies please clarify what they mean by the levels of security? Do they mean the different levels of confidentiality that is assigned?	System security must allow for varying levels of access (e.g. view only) with appropriate controls.

Row	Questions	Proposed Answers
105.	<p>RFP Section A. Utilization Management Services states the following: <i>Outpatient chemical dependency and mental health programs including group therapy, except that with respect to Actives and their Dependents, precertification is only required after a number of visits per calendar year specified by the Agency's plan document.</i></p> <p>Can the Agencies please clarify if there is a number of visits/calendar year outlined by each of the Agency's plan documents, after which these services would be subject to preauthorization?</p>	<p><u>All</u>: See the individual Agency Exhibits for more information. <u>City</u>: For example, the City of Chicago's Agency Exhibit clearly answers this question as to the City of Chicago. <u>CCPF</u>: Cook County Pension Fund's benefit plan design does not set a specific number of visits before prior authorization begins.</p>
106.	<p>The following question is intended for the Chicago Park District: Please confirm the approach, intent, and expectation for pharmacy under the Chicago Park District's plan designs.</p>	<p><u>CPD</u>: For all plans except the high deductible plan which currently has less than 50 enrollees, pharmacy is carved out. For the high deductible plan CPD expects pharmacy to be included so member prescription covered services costs can be integrated.</p>
107.	<p>Will the Agencies be sending pricing templates to complete for each Agency?</p>	<p>See answer to #85. Complete the pricing templates for each agency as applicable. (For example, if an Agency is not requesting dental services, you would not provide the data requested on the dental product tabs.)</p>
108.	<p>Can the Agencies please clarify the contract terms being requested by each Agency? The SPEC_CBO_2019_01MainRFPDocument.PDF file does not clearly define the requested contract terms for each Agency.</p>	<p>The RFP as originally published consists of the main RFP document and the Agency Exhibits. See page 6 of the RFP.</p> <p>The contract terms requested or required by each Agency are not included in the main RFP document because they vary by Agency. They are to be found in the Agency Exhibits. The Agency Exhibits present contract terms, or a sample professional services agreement including contract terms.</p>

Row	Questions	Proposed Answers
109.	When will the additional Agency RFP documents be provided?	See Addendum 1. Potential proposers are responsible for monitoring the website daily or more frequently for additional Addenda. Addenda may include documents, answers to questions, data, and other material.
110.	<p>Can the Agencies please provide the following census files?</p> <ul style="list-style-type: none"> • City Colleges of Chicago <ul style="list-style-type: none"> ○ Retiree HMO Census: please provide coverage tiers. ○ Retiree PPO Census: please provide coverage tiers. • City of Chicago <ul style="list-style-type: none"> ○ Please provide an actual medical census. ○ Please provide an actual dental census. • Chicago Park District <ul style="list-style-type: none"> ○ Please provide a census. • Cook County Pension Fund <ul style="list-style-type: none"> ○ Please provide coverage tier for census. • Cook County <ul style="list-style-type: none"> ○ Please provide an actual dental 	<p><u>City, County, CPD</u>: Tables of data were provided, as opposed to one record for each person for the City, Cook County and the Park District. Please propose based on the data provided.</p> <p>Also note that the census file provided by Cook County includes both medical and dental. The dental tab includes both plan and tier selections.</p> <p><u>CCC</u>: Also note for City Colleges Retiree HMO: Coverage tiers were provided on census file for retirees but not for dependents, and for Retiree PPO coverage tiers were provided on census file for retirees but not for dependents.</p> <p><u>CCPF</u>: Cook County Pension Fund’s census file contained covered lives, rather than subscribers, so medical tier is not an applicable field.</p> <p><u>CPD</u>: See file: Age bands and gender.xlsx</p>

Row	Questions	Proposed Answers
	<p style="text-align: center;">census</p> <p>Please see the requirements below for each subscriber:</p> <ul style="list-style-type: none"> • Birthdate or age. • Status (Active, Cobra, Retiree). • Gender. • Zip Code. • Medical Population (plan currently enrolled in). • Medical Tier. • Dental Population (plan current enrolled in) (Cook County only). • Dental Tier (Cook County Only). 	
111.	<p>The following questions are intended for The City of Chicago:</p> <ul style="list-style-type: none"> • The City included PSFs on the City of Chicago HMO Rolling 12; however, we were asked to exclude this from the data. Can the City please confirm the approach to rating? • The City of Chicago PPO Rolling 12 claims 	<p>City:</p> <p>The PSFs are provided for proposers' use in responding to the RFP. Please prepare your price quote for all services including PSFs.</p> <p>A corrected City of Chicago Rolling 12 Report is included in this Addendum in the zip file. The file name is: City - HMO Rolling 12 Report - RFP corrected.xlsx</p>

Row	Questions	Proposed Answers
	<p>do not match to what was provided. Can the City please confirm the changes made and confirm if all group numbers were provided?</p> <ul style="list-style-type: none"> • The City of Chicago PPO Rolling 12 membership and subscribers don't match to what was provided. Can the City please confirm the changes made and confirm that all group numbers are included? • The City of Chicago PPO Rolling 12 claim counts don't match to what was provided. Can the City please confirm the changes made and that all group numbers were provided? • Can the City please confirm the City of Chicago HMO Rolling 12 worksheet (see below). Is this correct? 	

Row	Questions	Proposed Answers																																																																					
	<table border="1"> <tr><td></td><td>\$3,208,748</td><td>\$7,581,282</td></tr> <tr><td></td><td>\$3,205,901</td><td>\$7,497,495</td></tr> <tr><td>Notes:</td><td>\$3,196,359</td><td>\$7,949,547</td></tr> <tr><td>*12 Month Claim Cost reflects monthly average of 3184366</td><td></td><td>7800245</td></tr> <tr><td></td><td>3169289.91</td><td>7822787.25</td></tr> <tr><td>*Employee and Member counts are pulled from B</td><td>3162346</td><td>7173091</td></tr> <tr><td></td><td>3150968.37</td><td>7963171.42</td></tr> <tr><td>*BA HMO Prescription Drug Claims are under a S</td><td>3142997.22</td><td>7708318.43</td></tr> <tr><td></td><td>3130518</td><td>7556819</td></tr> <tr><td>*Starting 4/1/2016, the City of Chicago went</td><td>3214112.66</td><td>7263802.08</td></tr> <tr><td></td><td>3201215.15</td><td>8737470.57</td></tr> <tr><td>* 1/1/2017 the group lost grandfather status on o</td><td>3191650.33</td><td>8883828.97</td></tr> <tr><td></td><td>3184701.67</td><td>8182262.7</td></tr> <tr><td></td><td>3174403.66</td><td>11287871.75</td></tr> <tr><td></td><td>3170088</td><td>1964371</td></tr> <tr><td></td><td>3148759</td><td>6152340</td></tr> <tr><td></td><td>3136095</td><td>7518288</td></tr> <tr><td></td><td>3131229</td><td>7398334</td></tr> <tr><td></td><td>3118248</td><td>7977368</td></tr> <tr><td></td><td>3105950</td><td>9303735</td></tr> <tr><td></td><td>3106683</td><td>8828633</td></tr> <tr><td></td><td>3053313</td><td>9552013</td></tr> <tr><td></td><td>3036883</td><td>7969504</td></tr> </table>		\$3,208,748	\$7,581,282		\$3,205,901	\$7,497,495	Notes:	\$3,196,359	\$7,949,547	*12 Month Claim Cost reflects monthly average of 3184366		7800245		3169289.91	7822787.25	*Employee and Member counts are pulled from B	3162346	7173091		3150968.37	7963171.42	*BA HMO Prescription Drug Claims are under a S	3142997.22	7708318.43		3130518	7556819	*Starting 4/1/2016, the City of Chicago went	3214112.66	7263802.08		3201215.15	8737470.57	* 1/1/2017 the group lost grandfather status on o	3191650.33	8883828.97		3184701.67	8182262.7		3174403.66	11287871.75		3170088	1964371		3148759	6152340		3136095	7518288		3131229	7398334		3118248	7977368		3105950	9303735		3106683	8828633		3053313	9552013		3036883	7969504	
	\$3,208,748	\$7,581,282																																																																					
	\$3,205,901	\$7,497,495																																																																					
Notes:	\$3,196,359	\$7,949,547																																																																					
*12 Month Claim Cost reflects monthly average of 3184366		7800245																																																																					
	3169289.91	7822787.25																																																																					
*Employee and Member counts are pulled from B	3162346	7173091																																																																					
	3150968.37	7963171.42																																																																					
*BA HMO Prescription Drug Claims are under a S	3142997.22	7708318.43																																																																					
	3130518	7556819																																																																					
*Starting 4/1/2016, the City of Chicago went	3214112.66	7263802.08																																																																					
	3201215.15	8737470.57																																																																					
* 1/1/2017 the group lost grandfather status on o	3191650.33	8883828.97																																																																					
	3184701.67	8182262.7																																																																					
	3174403.66	11287871.75																																																																					
	3170088	1964371																																																																					
	3148759	6152340																																																																					
	3136095	7518288																																																																					
	3131229	7398334																																																																					
	3118248	7977368																																																																					
	3105950	9303735																																																																					
	3106683	8828633																																																																					
	3053313	9552013																																																																					
	3036883	7969504																																																																					
112.	What are the expectations for completion of MBE/WBE Participation Plans, Economic Disclosure Statements, etc.? Are they to be completed separately for each agency?	<p>The expectation is that a responsive RFP proposal will contain completed forms.</p> <p>Yes, forms should be completed for each Agency.</p>																																																																					
113.	Will the Agencies consider plan design changes?	Please see item #19 above.																																																																					
114.	Please confirm the rating tiers that are to be used for each of the agencies that are fully insured.	<p>Please see item #85 above. A document is included in that file with the relevant tier requests.</p> <p><u>Cook County</u>: Please note that for Cook County, the medical plan has four</p>																																																																					

