



HEALTHCARE AND OTHER BENEFITS  
**OPEN ENROLLMENT  
GUIDE**  
**2019**



CITY OF CHICAGO

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

# TABLE OF CONTENTS

Welcome to Annual Open Enrollment 2019 .....	1
Check Your Benefit Coverage Sheet.....	2
Instructions on How to Access <a href="http://www.cityofchicagobenefits">www.cityofchicagobenefits</a> Portal .....	3
Adding a Dependent .....	4,5
Enroll or Re-Enroll in a Flexible Spending Account (FSA).....	6
Special Reminders .....	7
Health Care Contributions.....	8
PPO Money Savings .....	9
Medical PPO (Blue Choice Options).....	10
PPO Pre-certification by Telligen.....	11
PPO Prescription Drug Program .....	12
HMO (Blue Advantage HMO) Benefits Summary.....	13
HMO Emergency Care .....	14
HMO Prescription Drugs.....	15
Dental PPO and Dental HMO Program.....	16
Vision Program.....	17
Life Insurance, Long Term Disability, Deferred Compensation and Voluntary Supplemental Insurance.....	18,19
Reminder About Fraud .....	20
Benefit Fair Dates and Locations .....	21
Contact List for Benefit Service Providers .....	22
Legal Notices .....	23

# WELCOME TO ANNUAL OPEN ENROLLMENT

**October 17, 2018 through October 31, 2018**  
**Open Enrollment Changes are Effective January 1, 2019**

Open enrollment is the time of year when you can:

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

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

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

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

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

Special hours during open enrollment: Monday through Friday 8:00 a.m. until 6:00 p.m.  
Special hours Saturday, October 27, 2018 8:00 a.m. until 6:00 p.m.

**Enrollment in the Flexible Spending Account (FSA) does not carry over from year to year. You must re-enroll in an FSA if you want this benefit for 2019.**

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

## What Is New in 2019

**ConnectYourCare** is the City's new vendor for healthcare Flexible Spending Account and transit benefits.

Improvements include:

- One vendor replaces the two existing vendors - one stop shopping!
- You will have the option of a debit card for healthcare flexible spending account.

In the near future you will receive communications regarding the change to ConnectYourCare.

**CVS Caremark** is our new vendor for pharmacy benefits in the BCBS HMO, replacing Prime Therapeutics for the HMO. In the near future you will receive communications regarding the change with instructions that you or your doctor will need to follow to ensure no interruption in your prescriptions.

CVS Caremark continues to provide pharmacy benefits to PPO enrollees.

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Plan B effective 1/1/2019. This is a summary of benefits offered to City of Chicago Sworn Police Officers below the rank of Sergeant represented by the Fraternal Order of Police. The Plan Document and subsequent updates always supersedes this summary.

# CHECK YOUR BENEFIT COVERAGE SHEET

Your personalized Benefits Coverage Sheet is included with this Guide. The medical, dental and vision enrollment listed on this Coverage Sheet will remain the same for 2019 unless you make changes during the open enrollment period which runs October 17, 2018 through October 31, 2018. You must re-enroll in the healthcare Flexible Spending Account to participate in 2019.

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

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

- Name and birthdate.
- Social Security number if marked as "N". If any Social Security number is marked "N", you must bring the original Social Security Card to the Chicago Benefits Office to update your dependent's record.

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

## IF YOUR HOME ADDRESS CHANGES

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

## ENROLLMENT CHANGES DURING THE YEAR

Benefit enrollment changes are allowed throughout the year only if you have a life change event such as marriage, divorce, birth or adoption of a child or loss of coverage through your spouse. Call the Benefits Service Center within 30 days of the life change event. If you try to make these changes as an open enrollment change, the coverage will not go into effect until January 1, 2019. You must provide documents to prove the life change event within 60 days of the event. Call the Benefits Service Center for more information.

