



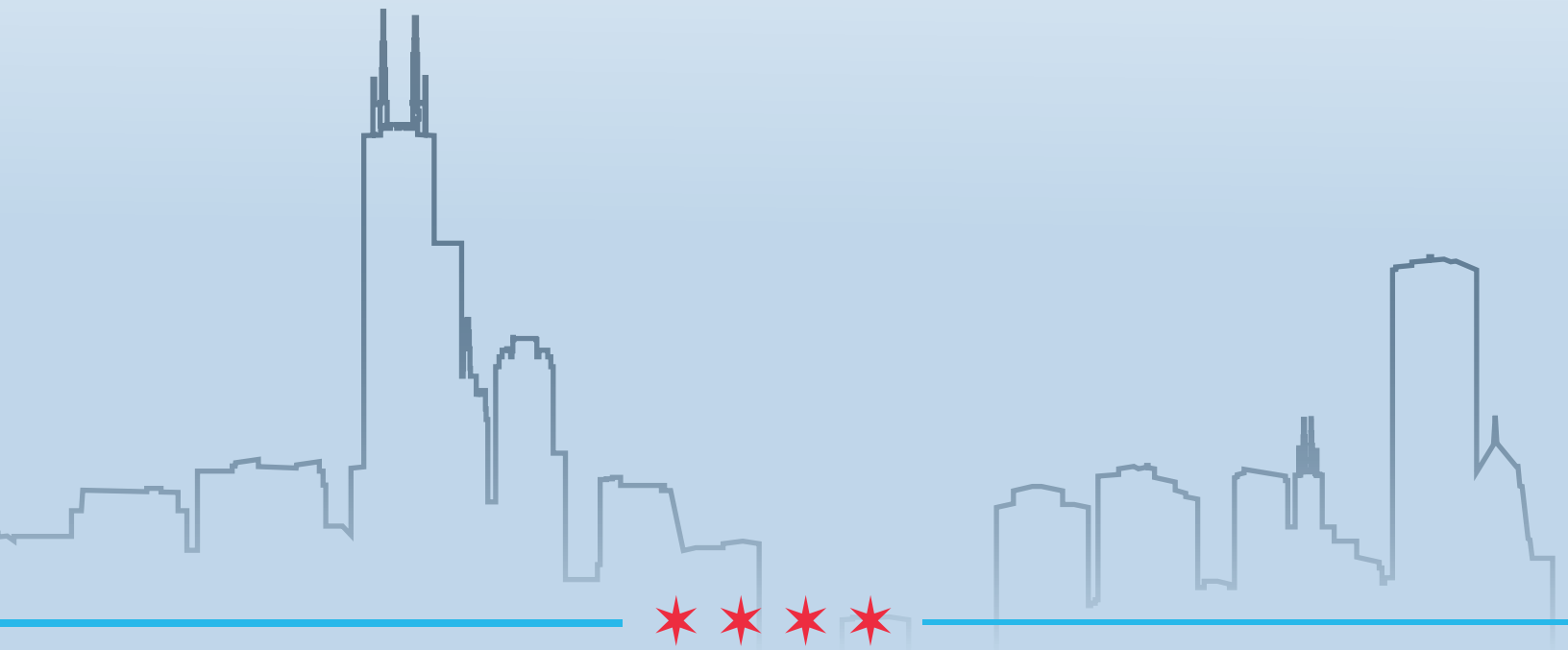
HEALTHCARE AND OTHER BENEFITS
OPEN ENROLLMENT GUIDE
PHSA/COBRA PARTICIPANTS

2024



**For eligible participants covered under the Public Health Service Act (PHSA)/
Consolidated Omnibus Reconciliation Act (COBRA).**

(Excluding employees/dependents of Sworn Police Officers below the rank of Sergeant.)



Plan A effective 1/1/2024. This is a summary of benefits for PHSA/COBRA participants (excluding employee/dependents of Sworn Police Officers below the rank of Sergeant). The Plan Document and subsequent updates always supersede this summary.

TABLE OF CONTENTS

Welcome.....	1-2
Annual Open Enrollment.....	3
Check Your Benefits Coverage Sheet	4
How to Enroll or Make Changes	
Steps To Enroll or Change Your Elections.....	6
Adding a Dependent	7
Required Documents for Dependents.....	8
PHSA/COBRA Monthly Healthcare Premium Cost	
Medical Premium Rates	10
Dental Premium Rates	10
Vision Premium Rates	10
Medical Benefits PPO and HMO	
Medical Plans at a Glance	12
Medical Blue Choice Options PPO	13
PPO Services Pre-Certified	14
PPO Savings.....	15
Medical Blue Advantage HMO	16
HMO Emergency Care.....	17
Prescription Benefits HMO and PPO Plans	
HMO and PPO Prescription Drug Program.....	19
Dental Benefits HMO and PPO	
Dental Program.....	21
Vision Benefits	
Vision Program	23
Other Resources	
BCBSIL Resources	25
Telligen Services.....	26
Benefits Portal Instructions	
Benefits Portal Steps 1 - 11	28-33
Reminders	
Reminders.....	35
Important Websites and Phone Numbers	
Important Websites and Phone Numbers.....	37

WELCOME

Dear PHSA/COBRA Participant,

Annually, the Chicago Benefits Office coordinates an Open Enrollment period to allow you to review your coverage and make plan changes. This guide contains important information about the City of Chicago's PHSA/COBRA annual Open Enrollment period.