Row	Questions	Proposed Answers
		<p>tiers and the County dental plan has three tiers.</p> <p><u>CPD</u>: Please note that for CPD there are three tiers: single, employee plus one and family</p>
115.	<p>The pricing document shows ASO and fully insured tabs. Are we to complete the ASO tab for just Cook County Pension/City of Colleges and the fully insured tab for the City of Chicago and Park District?</p>	<p><u>General</u>: The potential proposer should identify the product (the RFP component) to which this question refers.</p> <p><u>CPD</u>: for medical, propose ASO, for dental, CPD will consider both ASO and fully insured, for vision, propose fully insured.</p>
116.	<p><u>City of Chicago</u></p> <ul style="list-style-type: none"> • How long has Davis been the incumbent vision provider? • Please confirm that Davis Plan A and Davis Plan B have the same benefits. • What plan design changes have been made over the last 3 years? • What percentage of the premium is paid for by the employer and what percentage of the premium is paid for by the employee? • Please confirm that the vision program is fully insured and pays a per individual rate. Is this paid for just employees or for all members enrolled? • What are the current per individual rates for groups A and C? • What are the per individual renewal rates for groups A, B, C? • The pricing document is requesting ASO and fully insured vision quotes. Please confirm as the ASO document references dental throughout. 	<p>Davis has been the incumbent over 20 years.</p> <p>No. As already disclosed in the City’s Agency exhibit, Plan A and Plan B do not have the same benefits.</p> <p>Minor improvements have been made in Plan A Vision benefits in conjunction with employee contribution increases.</p> <p>Rates can be derived from the COBRA rates, see # 16 above.</p> <p>With respect to the premium percentages, for plan B it is 100% employer, and for Plan A sufficient information has been provided in the Agency Exhibits for you to develop percentages based on the employee contribution rates and plan cost derived from the COBRA rates.</p> <p>The City confirms it will entertain both fully insured and ASO rates.</p> <p>Regarding census and claims information, please prepare your proposal based on the information provided on the USB drive.</p>

Row	Questions	Proposed Answers						
	<p>Please provide the census file showing the following information:</p> <ul style="list-style-type: none"> • Eligibles • Employee home state • Vision enrollment by rating tier <p>Please provide the utilization data showing the following information:</p> <ul style="list-style-type: none"> • Premium \$\$\$ by year for the last 2 years • Subscribers/members by year for the last 2 years • Claims \$\$\$ by year for the last 2 years • Claims count details by year for the last 2 years <ul style="list-style-type: none"> – Number of exams – Number of eyeglass lenses by type (single, bifocal, trifocal, lenticular, standard progressive, premium progressive) – Number of frames – Number of contact lenses 							
117.	<p><u>Cook County Pension Fund</u></p> <ul style="list-style-type: none"> • How long has UHC been the incumbent vision provider? • What plan design changes have been made over the last 3 years? • On the currently “bundled with medical” plan, what percentage of the premium is paid for by the employer and what percentage of the premium is paid for by the employee? • For the requested “stand alone” plan, what 	<p>UHC has been the incumbent vision provider since 1/1/2016.</p> <ul style="list-style-type: none"> • No vision plan design changes since UHC vision implementation date. • Vision premiums are a component of the medical plan rates. The Fund pays the balance of the cost share as shown below: <table border="1" data-bbox="1121 1243 1724 1351"> <thead> <tr> <th data-bbox="1121 1243 1436 1317">Plan</th> <th data-bbox="1436 1243 1581 1317">Annuitant Share</th> <th data-bbox="1581 1243 1724 1317">Survivor Share</th> </tr> </thead> <tbody> <tr> <td data-bbox="1121 1317 1436 1351">PPO with Medicare</td> <td data-bbox="1436 1317 1581 1351">62</td> <td data-bbox="1581 1317 1724 1351">49</td> </tr> </tbody> </table>	Plan	Annuitant Share	Survivor Share	PPO with Medicare	62	49
Plan	Annuitant Share	Survivor Share						
PPO with Medicare	62	49						

Row	Questions	Proposed Answers									
	<p>percentage of the premium will be paid for by the employer and what percentage of the premium will be paid for by the employee?</p> <ul style="list-style-type: none"> • What are the current admin fees? • What are the renewal admin fees? <p>Please provide the census file showing the following information:</p> <ul style="list-style-type: none"> • Eligibles • Employee home state • Vision enrollment by rating tier <p>Please provide the utilization data showing the following information:</p> <ul style="list-style-type: none"> • Premium or Admin fee \$\$\$ by year for the last 2 years • Subscribers by year for the last 2 years • Claims \$\$\$ by year for the last 2 years • Claims count details by year for the last 2 years <ul style="list-style-type: none"> – Number of exams – Number of eyeglass lenses by type (single, bifocal, trifocal, lenticular, standard progressive, premium progressive) – Number of frames – Number of contact lenses 	<table border="1" data-bbox="1121 228 1724 342"> <tr> <td>PPO without Medicare</td> <td>57</td> <td>44</td> </tr> <tr> <td>EPO with Medicare</td> <td>59</td> <td>46</td> </tr> <tr> <td>EPO without Medicare</td> <td>52</td> <td>39</td> </tr> </table> <p>Vision administration is currently included in the medical ASO fees and is not broken out.</p> <p>The vision census for Cook County Pension Fund is identical to the medical census that was included as one of the CCPF data files sent to bidders.</p> <p>The vision enrollment counts are identical to the medical monthly enrollment counts provided in the data files sent to bidders. Paid vision claims for the period 7/1/17-6/30/18 were \$204,422. Paid vision claims for the period 7/1/18-6/30/19 were \$239,828.</p> <p>A detailed vision provider file with TIN, name, address, City, State, Zip, claim/service counts, and claim amount were included in one of the CCPF data files sent to bidders.</p> <p>Cook County Pension Fund’s vision service counts by type for 2017 and 2018 were included as one of the CCPF data files sent to bidders.</p>	PPO without Medicare	57	44	EPO with Medicare	59	46	EPO without Medicare	52	39
PPO without Medicare	57	44									
EPO with Medicare	59	46									
EPO without Medicare	52	39									
118.	<p>Chicago Park District</p> <ul style="list-style-type: none"> • How long has VSP been the incumbent vision provider? • What VSP network is currently in place? 	<p>CPD: Since 8/2003</p> <p>Network is Signature</p>									

Row	Questions	Proposed Answers
	<ul style="list-style-type: none"> • Please provide the current vision member benefit summary. • What plan design changes have been made over the last 3 years? • What percentage of the premium is paid for by the employer and what percentage of the premium is paid for by the employee? • What are the current rates? • What are the renewal rates? <p>Please provide the census file showing the following information:</p> <ul style="list-style-type: none"> • Eligibles • Employee home state • Vision enrollment by rating tier <p>Please provide the utilization data showing the following information:</p> <ul style="list-style-type: none"> • Premium \$\$\$ by year for the last 2 years • Subscribers by year for the last 2 years • Claims \$\$\$ by year for the last 2 years • Claims count details by year for the last 2 years <ul style="list-style-type: none"> – Number of exams – Number of eyeglass lenses by type (single, bifocal, trifocal, lenticular, standard progressive, premium progressive) – Number of frames – Number of contact lenses 	<p>The vision benefits summary was already provided. See Agency Exhibit pp 867-868.</p> <p>The employer does not contribute</p> <p>No plan changes last 3 years \$5.99/\$8.62 and \$15.45 per month No change for 2020</p> <p>The employer does not contribute</p> <p>Census was provided. See USB drive: Age bands and gender.xlsx 418 member 225 ee plus 1 318 family 2018 \$104,963 2017 \$98,873</p> <p>Ees enrolled 2018 886 2017 854</p> <p>Claims paid 2017 653 Claims paid 2018 695</p>
119.	<p><u>City Colleges of Chicago</u></p> <ul style="list-style-type: none"> • How long has VSP been the incumbent vision 	<ul style="list-style-type: none"> • VSP has been the incumbent vision provider since July, 1992. • VSP Signature Network