Please note: Life change events are effective on the event date but open enrollment changes are effective January 1, 2019. When you call to make a life change event during the open enrollment period, you need to make sure that you explain that you are calling about a life change event and ask for the benefits to be effective on the event date.

# INSTRUCTIONS ON HOW TO ACCESS www.cityofchicagobenefits PORTAL

## Step 1: Employee ID Number

In order to create an online account, you will need your eight digit employee ID number.

Where to find your employee ID number?

Look on the upper left of your paystub where it says PAYEE/EMPLOYEE NUMBER. That's it.

This is not your Kronos number, the number you use for City computer access, or your payroll number.

## Step 2: Add Zeroes

For online open enrollment, your employee ID number needs to be eight digits long. Simply add zeroes at the front to make it eight numbers. Examples: 5432 becomes 00005432 and 1234567 becomes 01234567.

Please keep this number for future use.

## Step 3: Create Online Account

If you plan to enroll online, go to: [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org) to create your open enrollment username and password to make sure you can get into the system. If you already have an online account, you can test it to ensure it works.

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

## Step 4: Enrollment

- Select benefits to enroll
- Choose coverage: Single, Employee + One, Family
- Enroll or re-enroll in the healthcare Flexible Spending Account (FSA) for 2019

Once you have made your enrollment selections ensure you click "submit" on the final screen.

## Step 5: Write it Down

Keep your username and password; you need them to use the online open enrollment system.

## ADDING A DEPENDENT DURING OPEN ENROLLMENT?

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

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

Submit your dependents documents as soon as possible. Your dependents will not have medical, vision or dental coverage, effective January 1, 2019 if you fail to submit the required documentation by December 6, 2018.

**If you are adding dependents, you must provide the required documents for coverage to begin.**

**Deadline:** If you submit your documents by close of business **Thursday, December 6, 2018** coverage will be reflected on January 1, 2019. For example, if your dependents seek medical care on January 1, 2019, your healthcare service provider will be able to verify coverage online. Please submit your documents to the Chicago Benefits Office by this deadline to properly reflect coverage by the January 1st effective date. **We encourage you to submit your documents right away to avoid the last minute rush.**

**Grace Period.** If you fail to submit your documents by **Thursday, December 6, 2018**, you may submit documents through Thursday, January 31, 2019. Your failure to timely submit documents may result in delayed coverage.

**If you fail to submit documentation by the end of the grace period on January 31, 2019, you will be required to wait until the next open enrollment period to enroll your dependents.**

Bring certified documents and your dependent's social security card to:

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

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

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

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

It should be noted that:

- If healthcare services were received by your dependents during the grace period, and your medical provider submitted claims that were not paid because the required documents deadline of **December 6, 2018** was missed, those claims will be reprocessed retroactive to January 1, 2019 if the required enrollment documents are received by the Chicago Benefits Office by close of business January 31, 2019.
- Your medical provider may need to resubmit claims.
- Alternatively, if you paid out of pocket for healthcare services during the grace period, you may need to submit paper claims.

To avoid inconvenience, and to ensure your dependent's new coverage is reflected at the time of service, submit your documents to the Chicago Benefits Office by **Thursday, December 6, 2018**.

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

## **DO NOT WAIT UNTIL THE LAST MINUTE**

## **ENROLL OR RE-ENROLL IN A FLEXIBLE SPENDING ACCOUNT (FSA)**

Flexible Spending Accounts (FSA) may save you money by reducing your income taxes. An FSA allows you to have money deducted from your paycheck before your federal and Social Security taxes are calculated. Your FSA contributions are automatically tracked in a special FSA account administered by ConnectYourCare. You can choose to have FSA reimbursement checks mailed to you or deposited directly into your bank account. You will have the option for a debit card for healthcare flexible spending account.

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

### **HEALTHCARE FSA**

A healthcare FSA allows you to set aside pre-tax dollars for qualified health expenses that are not covered by medical, dental or vision insurance. Qualified expenses include deductibles, co-pays for medical care and prescription medications, vision services and dental care. The maximum FSA contribution in 2019 is \$2,650.