This year, the 2024 annual Open Enrollment period is October 11, 2023, through October 25, 2023. Changes made during Open Enrollment are effective January 1, 2024.

This is the **only** time of the year you may change your benefits outside of an election change event, such as a birth, marriage, etc.

Note: 1) Open Enrollment does not extend the PHSA/COBRA Continuation period; and 2) If PHSA/COBRA Continuation Coverage was recently terminated, completing this form will not reinstate your coverage.

The PHSA/COBRA Healthcare and Other Benefits Open Enrollment Guide is intended to provide an overview of the benefits available, and the deadlines associated with the annual Open Enrollment process. Included in this Guide are summary explanations of benefits as well as contact information for each provider. Be sure to pay close attention to applicable co-insurance, co-payments, deductibles, pre-authorization requirements, and some services that may be limited or not covered.

As a City of Chicago PHSA/COBRA Participant you have the opportunity to:

- Change your PHSA/COBRA election for medical, dental, and/or vision plan(s)
- Add or remove qualified dependents from your plan(s)

If you are currently enrolled, and do not want to make changes to your current health plan (your medical, dental and/or vision coverage) – **there is no action required. Your 2024 coverage will remain the same as 2023 (until your coverage end-date) if you continue to make payments by the required deadlines.**

If you want to **change** your healthcare coverage, effective January 1, 2024, here is what you will need to do:

- Step 1: If you have **not** already enrolled in PHSA/COBRA Continuation Coverage, and you are within your initial 60-day election period, you must complete and return the PHSA/COBRA Election Enrollment form to the Benefits Service Center at the St. Petersburg, Florida address listed, postmarked no later than the Deadline Submission Date listed on the PHSA/COBRA Election Form, and submit the certified documentation (e.g., marriage certificate, birth certificate, civil union certificate, social security card) for your dependents if not previously provided or fax the information to 412-235-6797. You must also have made your first payment to activate your PHSA/COBRA coverage.
- Step 2: If you **are** already enrolled in PHSA/COBRA coverage and wish to change to your health plan coverage, including adding or deleting qualified dependents, you can do so by visiting www.cityofchicagobenefits.org or by calling 1-877-299-5111. Changes made during Open Enrollment are effective January 1, 2024. Any required dependent eligibility documentation may be uploaded online by the December 1, 2023, deadline. Review the Guide for additional information regarding Open Enrollment requirements and deadlines.

Every effort has been made to ensure that the information in this Guide is accurate; however, the provisions of the City Plan document and subsequent updates always supersede this summary. Copies of the Plan document are available at www.cityofchicago.org/benefits.

We encourage you to explore all of your healthcare options to ensure that you have coverage that best fits your needs. You may have other health insurance options available to you through the Health Insurance Marketplace. Depending on your circumstances, you may qualify to save money and lower your monthly premium through the Marketplace. Please visit www.healthcare.gov for more information or call 1-800-318-2596.

If you have any questions about your PHSA/COBRA Continuation Coverage, you may contact the City's Benefits Service Center at 1-877-299-5111 to speak to a representative. During Open Enrollment, the Benefits Service Center Call Center is available Monday through Friday from 8:00 a.m. until 7:00 p.m. CT.

Sincerely,

City of Chicago Benefits Service Center

www.cityofchicagobenefits.org

1-877-299-5111

ANNUAL OPEN ENROLLMENT

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

Open Enrollment Changes are effective January 1, 2024

WHAT IS OPEN ENROLLMENT?

During this period, the City allows you the opportunity to review, change, cancel or add dependents.

WHAT CAN I DO DURING OPEN ENROLLMENT?

- Enroll in or cancel your medical, vision, or dental insurance
- Switch medical or dental plans (if eligible)
- Add or remove dependents to your plan (for example, a spouse, civil union partner, or children)

HOW DO I ADD DEPENDENTS?

You need to (1) add dependents during open enrollment by October 25, 2023 and (2) submit eligibility documents. **The deadline to submit eligibility documents is December 1, 2023. See page 7.**

HOW DO I MAKE CHANGES?