Row	Questions	Proposed Answers
	<p>provider?</p> <ul style="list-style-type: none"> • What VSP network is currently in place? • Please provide the current vision member benefit summary. • What plan design changes have been made over the last 3 years? • What percentage of the premium is paid for by the employer and what percentage of the premium is paid for by the employee? <i>(85% employer paid – in Vision Plan summary in Agency Docs)</i> • What is the current admin fee? • What is the renewal admin fee? <p>Please provide the census file showing the following information:</p> <ul style="list-style-type: none"> • Eligibles • Employee home state • Vision enrollment by rating tier <p>Please provide the utilization data showing the following information:</p> <ul style="list-style-type: none"> • Admin fee \$\$\$ by year for the last 2 years • Subscribers by year for the last 2 years • Claims \$\$\$ by year for the last 2 years • Claims count details by year for the last 2 years <ul style="list-style-type: none"> – Number of exams – Number of eyeglass lenses by type (single, bifocal, trifocal, lenticular, standard progressive, premium progressive) 	<ul style="list-style-type: none"> • Summary included in Agency Exhibit. Additional plan information is not available. • None • Agency documents are accurate. • Rates on website in accordance with #16 above. • See above with respect to your questions about admin fee. • Census data provided only includes those covered, (not those who waived). <p>2017</p> <ul style="list-style-type: none"> • Claim Count - 2,133 • Claim \$ - \$329,240.57 • Average Monthly Membership – 2244 <p>2018</p> <ul style="list-style-type: none"> • Claim Count – 1,858 • Claim \$ - \$288,065.67 • Average Monthly Membership – 2470 • Already provided

Row	Questions	Proposed Answers
	<ul style="list-style-type: none"> – Number of frames – Number of contact lenses 	
120.	Will the agencies consider plan design changes?	Please review section ii) on page 11 of the original RFP. Proposers are expected to be familiar with collective bargaining environments. The majority of the Agencies' employees are performing work within the jurisdiction of labor union collective bargaining agreements. To a large degree benefits are determined pursuant to the terms of those agreements. Although alternative designs may be proposed, proposers should understand that implementation (if any) of alternative designs would be subject to the collective bargaining process.
121.		EAP Questions
122.	In regards to (sic) the request for an EAP, are you requesting a Standalone EAP or one that is included in your Medical and/or Dental plan?	The County is seeking proposals on either a stand-alone EAP or an EAP in conjunction with the medical plan.
123.	Does Cook County want to include its retiree population for EAP services? If so we would need a census for this population.	Cook County does not cover retirees.
124.	Who is Cook County's current EAP vendor?	Currently, the County uses a combination of an in-house professional and union-sponsored EAP services. In Plan year 2020, the County will utilize Magellan EAP services for a one-year term.
125.	Can Cook County provide current EAP utilization data?	The County does not have comprehensive EAP data at this time.
126.	For EAP Cook County has instructed to "Make available a minimum of three (3) counseling sessions annually." Is there a preference for the number of sessions?	The County prefers three counseling sessions annually.
127.	Will The County accept stand-alone EAP proposals or does the EAP have to be bundled with other benefits	See #122

Row	Questions	Proposed Answers
128.	Who is The County's current EAP vendor?	See #124
129.	How long have they been with this vendor?	See #124
130.	How many short-term counseling sessions are currently included with their program?	The upcoming agreement includes three counseling sessions annually.
131.	<p>How many sessions would you all like us to quote in our proposal? Perhaps several options? 3, 5 and/or 8 for example...</p> <p>1) Does the current EAP program allow for legal, financial, childcare, eldercare and personal convenience assistance? How are these services being administered? Through a website or can your employees call and speak to lawyers, financial professionals for example? Are the childcare, eldercare services self-service or does the program provide research and referrals? Would The County like us to quote our full work-life service offering (i.e. legal, financial, childcare, eldercare and personal convenience services)?</p>	See #126. Ancillary services are not required but vendors may provide additional proposals.
132.	Regarding program promotion and employee orientation, how many annual hours are included in their current contract? How many training hours did The County use last year for orientations and trainings? Please provide any necessary clarification around any specific requirements, annual events, etc. that The County would appreciate the EAP being in attendance for and duration of these types of events.	For the upcoming Plan Year, the County is estimating a need for 150 hours of services to include orientations and health fairs, management consultations, training sessions and critical incident / emergency response situations.
133.	Specific to training, how many trainings does The County conduct on an annual basis? How long have the trainings lasted in the past? 1 hr? All day	See #132

Row	Questions	Proposed Answers
	events? Please confirm.	
134.	Regarding Critical Incident services, how many critical incidents has The County had over the last several years (2017, 2018 and to date in 2019)? Does the incumbent EAP program provide unlimited onsite support for these types of events or are there a specific number of hours that are included on an annual basis? Please provide direction on the support The County would want included with the program.	See #132
135.	Does The County access the incumbent EAP for support with Department of Transportation (DOT) substance use cases? How is The County billed for these cases by the incumbent provider? Would The County prefer the cost for DOT support be included in the quoted EAP rate or billed on a case by case basis?	Yes. The County has absorbed these costs internally. As these cases are infrequent, please quote fees on a case-by-case basis.
136.	If applicable, how many DOT cases/evaluations did The County have in 2018 and to date in 2019?	The County had 1 in 2018 and 0 in 2019 YTD.
137.	Does The County have specific Fitness for Duty requirements/policies and does The County work directly with their current EAP provider for these situations? Please provide insight on the services required from the EAP. Please also highlight how this is currently priced thru the existing program and what The County's preference may be. What is the cost and how many cases does The County average per year? Would The County prefer the cost for Fitness for Duty evaluations be included in the quoted EAP rate or billed on a case by case basis?	Fitness for Duty requirements are not within the required scope of the EAP.
138.	What is the current rate (price) for the EAP	The County will not provide this information.

Row	Questions	Proposed Answers
	program?	
139.	Please provide a copy of The County's 2018 EAP utilization report and any current communication pieces outlining the services provided thru the current program.	See #124. There are currently no active electronic communications.
140.	Why is The County out to bid?	To seek proposals for the services set forth in the RFP. The current agreement is for one-year.
141.	Where is The County's satisfaction level with the incumbent provider?	n/a
142.	Has The County had any service issues? If so, please explain.	n/a

**Chicago Park District
Direct Pay and Cobra**

2019

MONTHLY COBRA RATES

	Single	EE + 1	Family
BCBS HMO	\$616.62	\$1,140.75	\$1,640.21
BCBS PPO	\$738.34	\$1,447.15	\$2,067.35
HSA (Hourly EE's)	\$265.20	\$520.20	\$744.60
Dental HMO	\$12.29	\$24.25	\$35.57
Dental PPO	\$31.40	\$59.34	\$93.51

MONTHLY DIRECT PAY RATES

	Single	EE + 1	Family
--	--------	--------	--------

BCBS HMO	\$604.53	\$1,118.38	\$1,608.05
BCBS PPO	\$723.86	\$1,418.77	\$2,026.81
HSA (Hourly EE's)	\$260.00	\$510.00	\$730.00
Dental HMO	\$12.05	\$23.77	\$34.87
Dental PPO	\$30.78	\$58.18	\$91.68



2019 Open Enrollment Summary of Benefits
Chicago Park District
Dental

Humana Dental

Chicago Park District

Two plan options:

- DHMO HS 205
- DPPO with ortho

Plan highlights

- No copayment or deductible for preventive care
- Know your costs up front
 - Check the benefit schedule for your out-of-pocket cost
 - Pay your copayment at time of service



Visit [HumanaDental.com](https://www.humana.com/dental)

Humana[®]

Oral Health Impacts your Overall Health

Dental care is an important part of maintaining good overall health. In fact, research shows that periodontal (gum) disease can be an indicator of other health problems such as heart disease, stroke, and diabetes. Your Humana Dental plan encourages preventive treatment, helping you achieve oral health.

Visit dentists you know and trust

You can see any in-network dentist or specialist at any time. It's easy to find a provider near your home or office who will deliver the quality service you expect. There's never a need for referrals.

Finding a dentist is easy. For the most current provider listing go to **HumanaDental.com**.



We're here to help!

FOR QUESTIONS CALL US AT:
1-800-233-4013



Manage your plan at MyHumana

If you are a **Humana Dental Member**, use **MyHumana** to manage your plan, understand your benefits, and take charge of your dental health.

As a Humana Dental Member, you can:

- Find network dentists
- Check claims history and status
- View coverage details
- Review plan benefit details
- Order a replacement identification card
- View estimates for services

Registration is simple

Have your Humana PPO Dental identification card ready and go to **Humana.com**. Click on “**Register**,” then follow the instructions.

We're here to help

CALL 1-800-233-4013 FOR CUSTOMER CARE.

Humana®

Humana.com



HumanaDental DHMO/Prepaid HS205 Plan

Feel good about choosing a HumanaDental plan

The HumanaDental HS Series dental plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with HumanaDental.

- No waiting periods
- No claims to file
- No annual maximums

Use your HumanaDental benefits

After you enroll in a plan and receive your ID card, you can manage your plan information on your personal home page on **HumanaDental.com**.

- You have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from our network, simply visit **HumanaDental.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-342-5209.
- Life without claim forms! With the HumanaDental DHMO/Prepaid plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and you will pay any copayment or discounted charges at the time of service.

Good health starts with a healthy mouth

Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. In fact, a healthy mouth can add 6.4 years to RealAge® life expectancy.¹ The HumanaDental DHMO/Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings



Questions?

Check out [HumanaDental.com](https://www.humana.com/humanadental)

Call 1-800-233-4013, Monday through Friday, 8 a.m. to 6 p.m.
(TDD: 1-800-325-2025).

For exclusions and limitations, please review the Specialty Benefits Regulatory and Technical Information Guide available at [Disclosure.Humana.com](https://www.humana.com/disclosure).

¹ Dr. Michael Roizen, RealAge.com

HumanaDental DHMO/Prepaid HS205 Plan

The HumanaDental DHMO/Prepaid plans focus on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. HS plans copayments for listed procedures are applicable at either a participating general dentist or a participating specialist dentist.