Estimate how much you will likely spend in 2019. Consider what medical, vision and dental expenses you are fairly certain you will have next year including deductibles, co-pays and co-insurance amounts, as well as any out-of-pocket expenses for services not covered by the plan (eye laser surgery, dental implants etc). A complete list of health care expenses for FSA reimbursement can be found at [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

### **USE IT OR LOSE IT**

The IRS requires that any money left in your account at the end of the year will be forfeited. If you enroll in an FSA for 2019, qualified expenses have to be incurred before March 15, 2020. You will have until March 31, 2020 to submit your 2019 expenses.

If your employment with the City ends before you have used all the money in your FSA, you have until the end of the annual grace period to submit expenses for FSA reimbursement (for example, March 31, 2020 for expenses incurred in 2019). If you plan to incur expenses after your employment with the City ends, you must elect to continue FSA contributions under PHSA/COBRA.

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

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

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

**1-877-299-5111**

### **FSA enrollment cannot be done by ConnectYourCare**

**New FSA provider: You will continue to submit 2018 claims to PayFlex through March 31, 2019. Claims for 2019 will be processed by ConnectYourCare. More information coming soon.**



## SPECIAL REMINDERS

### **Blue Cross Blue Shield of Illinois** [www.bcbsil.com/cityofchicago](http://www.bcbsil.com/cityofchicago)

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

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

### **Blue 365 Discount Program** [www.blue365deals.com](http://www.blue365deals.com)

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

## VOLUNTARY CHARITABLE PAYROLL CONTRIBUTIONS PROGRAM

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

## ONLINE PAY SLIPS

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

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

# HEALTH CARE CONTRIBUTION RATES FOR 2019

Rates Effective 7/1/2006

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

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

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

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

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

## PPO MONEY SAVINGS

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

**Two ways to save on prescription medications:** 1) Choose generic medications and pay the lowest copay. 2) Use mail order for long term "maintenance" medications. You will pay more if you don't use mail order for long term medications after the 3rd fill. Just call 1-866-748-0028 and ask CVS Caremark to contact your doctor for a new prescription to be processed through mail order.

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

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

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

# BLUE CHOICE OPTIONS MEDICAL PPO-PLAN B

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

\*Limit 60/cal. yr. Also, care must be pre-certified by calling Telligen at 1-800-373-3727. See the next page.

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## CERTAIN PPO SERVICES NEED TO BE PRE-CERTIFIED

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

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

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

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# PPO PRESCRIPTION DRUG PROGRAM

Administered by CVS Caremark

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

## VALUE FORMULARY

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

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

**[www.caremark.com](http://www.caremark.com)**  
**1-866-748-0028**

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# BLUE ADVANTAGE HMO\* – A Blue Cross HMO

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

## DOCTORS VISITS

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

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

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

## PREVENTIVE SERVICES

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

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

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

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

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

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

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

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

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

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# HMO EMERGENCY CARE

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

## What is a medical emergency?

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

<p><b>EMERGENCY ROOM TREATMENT</b></p> <p>Go to the nearest emergency room in the event of a life threatening emergency</p>	<p>You pay <b>\$150 copay</b> – waived if admitted</p> <p>If possible, contact your PCP before seeking emergency care. (Your PCP is available 24 hours a day, seven days a week.) In a life threatening emergency, call 911 and then contact your PCP within 48 hours following emergency care.</p>
<p><b>AMBULANCE</b></p> <p>For life threatening medical emergencies</p>	<p>You pay <b>\$0</b></p>
<p><b>TREATMENT IN PCP OFFICE</b></p> <p>For acute medical problems which are not life threatening</p>	<p>You pay <b>\$25 copay</b> if care is given in your PCP's office. Call your PCP's emergency number on the back of your Blue Advantage HMO ID card. A doctor or nurse will evaluate the problem and give instructions on where to go for medical care.</p>
<p><b>URGENT MEDICAL CARE AWAY FROM HOME</b></p> <p>For treatment for unexpected illness and injury when traveling outside the Chicagoland area contact your PCP.</p>	<p>Call the toll-free emergency number on the back of your Blue Advantage HMO ID card.</p> <p>If you or a covered dependent is away from home for more than 90 days, guest membership is provided at affiliate HMOs. Copays maybe different.</p>