A primary care dentist (PCD) may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist.

Summary of services

Services marked with a single asterisk (*) below also require separate payment of laboratory charges, not to exceed \$200. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

Appointments	Member pays
D9310 Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$ 5.00
D9430 Office visit (normal hours)	no charge
D9440 Office visit (after regularly scheduled hours)	\$ 35.00
D9999 Emergency visit during regularly scheduled hours, by report	\$ 20.00
D9986 Missed appointment	\$ 10.00
D9987 Cancelled appointment.	\$ 10.00

Diagnostic	Member pays
D0120 Periodic oral examination (two per calendar year)	no charge
D0140 Limited/comprehensive/detailed and extensive oral eval	no charge
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver	no charge
D0150 Limited/comprehensive/detailed and extensive oral eval (two per calendar year)	no charge
D0160 Limited/comprehensive/detailed and extensive oral eval	no charge
D0170 Re-evaluation—problem focused (not post-operative visit)	no charge
D0180 Comprehensive periodontal evaluation (two per calendar year)	\$ 15.00
D0210 X-ray intraoral—complete series including bitewings (once per three calendar years)	no charge
D0220 X-ray intraoral—periapical, first radiographic image	no charge
D0230 X-ray intraoral—periapical, each additional radiographic image	no charge
D0240 X-rays intraoral—occlusal radiographic image	no charge
D0250 Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0270 X-ray bitewing—single radiographic image (two per calendar year)	no charge
D0272 X-ray bitewings—two radiographic images (two per calendar year)	no charge
D0273 X-ray bitewings—three radiographic images (two per calendar year)	no charge
D0274 Bitewings—four radiographic images (two per calendar year)	no charge

D0277 X-ray bitewings, vertical—seven to eight radiographic images (two per calendar year)	no charge
D0330 Panoramic radiographic image (once per three calendar years)	no charge
D0350 Oral/facial photography images	no charge
D0415 Collect microorganisms culture & sensitivity	no charge
D0425 Caries susceptibility tests	no charge
D0431 Oral cancer screening using a special light source.	\$ 50.00
D0460 Pulp vitality tests (not covered if a root canal is performed)	no charge
D0470 Diagnostic casts	no charge
D0472 Pathology report—gross examination of lesion.	no charge
D0473 Pathology report—microscopic examination of lesion	no charge
D0474 Pathology report—microscopic examination of lesion and area.	no charge

Preventive	Member pays
D1110 Prophylaxis—adult, routine (two per calendar year, by primary care dentist)	no charge
D1120 Prophylaxis—child, routine (two per calendar year)	no charge
D1206 Topical application of fluoride varnish (for child <16) (two per calendar year)	no charge
D1208 Topical application of fluoride – excluding varnish—child (up to 16 years of age) (two per calendar year)	no charge
D1310 Nutrition counseling for the control or avoidance of dental disease.	no charge
D1320 Tobacco counseling services for the control or prevention of oral disease	no charge
D1330 Oral hygiene instruction	no charge
D1351 Sealant—per tooth (permanent teeth only to age 16)	\$ 10.00
D1510* Space maintainer—fixed, unilateral (through age 14)	\$ 50.00
D1515* Space maintainer—fixed, bilateral (through age 14)	\$ 70.00
D1520* Space maintainer—removable, unilateral (through age 14)	\$ 85.00

D1525*	Space maintainer—removable, bilateral (through age 14)	\$ 90.00
D1550	Re-cement or re-bond space maintainer	\$ 10.00

Restorative **Member pays**

D2140	Amalgam—one surface, primary or permanent	\$ 5.00
D2150	Amalgam—two surfaces, primary or permanent	\$ 5.00
D2160	Amalgam—three surfaces, primary or permanent	\$ 5.00
D2161	Amalgam—four or more surfaces, primary or permanent	\$ 5.00
D2940	Sedative filling	\$ 10.00

Resin restorative
(inlays and onlays limited to one per tooth every five years)

Member pays

D2330	Resin based composite—one surface, anterior	\$ 30.00
D2331	Resin based composite—two surfaces, anterior	\$ 40.00
D2332	Resin based composite—three surfaces, anterior	\$ 45.00
D2335	Resin based composite—four or more surfaces or involving incisal angle (anterior)	\$ 65.00
D2390	Resin based composite crown, anterior	\$ 70.00
D2391	Resin based composite—one surface, posterior	\$ 45.00
D2392	Resin based composite—two surfaces, posterior	\$ 55.00
D2393	Resin based composite—three surfaces, posterior	\$ 80.00
D2394	Resin based composite—four or more surfaces, posterior	\$ 90.00
D2510*	Inlay—metallic, one surface	\$225.00
D2520*	Inlay—metallic, two surfaces	\$235.00
D2530*	Inlay—metallic, three or more surfaces	\$245.00
D2542*	Onlay—metallic, two surfaces	\$250.00
D2543*	Onlay—metallic, three surfaces	\$260.00
D2544*	Onlay—metallic, four or more surfaces	\$270.00
D2610*	Inlay—porcelain/ceramic, one surface	\$250.00
D2620*	Inlay—porcelain/ceramic, two surfaces	\$260.00
D2630*	Inlay—porcelain/ceramic, three or more surfaces	\$270.00
D2642*	Onlay—porcelain/ceramic, two surfaces	\$275.00
D2643*	Onlay—porcelain/ceramic, three surfaces	\$285.00
D2644*	Onlay—porcelain/ceramic, four or more surfaces	\$295.00
D2650*	Inlay—resin based composite, one surface	\$225.00
D2651*	Inlay—resin based composite, two surfaces	\$235.00
D2652*	Inlay—resin based composite, three or more surfaces	\$245.00
D2662*	Onlay—resin based composite, two surfaces	\$250.00
D2663*	Onlay—resin based composite, three surfaces	\$260.00
D2664*	Onlay—resin based composite, four or more surfaces	\$270.00

Crown and bridge

(limited to one per tooth every five years)

Member pays

D2710*	Crown—resin based composite, indirect	\$270.00
D2712*	Crown—3/4 resin based composite, indirect	\$270.00
D2720*	Crown—resin with high noble metal	\$270.00
D2721	Crown—resin with predominantly base metal	\$270.00
D2722*	Crown—resin with noble metal	\$270.00
D2740*	Crown—porcelain/ceramic substrate	\$270.00
D2750*	Crown—porcelain fused to high noble metal	\$270.00
D2751	Crown—porcelain fused to predominantly base metal	\$270.00
D2752*	Crown—porcelain fused to noble metal	\$270.00
D2780*	Crown—3/4 cast high noble metal	\$270.00
D2781	Crown—3/4 cast predominantly base metal	\$270.00
D2782*	Crown—3/4 cast noble metal	\$270.00
D2783*	Crown—3/4 porcelain/ceramic	\$270.00

D2790*	Crown—full cast high noble metal	\$270.00
D2791	Crown—full cast predominantly base metal	\$270.00
D2792*	Crown—full cast noble metal	\$270.00
D2794*	Crown—titanium	\$270.00
D2799	Provisional crown	no charge
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 15.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	no charge
D2920	Re-cement or re-bond crown	\$ 15.00
D2929	Crown—prefabricated porcelain/ceramic crown - primary tooth	\$ 75.00
D2930	Prefabricated stainless steel crown—primary tooth	\$ 75.00
D2931	Prefabricated stainless steel crown—permanent tooth	\$ 25.00
D2932	Prefabricated resin crown	\$ 50.00
D2933	Prefabricated stainless steel crown with resin window	\$ 50.00
D2934	Prefabricated esthetic coated stainless steel crown—primary tooth	\$ 50.00
D2950	Core buildup, including any pins	\$ 50.00
D2951	Pin retention—per tooth, in addition to restoration	\$ 15.00
D2952*	Cast post and core in addition to crown	\$ 95.00
D2953*	Each additional cast post—same tooth	\$100.00
D2954	Prefabricated post and core in addition to crown	\$ 85.00
D2955	Post removal	\$ 10.00
D2957	Each additional prefabricated post—same tooth, base metal post	\$ 35.00
D2960	Labial veneer (resin laminate)—chairside	\$250.00
D2961*	Labial veneer (resin laminate)—laboratory	\$300.00
D2962*	Labial veneer (porcelain laminate)—laboratory	\$350.00
D2971	Additional procedure—new crown existing partial denture	\$ 50.00
D2980	Crown repair	no charge
D2981	Inlay repair	no charge
D2982	Onlay repair	no charge
D2983	Veneer repair	no charge
D6940	Stress breaker	\$150.00
D6950	Precision attachment	\$195.00

Prosthodontics (fixed)

(replacement limited to every five years, adjustments once per year)

Member pays

D6210*	Pontic—cast high noble metal	\$270.00
D6211	Pontic—cast predominantly base metal	\$270.00
D6212*	Pontic—cast noble metal	\$270.00
D6240*	Pontic—porcelain fused to high noble metal	\$270.00
D6241	Pontic—porcelain fused to predominantly base metal	\$270.00
D6242*	Pontic—porcelain fused to noble metal	\$270.00
D6750*	Retainer crown—porcelain fused to high noble metal	\$270.00
D6751	Retainer crown—porcelain fused to predominantly base metal	\$270.00
D6752*	Retainer crown—porcelain fused to noble metal	\$270.00
D6790*	Retainer crown—full cast high noble metal	\$270.00
D6791	Retainer crown—full cast predominantly base metal	\$270.00
D6792*	Retainer crown—full cast noble metal	\$270.00
D6794*	Retainer crown—titanium	\$270.00
D6930	Re-cement or re-bond fixed partial denture (per unit)	\$ 15.00

Prosthodontics

(replacement limited to every five years)

Member pays

D5110*	Complete denture—maxillary	\$375.00
D5120*	Complete denture—mandibular	\$375.00
D5130*	Immediate denture—maxillary	\$375.00
D5140*	Immediate denture—mandibular	\$375.00
D5211*	Maxillary partial denture—resin base	\$400.00
D5212*	Mandibular partial denture—resin base	\$400.00
D5213*	Maxillary partial denture—cast metal framework, resin denture bases	\$425.00
D5214*	Mandibular partial denture—cast metal framework, resin denture bases	\$425.00
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$375.00
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$375.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375.00
D5225*	Maxillary partial denture—flexible (including clasps, rests and teeth)	\$425.00
D5226*	Mandibular partial denture—flexible (including clasps, rests and teeth)	\$425.00
D5281*	Removable partial denture—one piece cast metal	\$350.00
D5410	Adjust complete denture—maxillary	\$ 15.00
D5411	Adjust complete denture—mandibular	\$ 15.00
D5421	Adjust partial denture—maxillary	\$ 15.00
D5422	Adjust partial denture—mandibular	\$ 15.00
D5660*	Add clasp to existing partial denture—per tooth	\$ 90.00

Endodontics

(each procedure limited to once per tooth per life)

Member pays

D3110	Pulp cap—direct (excluding final restoration)	\$ 15.00
D3120	Pulp cap—indirect (excluding final restoration)	\$ 10.00
D3220	Therapeutic pulpotomy	\$ 40.00
D3221	Pulpal debridement, primary and permanent teeth	\$ 85.00
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)	\$ 45.00
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)	\$ 50.00
D3310	Root canal therapy—anterior (excluding final restoration)	\$110.00
D3320	Root canal therapy—bicuspid (excluding final restoration)	\$195.00
D3330	Root canal therapy—molar (excluding final restoration)	\$250.00
D3331	Treatment of root canal obstruction—non-surgical access	\$ 80.00
D3332	Incomplete endodontic therapy—inoperable or fractured tooth	\$ 80.00
D3333	Internal root repair of perforation defects	\$ 90.00
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$ 90.00

D3352	Apexification/recalcification—interim	\$ 80.00
D3353	Apexification/recalcification—final visit	\$ 90.00
D3410	Apicoectomy/periradicular surgery—anterior	\$135.00
D3421	Apicoectomy/periradicular surgery—bicuspid (first root)	\$120.00
D3425	Apicoectomy/periradicular surgery—molar (first root)	\$120.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$ 60.00
D3430	Retrograde filling—per root	\$ 40.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920)	\$ 95.00
D3910	Surgical procedure to isolate tooth with rubber dam	\$ 20.00
D3920	Hemisection not included in root canal therapy	\$ 90.00
D3950	Root canal prepare and fit preformed dowel/post	\$ 15.00

Periodontics (gum treatment)

Member pays

D4210	Gingivectomy/gingivoplasty—four or more teeth, per quadrant	\$120.00
D4211	Gingivectomy/gingivoplasty per tooth—one to three teeth, per quadrant	\$ 55.00
D4240	Gingival flap, including root planing—four or more teeth, per quadrant	\$150.00
D4241	Gingival flap, including root planing—one to three teeth, per quadrant	\$120.00
D4245	Apically positioned flap	\$175.00
D4249	Clinical crown lengthening—hard tissue	\$150.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$350.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$325.00
D4263	Bone replacement graft—first site in quadrant	\$180.00
D4264	Bone replacement graft—each additional site in quadrant bone	\$ 95.00
D4265	Biological materials which can aid soft and osseous tissue regeneration	\$ 95.00
D4266	Guided tissue regeneration—resorbable barrier, per site	\$230.00
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal)	\$275.00
D4270	Pedicle soft tissue graft procedure	\$260.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$350.00
D4274	Distal or proximal wedge procedure	\$ 90.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$380.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$265.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$199.00

D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ 350.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ 380.00
D4320	Provisional splinting—intracoronaral	\$ 95.00
D4321	Provisional splinting—extracoronaral	\$ 85.00
D4341	Periodontal scaling and root planing, per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342).	\$ 55.00
D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342).	\$ 50.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar years).	\$ 50.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy). . . .	\$ 60.00
D4910	Periodontal maintenance (covered only after active periodontal therapy)	\$ 45.00

Extractions/oral and maxillofacial surgery Member pays

D7111	Coronal remnants, deciduous tooth.	no charge
D7140	Extraction, erupted tooth or exposed tooth	no charge
D7210	Surgical removal of erupted tooth	\$ 40.00
D7220	Removal of impacted tooth—soft tissue	\$ 55.00
D7230	Removal of impacted tooth—partially bony. . . .	\$ 70.00
D7240	Removal of impacted tooth—completely bony. .	\$ 85.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report.	\$110.00
D7250	Surgical removal of residual tooth roots	\$ 40.00
D7260	Oroantral fistula closure	\$350.00
D7261	Primary closure of a sinus perforation	\$225.00
D7270	Tooth stabilization of accidentally avulsed or displaced tooth	\$ 55.00
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth)	\$100.00
D7282	Mobilization of erupted or malposed tooth to aid eruption	\$ 90.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth) .	\$350.00
D7286	Incisional biopsy of oral tissue-soft	\$120.00
D7287	Exfoliative cytological sample collection	\$ 50.00
D7288	Brush biopsy—transepithelial sample collection. .	\$ 55.00
D7310	Alveoplasty in conjunction with extractions—per quadrant	\$ 40.00
D7311	Alveoplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant .	\$ 15.00
D7320	Alveoplasty not in conjunction with extractions—per quadrant	\$ 75.00
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant.	\$ 30.00
D7450	Removal of benign odontogenic cyst or tumor— up to 1.25 cm.	\$160.00

D7451	Removal of benign odontogenic cyst or tumor— greater than 1.25 cm.	\$235.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$ 90.00
D7472	Removal of torus palatinus	\$ 65.00
D7473	Removal of torus mandibularis	\$ 65.00
D7485	Surgical reduction of osseous tuberosity	\$ 60.00
D7510	Incision and drainage of abscess— intraoral soft tissue	\$ 35.00
D7970	Excision hyperplastic tissue—per arch	\$ 85.00
D7971	Excision of pericoronaral gingival	\$ 55.00

Repairs to prosthetics Member pays

D5510*	Repair broken complete denture base	\$ 35.00
D5520*	Replace missing or broken teeth—complete denture (each tooth).	\$ 35.00
D5610*	Repair resin denture base	\$ 35.00
D5620*	Repair cast framework	\$ 35.00
D5630*	Repair or replace broken clasp—per tooth.	\$ 35.00
D5640*	Replace broken teeth—per tooth	\$ 35.00
D5650*	Add tooth to existing partial denture	\$ 35.00
D5670*	Replace all teeth and acrylic framework—maxillary	\$210.00
D5671*	Replace all teeth and acrylic framework—mandibular.	\$225.00
D5710*	Rebase complete maxillary denture	\$200.00
D5711*	Rebase complete mandibular denture	\$200.00
D5720*	Rebase maxillary partial denture	\$200.00
D5721*	Rebase mandibular partial denture	\$200.00
D5730	Reline complete maxillary denture (chairside). .	\$ 60.00
D5731	Reline complete mandibular denture (chairside) .	\$ 60.00
D5740	Reline maxillary partial denture (chairside). . . .	\$ 60.00
D5741	Reline mandibular partial denture (chairside) . .	\$ 60.00
D5750*	Reline complete maxillary denture (laboratory) .	\$ 95.00
D5751*	Reline complete mandibular denture (laboratory).	\$ 95.00
D5760*	Reline maxillary partial denture (laboratory) . . .	\$ 95.00
D5761*	Reline mandibular partial denture (laboratory) . .	\$ 95.00
D5810*	Interim complete denture (maxillary).	\$250.00
D5811*	Interim complete denture (mandibular)	\$250.00
D5820*	Interim partial denture (maxillary).	\$ 80.00
D5821*	Interim partial denture (mandibular)	\$ 80.00
D5850	Tissue conditioning, maxillary	\$ 30.00
D5851	Tissue conditioning, mandibular.	\$ 30.00
D6214*	Pontic titanium	\$270.00
D6245*	Pontic—porcelain/ceramic	\$270.00
D6250*	Pontic—resin with high noble metal	\$270.00
D6251	Pontic—resin with predominantly base metal . .	\$270.00
D6252*	Pontic—resin with noble metal	\$270.00
D6253*	Provisional pontic	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis	\$250.00
D6548*	Retainer—porcelain/ceramic, resin bonded fixed prosthesis	\$250.00
D6549	Resin retainer – for resin bonded fixed prosthesis	\$250.00
D6600*	Retainer inlay—porcelain/ceramic, two surfaces	\$270.00
D6601*	Retainer inlay—porcelain/ceramic, three or more surfaces	\$270.00
D6602*	Retainer inlay—cast high noble metal, two surfaces	\$270.00
D6603*	Retainer inlay—cast high noble metal, three or more surfaces	\$270.00
D6604	Retainer inlay—cast predominantly base metal, two surfaces.	\$270.00

Current Dental Terminology © 2016 American Dental Association. All rights reserved.