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

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**1-800-730-8504**

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<b>RETAIL - Short term medications</b>  If purchased at a participating retail pharmacy 34 day supply or 100 units whichever is less	Generic <b>\$10 copay</b> Preferred brand name <b>\$30 copay*</b> Non-preferred brand name <b>\$45 copay*</b>
<b>RETAIL - Maintenance or long term medications</b>  The 4th fill and any additional refills 34 day supply or 100 units, whichever is less.	Generic <b>\$20 copay</b> Preferred brand name <b>\$60 copay*</b> Non-preferred brand name <b>\$90 copay*</b>
<b>MAIL ORDER</b> Long term and maintenance medications for chronic conditions  90 day supply  To order medications through the mail, send your doctor's prescription to:  CVS Caremark P.O. Box 94467 Palatine, IL 60094-4467  Call Caremark or visit their website for more information about mail order.	Generic <b>\$20 copay</b> Preferred brand name <b>\$60 copay*</b>
<b>Oral Contraceptives (generic or brand)*</b>	Generic <b>\$0 copay</b> Preferred brand <b>\$30 copay*</b> Non-preferred brand <b>\$45 copay*</b>
<b>Smoking cessation medications</b>	Certain generic medications <b>\$0 copay</b>

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

[www.caremark.com](http://www.caremark.com)

1-866-748-0028

# DENTAL PROGRAM

## Administered by Blue Cross Blue Shield of Illinois (BCBS)

Enrollment in the dental plan is available after one calendar year of full-time employment. You are automatically enrolled in the Dental PPO with the option to switch to the Dental HMO within 30 days of being eligible for dental coverage. You can also change dental plans during open enrollment, if currently enrolled. No action is needed if you want to continue your same dental coverage in 2019.

### BLUE CARE DENTAL PPO & HMO BENEFITS

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

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

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

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# VISION PROGRAM

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

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

You get the most value from your vision benefits when you use a provider in the Davis Vision network. To locate Davis Vision providers visit [www.DavisVision.com](http://www.DavisVision.com) or call 1-888-456-8758.

The Vision Program does not issue ID cards. Your Blue Cross HMO or PPO ID card will be used to verify coverage in the Davis Vision plan.

## DAVIS VISION CARE BENEFITS

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

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

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

\* Visit the Davis Vision website or call 1-888-456-8758 to locate a Vision-works store.

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# PROTECT YOUR-FUTURE INCOME FOR YOU AND YOUR LOVED ONES

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

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

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

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

During open enrollment you may increase the amount of life insurance for yourself or buy coverage for your eligible dependents. You will pay the cost through payroll deductions. Proof of good health may be required.

Please note:

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

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

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

**LONG TERM DISABILITY:** (Prudential [www.prudential.com](http://www.prudential.com) 1-800-778-3827)

Long term disability insurance (LTD) is designed to give you a monthly cash payment in the event you cannot work because of an illness or injury. Proof of good health may be required when you sign up during open enrollment.

**DEFERRED COMPENSATION:** (Nationwide [www.chicagodeferrredcomp.com](http://www.chicagodeferrredcomp.com) 1-855-457-2489 or 1-877-677-3678). The City offers a tax deferred compensation plan that allows employees to put aside money from each paycheck toward retirement. A deferred compensation plan can supplement your pension and help increase your retirement income. You can enroll in the Deferred Compensation program at any time.