D6605 Retainer inlay—cast predominantly base metal, three or more surfaces	\$270.00
D6606* Retainer inlay—cast noble metal, two surfaces	\$270.00
D6607* Retainer inlay—cast noble metal, three or more surfaces	\$270.00
D6608* Retainer onlay—porcelain/ceramic, two surfaces	\$270.00
D6609* Retainer onlay—porcelain/ceramic, three or more surfaces	\$270.00
D6610* Retainer onlay—cast high noble metal, two surfaces	\$270.00
D6611* Retainer onlay—cast high noble metal, three or more surfaces	\$270.00
D6612 Retainer onlay—cast predominantly base metal, two surfaces	\$270.00
D6613 Retainer onlay—cast predominantly base metal, three or more surfaces	\$270.00
D6614* Retainer onlay—cast noble metal, two surfaces	\$270.00
D6615* Retainer onlay—cast noble metal, three or more surfaces	\$270.00
D6624* Retainer inlay titanium	\$270.00
D6634* Retainer onlay titanium	\$270.00
D6710* Retainer crown—indirect resin based composition	\$270.00
D6720* Retainer crown—resin with high noble metal	\$270.00
D6721 Retainer crown—resin with predominantly base metal	\$270.00
D6722* Retainer crown—resin with noble metal	\$270.00
D6740* Retainer crown—porcelain/ceramic	\$280.00
D6780* Retainer crown—3/4 cast high noble metal	\$270.00
D6781 Retainer crown—3/4 cast predominantly base metal	\$270.00
D6782* Retainer crown—3/4 cast noble metal	\$270.00
D6783* Retainer crown—3/4 porcelain/ceramic, denture	\$270.00

Adjunctive general service	Member pays
D9215 Local anesthesia	no charge
D9223 Deep sedation/general anesthesia – each 15 minute increment	\$165.00
D9230 Analgesia (nitrous oxide), per 15 minutes	\$ 15.00
D9243 Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$ 70.00
D9450 Case presentation, detailed and extensive treatment planning	no charge
D9951 Occlusal adjustment—limited	\$ 35.00
D9952 Occlusal adjustment—complete	\$165.00

Bleaching	Member pays
D9972 External Bleaching in office—per arch	\$175.00
D9975 External bleaching at home—per arch	\$175.00

Orthodontics	Member pays
D8070 or D8080—children up to 19 years of age, up to 24 months of routine orthodontic treatment for Class I and Class II cases.	
Consultation	no charge
Evaluation	\$ 45.00
Records/treatment planning	\$ 250.00
Orthodontic treatment	\$ 1,900.00
D8090—adult 19 years of age and over, up to 24 months of routine orthodontic treatment for Class I and Class II cases.	
Consultation	no charge
Evaluation	\$ 45.00
Records/treatment planning	\$ 250.00
Orthodontic treatment	\$ 1,900.00
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$455.00

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits. If you do not have a certificate of benefits, please review the Specialty Benefits Regulatory and Technical Information Guide available at Disclosure.Humana.com.

Current Dental Terminology © 2016 American Dental Association. All rights reserved.

Insured or administered by Humana Insurance Company, HumanaDental Insurance Company, CompBenefits Insurance Company, CompBenefits Dental, Inc. or The Dental Concern, Inc.



DPPO Plan (with ortho)

Chicago Park District Summary of Benefits

Partial Listing of Covered Services	In-Network Reimbursements	Out-of-Network Reimbursements
Type I Diagnostic & Preventive Oral Examination (once per six months) Prophylaxis (cleaning, once per six months) Topical Fluoride (children under 16, once per 12 months) X-Rays (limitations may apply) Sealants (once per 3 years for children under age 16, for non carious molars only) Space Maintainers (for children under age 16)	100%	80%*
Type II Basic Services Simple Restorative (amalgam, synthetic, or composite fillings) Emergency Palliative Treatment Tooth Extraction Endodontics (root canals) Periodontics (includes treatment of diseases of the gums)	80%	60%*
Type III Major Services (0 month waiting period**) Major Restorative (crowns/inlays/onlays) Bridge, Denture Repair Prosthetics (bridges and dentures)	60%	40%*
Type IV Orthodontics (Optional) (0 month waiting period**) Dependent children 18 years of age or younger	50%	50%*
Maximum Benefits		Insured Individual and Dependents Lifetime
Lifetime		
Type I, II, III	Unlimited	Unlimited
Type IV	\$1,000	\$1,000
Calendar Year		
Type I, II, III	\$1,500	\$1,500
Type IV	\$1,000	\$1,000
Deductible***		
Type I	None	None
Type II, III, IV	\$50	\$50

*Out-of-Network coverage based on usual, customary and reasonable fees.

***Maximum of 3 per family.

QUICK CLAIMS TURNAROUND

Humana's state of the art claims center provides fast reimbursement of your claims.

ACCESS TO INFORMATION

Our toll-free customer service number at 1-800-342-5209 has Customer Care Representatives who can provide the answers you need quickly and thoroughly.

TOTAL FREEDOM OF CHOICE

The plan provides you with total freedom of choice by allowing you to use any licensed dentist for treatment. The plan reimburses a percentage of eligible expenses based on the provider you have chosen.

This brochure contains a brief description of the plan. A complete description of the coverage, including limitations on certain procedures, is found in the Schedule of Benefits and Certificate of Group Dental Insurance.

Major Restorative Limitations

The charges for Major Restorative services will be Covered Dental Expenses subject to the following:

1. the denture or partial denture must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
 2. the fixed bridge (including a resin bonded fixed bridge) must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
 3. the replacement of a partial denture, full denture, or fixed partial denture (including a resin bonded bridge), or the addition of teeth to a partial denture if: (a) replacement occurs at least five years after the initial date of insertion of the current full or partial denture or resin bonded bridge; (b) replacement occurs at least five years after the initial date of insertion of an existing implant or fixed bridge; (c) replacement prosthesis or the addition of a tooth to a partial denture is required by the necessary extraction of a Functioning Natural Tooth while insured for Dental Benefits under this policy; or (d) replacement is made necessary by a Covered Dental Injury to a partial denture, full denture, or fixed partial denture (including a resin bonded bridge) provided the replacement is completed within 12 months of the injury;
 4. the replacement of crowns, cast restorations, inlays, onlays or other laboratory prepared restorations if: (a) replacement occurs at least five years after the initial date of insertion; and (b) they are not serviceable and cannot be restored to function;
 5. the replacement of an existing partial denture with fixed bridgework, only if upgrading to fixed bridgework is essential to the correction of the person's dental condition; and
 6. the replacement of teeth up to the normal complement of 32.
6. pulp caps, adult fluoride treatments, athletic mouthguards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by third party; personal supplies (e.g. water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;
 7. charges for travel time; transportation costs; or professional advice given on the phone;
 8. procedures performed by a Dentist who is a member of Your immediate family;
 9. any charges, including ancillary charges, made by a hospital, ambulatory surgical center, or similar facility;
 10. charges for treatment rendered: (a) in a clinic, dental or medical facility sponsored or maintained by the employer of any member of Your family; or (b) by an employee of the employer of any member of Your family;
 11. any procedure, service or supply required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joints or their associated structures;
 12. charges for treatment performed outside of the United States other than for emergency treatment. Benefits for emergency treatment which are performed outside of the United States are limited to a maximum of \$100 (US dollars) per year;
 13. the care or treatment of an injury or sickness due to war or an act of war, declared or undeclared;
 14. treatment for cosmetic purposes. Facings on crowns or bridge units on molar teeth will always be considered cosmetic;
 15. any services or supplies which do not meet the standards set by the American Dental Association or which are not reasonably necessary, or customarily used, for dental care;
 16. procedures that are a covered expense under any other medical plan (established by the employer) which provides group hospital, surgical, or medical benefits whether or not on an insured basis;
 17. a sickness for which the patient can receive benefits under a workers' compensation act or similar law;
 18. an injury that arises out of or in the course of a job or employment for pay or profit;
 19. charges to the extent that they are more than the Prevailing Fee. If the amount of the Prevailing Fee for a service cannot be determined due to the unusual nature of the service, Humana Dental will determine the amount. Humana Dental will take into account: (a)

EXCLUSIONS

Benefits will not be paid for:

1. procedures which are not included in the Schedule of Benefits; which are not medically necessary; which do not have uniform professional endorsement; are experimental or investigational in nature; for which the patient has no legal obligation to pay; or for which a charge would not have been made in the absence of insurance;
2. any procedure, service, or supply which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least three years, as determined by Humana Dental;
3. crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling;
4. appliances, inlays, cast restorations or other laboratory prepared restorations used primarily for the purpose of splinting;
5. any procedure, service, supply or appliance, the sole

the complexity involved; (b) the degree of professional skill required; and (c) other pertinent factors; or

20. orthodontic plan benefits for persons 19 years of age or older.

PREDETERMINATION

If Covered Dental Expenses for a procedure are expected to be more than \$200 it is recommended that you send a Dental Treatment Plan in prior to beginning treatment, send preauthorization to Humana Dental, P.O. Box 8236 Chicago, IL 60680-8236. You and/or your dentist will be notified of the benefits payable based upon the Dental Treatment Plan.

This brochure contains a brief description of the plan. A complete description of the coverage, including limitations on certain procedures is found in the Schedule of Benefits and Certificate of Group Dental Insurance.

Humana[®]

ILHHQMREN

[Humana.com](https://www.humana.com)



Chicago Park District - Benefits Enrollment Form

NEW ENROLLMENTS ONLY

Please complete the following information:

Social Security No.	Last Name	First	Middle	Date of Birth	
Home Address			Home Phone	Gender	
City	State	Zip Code	Business Phone	Date of Hire	Facility Number

List all your eligible dependents that are to be covered

First	MI	Last	Facility Number	Sex	Birth Date
Spouse:				M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:				M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:				M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:				M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:				M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:				M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:				M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Effective Date	Plan Code	Group Number	Your E-mail Address	Agent Code	

Please check your choice

DHMO/ Prepaid HS205
 DPPO w/ ortho
 Status

Employee Only	<input type="checkbox"/>	<input type="checkbox"/>	Active (Div01)	(location #1)
Employee + One	<input type="checkbox"/>	<input type="checkbox"/>	Retiree (Div02)	(location #2)
Employee + Family	<input type="checkbox"/>	<input type="checkbox"/>	COBRA (Div03)	(location #3)

I wish to enroll in the plan indicated above as offered through my employer. I understand that this is a minimum one (1) year contract. I hereby authorize my employer to deduct all applicable contribution amounts from my salary or other compensation for the plan year, and for future renewal period(s). I understand that such contribution rate is subject to change on the anniversary date of the plan. I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

Signature: X _____ Date: _____



Humana Employee Change Form -- ADDS AND CHANGES ONLY

Please print clearly and fill in each applicable circle.

~~Current Medical Group number~~ ~~Benefit number~~ ~~Class/Division~~
~~Current Dental Group number~~ ~~Proposed Effective Date for change: ___ / ___ / _____~~
~~Company name~~ ~~Company city~~ ~~State~~

Employee Information and Changes

Please provide employee information and indicate all applicable employee changes.

~~Last name~~ ~~First name~~ ~~MI~~ ~~Social Security number~~

~~Change Medical benefit/class to: Benefit number: _____ Class/Division: _____~~

~~Change or Select Employee Primary Care Physician (HMO and POS only):~~

~~Primary care physician: _____ Physician ID: _____~~

~~Change Dental benefit/class to: Benefit number: _____ Class/Division: _____~~

~~Change or Select Employee Primary Care Dentist (applicable to AL, AZ, CA, FL, GA, IL, IN, KS, KY, MO, NC, OH, TN, TX and WV only):~~

~~Primary dentist: _____ Facility number: _____~~

~~Change Basic Life benefit/class to: Benefit number: _____ Class/Division: _____~~

~~Change Basic Life Beneficiary: Group number: _____~~

~~Primary beneficiary name: Last name _____ First name _____ MI _____~~

~~Secondary beneficiary name: Last name _____ First name _____ MI _____~~

~~Change Voluntary Life Beneficiary: Group number: _____~~

~~Primary beneficiary name: Last name _____ First name _____ MI _____~~

~~Secondary beneficiary name: Last name _____ First name _____ MI _____~~

~~Change Vision benefit/class to: Benefit number: _____ Class/Division: _____~~

~~Cancel My Coverage for the following products: Medical Dental Basic Life Voluntary Life Short-term Income Protection
 Vision Health Savings Account (HSA) Health Care FSA Dependent Care FSA~~

Qualifying Event Information

Please indicate the qualifying event date and reason for employee or dependent changes below.

~~Qualifying event date: ___ / ___ / _____~~

~~Reason for change:~~

- ~~Re-hire Marriage Spouse terminates employment
 Employer contribution ceases Legal separation Spouse's employer terminates coverage
 Dependent birth / adoption Divorce Spouse changes from full-time to part-time employment
 Dependent change to full-time student Spouse deceased Other: _____~~

Change Address Information

~~Address change applies to:~~

~~Employee only Employee and all covered dependents~~

~~Only for the following dependent (please print full name): Last name _____ First name _____ MI _____~~

~~New street address _____ Apt / Suite / PO Box number _____~~

~~City _____ State _____ Zip code _____ County _____~~

~~Email address _____ Phone number _____~~

Group Number

Social Security Number

Dependent Changes

Please complete this section for all dependent changes.

1 Last name _____ First name _____ MI _____ Date of birth __/__/____

Social Security number _____ Gender: Female Male Relationship: Spouse Child Other: _____

Dependent status (if applicable): Full-time student Disabled If disabled, indicate reason: _____

Add or **Delete** dependent to/from my current plan for the following products: Medical Dental Basic Life
 Voluntary Life Vision

Change or Select Primary Care Physician (HMO and POS only):
 Primary care physician: _____ Physician ID: _____

Change or Select DHMO (applicable to AL, AZ, CA, FL, GA, IL, IN, KS, KY, MO, NC, OH, TN, TX and WV only):
 Primary dentist: _____ Facility number: _____

2 Last name _____ First name _____ MI _____ Date of birth __/__/____

Social Security number _____ Gender: Female Male Relationship: Spouse Child Other: _____

Dependent status (if applicable): Full-time student Disabled If disabled, indicate reason: _____

Add or **Delete** dependent to/from my current plan for the following products: Medical Dental Basic Life
 Voluntary Life Vision

Change or Select Primary Care Physician (HMO and POS only):
 Primary care physician: _____ Physician ID: _____

Change or Select DHMO (applicable to AL, AZ, CA, FL, GA, IL, IN, KS, KY, MO, NC, OH, TN, TX and WV only):
 Primary dentist: _____ Facility number: _____

3 Last name _____ First name _____ MI _____ Date of birth __/__/____

Social Security number _____ Gender: Female Male Relationship: Spouse Child Other: _____

Dependent status (if applicable): Full-time student Disabled If disabled, indicate reason: _____

Add or **Delete** dependent to/from my current plan for the following products: Medical Dental Basic Life
 Voluntary Life Vision

Change or Select Primary Care Physician (HMO and POS only):
 Primary care physician: _____ Physician ID: _____

Change or Select DHMO (applicable to AL, AZ, CA, FL, GA, IL, IN, KS, KY, MO, NC, OH, TN, TX and WV only):
 Primary dentist: _____ Facility number: _____

4 Last name _____ First name _____ MI _____ Date of birth __/__/____

Social Security number _____ Gender: Female Male Relationship: Spouse Child Other: _____

Dependent status (if applicable): Full-time student Disabled If disabled, indicate reason: _____

Add or **Delete** dependent to/from my current plan for the following products: Medical Dental Basic Life
 Voluntary Life Vision

Change or Select Primary Care Physician (HMO and POS only):
 Primary care physician: _____ Physician ID: _____

Change or Select DHMO (applicable to AL, AZ, CA, FL, GA, IL, IN, KS, KY, MO, NC, OH, TN, TX and WV only):
 Primary dentist: _____ Facility number: _____

Signature - please sign below if requesting changes

Employee or legal representative signature: _____ Date: _____

Name and relationship of legal representative: _____

COOK COUNTY

Monthly Insurance Rates

Rates Effective: 12/1/17 - 11/30/18

		Monthly Premium	Monthly COBRA
H4	BlueAdvantage		
	Employee/Individual	\$ 785.63	\$ 801.34
	Employee + 1 Dep	\$ 1,246.34	\$ 1,271.27
	Family	\$ 1,628.21	\$ 1,660.77
P2	BlueCross BlueShield PPO		
	Employee/Individual	\$ 954.27	\$ 973.36
	Employee + 1 Dep	\$ 1,578.56	\$ 1,610.13
	Family	\$ 2,096.01	\$ 2,137.93
	Davis Vision		
	Employee/Individual	\$ 5.66	\$ 5.77
	Employee + 1 Dep	\$ 10.47	\$ 10.68
	Family	\$ 14.66	\$ 14.95
	Guardian/First Commonwealth Dental HMO		
	Employee/Individual	\$ 10.67	\$ 10.88
	Employee + 1 Dep	\$ 19.89	\$ 20.29
	Family	\$ 27.82	\$ 28.38
	Guardian/First Commonwealth Dental PPO		
	Employee/Individual	\$ 28.84	\$ 29.42
	Employee + 1 Dep	\$ 53.35	\$ 54.42
	Family	\$ 74.70	\$ 76.19

City of Chicago

Data Protection Requirements for Contractors, Vendors and Third-Parties

Current as of August 2019

"Breach" means the acquisition, access, use, or disclosure of Protected Information that compromises the security or privacy of the Protected Information.

"Contractor" means an entity that receives or encounters Protected Information. Contractor includes, without limitation, entities that store Protected Information, or host applications that process Protected Information. The provisions of this Data Policy includes not only the entity that is a signatory to this Policy but all subcontractors, of whatever tier, of that entity; the signatory must inform and obtain the agreement of such subcontractors to the terms of this Data Policy.

"Protected Information" means all data provided by City to Contractor or encountered by Contractor in the performance of the services to the City, including, without limitation, all data sent to Contractor by City and/or stored by Contractor on its servers. Protected Information includes, but is not limited to, employment records, medical and health records, personal financial records (or other personally identifiable information), research data, and classified government information. To the extent there is any uncertainty as to whether any data constitutes Protected Information, the data in question shall be treated as Protected Information.