## VOLUNTARY SUPPLEMENTAL INSURANCE

Employees will have the opportunity to purchase voluntary supplemental insurance through payroll deduction. Voluntary Supplemental Insurance will be sold by two insurers:

- Combined Insurance Company           1-888-870-3382
- Aflac Insurance Company               1-888-382-3522

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

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

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

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

# BE HONEST!

## A REMINDER ABOUT FRAUD

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

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

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

## DIVORCED SPOUSE'S HEALTH COVERAGE:

If an employee becomes divorced, he/she must follow the procedure outlined in the City's Plan document available at [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org):

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

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

You must call the Benefits Service Center to notify the City of the divorce at 1-877-299-5111 and take the original certified divorce decree to:

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

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

## QUESTIONS? WANT TO LEARN MORE?

Visit a Benefits Information Fair and speak directly with representatives from the Chicago Benefits Office, Blue Cross (HMO and PPO), Blue Care Dental (HMO & PPO), Telligen medical advisor, CVS Caremark prescription drug program, Davis Vision Plan, ConnectYourCare, Prudential, MetLife, Nationwide deferred compensation program, Combined and Aflac Voluntary Supplemental insurance, Texas Life insurance, and the Chicago Patrolmen's Federal Credit Union.

<b>Date</b>	<b>Time</b>	<b>Location</b>	<b>Address</b>
<b>Wednesday October 10, 2018</b>	<b>10:00 AM - 3:30 PM</b>	<b>City Hall</b>	<b>121 N. LaSalle St. (11th Floor)</b>
<b>Thursday October 11, 2018</b>	<b>10:00 AM - 3:30 PM</b>	<b>DePaul Center</b>	<b>333 S. State St. (4th Floor)</b>
<b>Wednesday October 17, 2018</b>	<b>10:00 AM - 3:30 PM</b>	<b>Public Safety Headquarters</b>	<b>3510 S. Michigan Ave. (1st Floor)</b>
<b>Thursday October 18, 2018</b>	<b>10:00 AM - 3:30 PM</b>	<b>Family and Support Services</b>	<b>1615 W. Chicago Ave. (2nd Floor)</b>
<b>Wednesday October 24, 2018</b>	<b>10:00 AM - 3:30 PM</b>	<b>Midway Airport AMC Building</b>	<b>6201 S. Laramie St. (1st Floor)</b>
<b>Thursday October 25, 2018</b>	<b>10:00 AM - 3:30 PM</b>	<b>O'Hare Airport Department of Aviation</b>	<b>10510 W. Zemke Blvd.</b>
<b>Monday October 29, 2018</b>	<b>10:00 AM - 3:30 PM</b>	<b>2FM Building</b>	<b>900 E.103rd St.</b>
<b>Tuesday October 30, 2018</b>	<b>10:00 AM - 3:30 PM</b>	<b>2FM Building</b>	<b>1869 W. Pershing Rd.</b>

**Benefits Information Fairs are for current employees and their spouses/civil union partners/ domestic partner to learn more about healthcare and other benefits related to the annual open enrollment process.**

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## 2019 IMPORTANT WEBSITES AND PHONE NUMBERS