1. Information Security. Contractor agrees to the following:

- 1.1. General. Notwithstanding any other obligation of Contractor under this policy, Contractor agrees that it will not lose, alter, or delete, either intentionally or unintentionally, any Protected Information, and that it is responsible for the safe-keeping of all such information, except to the extent that the City directs the Contractor in writing to do so.
- 1.2. Access to Data. In addition to the records to be stored / maintained by Contractor, all records that are possessed by Contractor in its service to the City of Chicago to perform a governmental function are public records of the City of Chicago pursuant to the Illinois Freedom of Information Act (FOIA), unless the records are exempt under the Act. FOIA requires that the City produce records in a very short period of time. If the Contractor receives a request from the City to produce records, the Contractor shall do so within 72 hours of the notice.
- 1.3. Minimum Standard for Data at Rest and Data in Motion. Contractor must, at a minimum, comply, in its treatment of Protected Information, with National Institute of Standards and Technology (NIST) Special Publication 800-53 Moderate Level Control. Notwithstanding this requirement, Contractor acknowledges that it must fully comply with each additional obligation contained in this policy. If data is protected health information or electronic protected health information, as defined in the Health Insurance Portability and Accountability Act and Health Information Technology for Economic and Clinical Health Act (HIPAA/HITECH) and regulations implementing these Acts (see 45 CFR Parts 160 and 164), it must be secured in accordance with "Guidance Specifying the Technologies and Methodologies that Render Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals," available on the United States Department of Health and Human Services (HHS) website <http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/index.html>, or at Volume 74 of the Federal Register, beginning at page 42742. That guidance from the HHS states that valid encryption processes for protected health information data at rest (e.g., protected health information resting on a server), must be consistent with the NIST Special Publication 800-111, Guide for Storage Encryption Technologies for End User Devices. Valid encryption processes for protected health information data in motion (e.g., transmitted through a network) are those which comply with NIST Special Publications 800-52, Guidelines for the Selection and Use of Transport Layer Security Implementation; 800-77, Guide to IPsec VPNs; or 800-113, Guide to SSL VPNs, or others which are Federal Information Processing Standards (FIPS) 140-2 validated.

- 1.4. Where Data is to be Stored. All data must be stored only on computer systems located in the continental United States.
- 1.5. Requirement to Maintain Security Program. Contractor acknowledges that the City has implemented an information security program to protect the City's information assets, which Program is available on the City website at http://www.cityofchicago.org/city/en/depts/doi/supp_info/is-and-it-policies.html ("City Program"). Contractor shall be responsible for establishing and maintaining an information security program that is designed to: (i) ensure the security and confidentiality of Protected Information; (ii) protect against any anticipated threats or hazards to the security or integrity of Protected Information; (iii) protect against unauthorized access to or use of Protected Information; (iv) ensure the proper disposal of Protected Information; and, (v) ensure that all subcontractors of Contractor, if any, comply with all of the foregoing.
- 1.6. Undertaking by Contractor. Without limiting Contractor's obligation of confidentiality as further described herein, in no case shall the safeguards of Contractor's information security program be less stringent than the information security safeguards used by the City Program.
- 1.7. Right of Audit by the City of Chicago. The City of Chicago shall have the right to review Contractor's information security program prior to the commencement of Services and from time to time during the term of this Agreement. During the performance of the Services, from time to time and without notice, the City of Chicago, at its own expense, shall be entitled to perform, or to have performed, an on-site audit of Contractor's information security program. In lieu of an on-site audit, upon request by the City of Chicago, Contractor agrees to complete, within forty-five (45 days) of receipt, an audit questionnaire provided by the City of Chicago or the City of Chicago's designee regarding Contractor's information security program.
- 1.8. Audit by Contractor. No less than annually, Contractor shall conduct an independent third-party audit of its information security program and provide such audit findings to the City of Chicago, all at the Contractor's sole expense.
- 1.9. Audit Findings. Contractor shall implement at its sole expense any remedial actions as identified by the City as a result of the audit.
- 1.10. Demonstrate Compliance - PCI. No less than annually, as defined by the City of Chicago and where applicable, the Contractor agrees to demonstrate compliance with PCI DSS (Payment Card Industry Data Security Standard). Upon City's request, Contractor must be prepared to demonstrate compliance of any system or component used to process, store, or transmit cardholder data that is operated by the Contractor as part of its service. Similarly, upon City's request, Contractor must demonstrate the compliance of any third party it has sub-contracted as part of the service offering. As evidence of compliance, the Contractor shall provide upon request a current attestation of compliance signed by a PCI QSA (Qualified Security Assessor).
- 1.11. Demonstrate Compliance – HIPAA / HITECH. If the Protected Information includes protected health information or electronic protected health information covered under HIPAA/HITECH, Contractor must execute, and be governed by, the provisions in its contract with the City regarding HIPAA/HITECH, the regulations implementing those Acts, and the Business Associate Agreement in its contract with the City. As specified in 1.3, protected health information must be secured in accordance with the "Guidance Specifying the Technologies and Methodologies that Render Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals."
- 1.12. Data Confidentiality. Contractor shall implement appropriate measures designed to ensure the confidentiality and security of Protected Information, protect against any anticipated hazards or threats to the integrity or security of such information, protect against unauthorized access or disclosure of information, and prevent any other action that could result in substantial harm to the City of Chicago or an individual identified with the data or information in Contractor's custody.
- 1.13. Compliance with All Laws and Regulations. Contractor agrees that it will comply with all laws and regulations.

- 1.14. Limitation of Access. Contractor will not knowingly permit any Contractor personnel to have access to any City of Chicago facility or any records or data of the City of Chicago if the person has been convicted of a crime in connection with (i) a dishonest act, breach of trust, or money laundering, or (ii) a felony. Contractor must, to the extent permitted by law, conduct a check of public records in all of the employee's states of residence and employment for at least the last five years in order to verify the above. Contractor shall assure that all contracts with subcontractors impose these obligations on the subcontractors and shall monitor the subcontractors' compliance with such obligations.
- 1.15. Data Re-Use. Contractor agrees that any and all data exchanged shall be used expressly and solely for the purposes enumerated in the Agreement. Data shall not be distributed, repurposed or shared across other applications, environments, or business units of Contractor. As required by Federal law, Contractor further agrees that no City of Chicago data of any kind shall be revealed, transmitted, exchanged or otherwise passed to other Contractors or interested parties except on a case-by-case basis as specifically agreed to in writing by an officer of the City of Chicago with designated data, security, or signature authority.
- 1.16. Safekeeping and Security. Contractor will be responsible for safekeeping all keys, access codes, passwords, combinations, access cards, personal identification numbers and similar security codes and identifiers issued to Contractor's employees, agents or subcontractors. Contractor agrees to require its employees to promptly report a lost or stolen access device or information to their primary business contact and to the City of Chicago Information Security Office.
- 1.17. Mandatory Disclosure of Protected Information. If Contractor is compelled by law or regulation to disclose any Protected Information, the Contractor will provide to the City of Chicago with prompt written notice so that the City of Chicago may seek an appropriate protective order or other remedy. If a remedy acceptable to the City of Chicago is not obtained by the date that the Contractor must comply with the request, the Contractor will furnish only that portion of the Protected Information that it is legally required to furnish, and the Contractor shall require any recipient of the Protected Information to exercise commercially reasonable efforts to keep the Protected Information confidential.
- 1.18. Data Breach. Contractor agrees to comply with all laws and regulations relating to data breach, including without limitation, the Illinois Personal Information Protection Act and other applicable Illinois breach disclosure laws and regulations. Data breaches of protected health information and electronic protected health information shall be governed by the provisions regarding HIPAA/HITECH, and the regulations implementing those Acts, in the Contractor's contract with the City, specifically the Business Associate Agreement in such contract. Contractor will immediately notify the City if security of any Protected Information has been breached, and will provide information as to that breach in such detail as requested by the City. Contractor will, if requested by the City, notify any affected individuals of such breach at the sole cost of the Contractor.
- 1.19. Data Sanitization and Safe Disposal. All physical and electronic records must be retained per federal, state and local laws and regulations, including the Local Records Act. Where disposal is approved, the Contractor agrees that prior to disposal or reuse of all magnetic media (e.g. hard disk, floppy disk, removable media, etc.) which may have contained City of Chicago data shall be submitted to a data sanitization process which meets or exceeds DoD 5220.28-M 3-pass specifications. Certification of the completion of data sanitization shall be provided to the City of Chicago within 10 days of completion. Acceptance of Certification of Data Sanitization by the Information Security Office of the City of Chicago is required prior to media reuse or disposal. All other materials which contain City of Chicago data shall be physically destroyed and shredded in accordance to NIST Special Publication 800-88, Guidelines for Media Sanitization, specifications.
- 1.20. End of Agreement Data Handling. The Contractor agrees that upon termination of this Agreement it shall return all data to the City of Chicago in a useable electronic form, and erase, destroy, and render unreadable all data in its entirety in accordance to the prior stated Data Sanitization and Safe Disposal provisions. Data must be rendered in a manner that prevents its physical reconstruction through the use of commonly available file restoration utilities. Certification in writing that these actions have been completed must be provided within 30 days of the termination of this Agreement or within 7 days of a request of an agent of the City of Chicago, whichever shall come first.