SERVICE PROVIDER	WEBSITE	PHONE NUMBER
<b>City of Chicago Benefits Service Center</b>	<a href="http://www.cityofchicagobenefits.org">www.cityofchicagobenefits.org</a>	1-877-299-5111
<b>Medical PPO</b> Blue Cross Blue Shield of Illinois CVS Caremark PPO Pharmacy Telligen medical plan advisor	<a href="http://www.bcbsil.com/cityofchicago">www.bcbsil.com/cityofchicago</a> <a href="http://www.caremark.com">www.caremark.com</a> <a href="http://www.telligen.qualitrac.com">www.telligen.qualitrac.com</a>	1-800-772-6895 1-866-748-0028 1-800-373-3727
<b>Medical HMO</b> Blue Advantage HMO CVS Caremark	<a href="http://www.bcbsil.com/cityofchicago">www.bcbsil.com/cityofchicago</a> <a href="http://www.caremark.com">www.caremark.com</a>	1-800-730-8504 1-866-748-0028
Blue Care Dental Dental PPO and HMO	<a href="http://www.bcbsil.com/cityofchicago">www.bcbsil.com/cityofchicago</a>	1-855-557-5487
Davis Vision	<a href="http://www.davisvision.com">www.davisvision.com</a>	1-888-456-8758
Quest Diagnostics	<a href="http://www.questdiagnostics.com">www.questdiagnostics.com</a>	1-866-697-8378
PayFlex (2018 Claims) Flexible Spending Account (FSA)	<a href="http://www.HealthHub.com">www.HealthHub.com</a>	1-800-284-4885
ConnectYourCare (January 1, 2019) Flexible spending account (FSA) Transit benefit	<a href="http://www.connectyourcare.com/cityofchicago">www.connectyourcare.com/cityofchicago</a>	1-833-229-4428
MetLife Basic term life insurance Optional life insurance	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	1-866-492-6983
Prudential Long term disability	<a href="http://www.prudential.com">www.prudential.com</a>	1-800-778-3827
Texas Life Universal permanent life insurance	<a href="http://www.empben.com/CityofChicagoUL/">www.empben.com/CityofChicagoUL/</a>	1-800-638-6855
Nationwide Retirement Services	<a href="http://www.chicagodeferredcomp.com">www.chicagodeferredcomp.com</a>	1-877-677-3678
Policemen's Annuity and Benefit Fund of Chicago	<a href="http://www.chipabf.org">www.chipabf.org</a>	1-312-744-3891
<b>Voluntary Supplemental Insurance</b> Combined Aflac		1-888-870-3382 1-888-382-3522

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# LEGAL NOTICES

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

### NOTICE TO ENROLLEES OF MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT EXEMPTION FOR 2019

Generally, group health plans sponsored by state and local governmental employers, such as the City of Chicago (the “City” or “plan sponsor”) must comply with federal law requirements in title XXVII of the Public Health Service Act, and the amendments thereto set forth in the Mental Health Parity and Addiction Equity Act. However, these governmental employers are permitted to elect to exempt a plan from all of the requirements listed below for any part of the plan that is self-funded by the employer rather than provided through a health insurance policy. The purpose of this Notice is to inform you that the City of Chicago has elected to exempt the City of Chicago Medical PPO Plans as follows:

1. *Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan (sometimes referred to as “mental health parity requirements”).* The plan sponsor has elected to maintain the existing terms and conditions of the Medical Plans by exempting the Medical Plans from this requirement. Therefore, the City will continue in place the current requirement that Plan Participants who receive outpatient mental health and substance abuse treatment by a behavioral health specialist must obtain pre-certification by a Medical Advisor, under the Plans’ Medical Advisor Review Program, after the first seven sessions each year with one or more such providers. This requirement will continue in effect for the 2019 plan year (beginning January 1, 2019, and ending December 31, 2019), and may be renewed for subsequent plan years pursuant to a subsequent exemption election, unless modified through the collective bargaining process.
2. *Protection against limiting hospital stays in connection with the birth of a child to less than 48 hours for a vaginal delivery, and 96 hours for a cesarean section.* The Medical Plans currently meet this requirement and thus this requirement will continue to apply under the terms of the Medical Plans without exception.
3. *Certain requirements to provide benefits for breast reconstruction after a mastectomy.* The Medical Plans currently meet this requirement and thus this requirement will continue to apply under the terms of the Medical Plans without exception.
4. *Continued coverage for up to one year for a dependent child who is covered as a dependent under the plan solely based on student status, who takes a medically necessary leave of absence from a postsecondary educational institution.* The Medical Plans no longer use student status and provides an opportunity to elect coverage to age 26 and thus this requirement currently applies under the terms of the Medical Plans without exception.

### ANNUAL HEALTH CARE REMINDER

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

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