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

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



CHECK YOUR BENEFITS COVERAGE SHEET



Your 2023 personalized Benefits Coverage Sheet is included with this Guide. The medical, dental, and vision enrollment listed on your Benefits Coverage Sheet will remain the same for 2024 unless you make changes during the open enrollment period provided your PHSA/COBRA qualification period has not been exhausted or coverage terminated for any reason.

Dependent children who reach the age of 26 (30 for unmarried military) are automatically terminated from your coverage on the last day of the month of their birthday, provided you have not reached the end of your PHSA/COBRA qualification period.

Check the personalized Benefits Coverage Sheet to make sure the information listed is correct for you and your dependents. If the information listed is incorrect, call the Benefits Service Center at 1-877-299-5111 to update this information.

Please note: The Internal Revenue Service (IRS) requires that the City of Chicago ask each member for their Social Security Number (SSN) or Taxpayer Identification Number (TIN). Failure to provide this information may result in inaccurate reporting to the IRS.

HOW TO ENROLL OR MAKE CHANGES



STEPS TO ENROLL OR CHANGE YOUR ELECTIONS

Benefits Portal

www.cityofchicagobenefits.org

PHSA/COBRA participants can make open enrollment elections online. You are strongly encouraged to use the Benefits Portal, www.cityofchicagobenefits.org. You may also call the Benefits Service Center to make changes at 1-877-299-5111.



Scan the QR code to visit the benefits website

Steps to enroll or change your elections.

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

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

Step 2: Make your changes.

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

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

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

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

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

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

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



ADDING A DEPENDENT

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

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

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

FAILURE TO MEET DEADLINE. If you fail to submit your dependent’s eligibility documentation by the end of the grace period you will be required to wait until the next open enrollment period to enroll your dependents for coverage effective January 1, 2025, provided you have not reached the end of your PHSA/COBRA enrollment period.

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

Below are some common events:

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

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

REQUIRED DOCUMENTS TO ADD DEPENDENTS: *A Summary*



Benefit Participant Being Added	Document(s) Needed
Spouse	A certified marriage certificate and spouse's social security card.
Dependent (0-25yrs)	A certified birth certificate (with parental information) and child's social security card.
Unmarried Military Dependent Children (Age 26-30), Illinois resident	A certified birth certificate, social security card and honorable military discharge paperwork (DDForm214).
Adopted Children	<p>A certified birth certificate and child's social security card.</p> <p>If the child is your adopted child and the birth certificate has not yet been amended to name you and other adoptive parent as the child's parents, then the letter issued by the governmental agency placing the child in your home will suffice for documentation, until such reasonable time as the amended birth certificate and the social security card can be issued.</p>
Legal Guardianship of Dependents- (Court appointed)	Certified guardianship documents from the Clerk of Circuit Court placing the child in the home (date of placement) and social security card.
Civil Union Partner	A certified civil union certificate and partner's social security card.
Same Sex Domestic Partner	Certificate of Domestic Partnership issued by the City of Chicago Department of Human Resources before August 1, 2017 and the partner's social security card.

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

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

PHSA/COBRA MONTHLY HEALTHCARE PREMIUM COSTS



PHSA/COBRA MONTHLY PREMIUM RATES Effective January 1, 2024

Below are the monthly PHSA/COBRA rates for the 2024 plan year. Rates may change yearly..

TYPE OF PLAN	SINGLE	COUPLE	FAMILY
BCBS PPO	\$999.26	\$1,834.81	\$2,403.53
BLUE ADVANTAGE HMO	\$746.41	\$1,531.44	\$2,052.05
DENTAL PPO	\$26.00	\$48.99	\$64.93
DENTAL HMO	\$15.29	\$29.85	\$44.65
VISION	\$3.20	\$6.41	\$9.61

MEDICAL BENEFITS PPO AND HMO



MEDICAL PLANS AT A GLANCE



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

HMO and PPO Summary of Medical Plan Differences

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

MEDICAL BLUE CHOICE OPTIONS PPO - PLAN A

Administered by Blue Cross and Blue Shield of Illinois

		Blue Choice OPT Tier 1	Blue Choice OPT Tier 2	Out-of-Network Tier 3
Annual Deductible	Individual Family	\$300 \$900	\$450 \$1,350	\$1,500 \$4,500
Out-of-Pocket Limit	Individual Family	\$1,000 \$2,000	\$1,700 \$3,400	\$4,500 \$9,000
PREVENTIVE CARE		YOU PAY		
Routine checkups & routine lab work for adults & children; well-baby care; well-women visits; mammograms; PSA; colonoscopies, hearing screenings		\$0 copay No deductible	\$0 copay No deductible	No coverage out-of-network for preventive care
OFFICE VISITS				
Primary Care Physician , lab work, x-rays, allergy shots, Mental health and substance abuse counseling		\$20 copay does not apply to deductible	\$25 copay does not apply to deductible	40% PPO allowed rate after out-of-network deductible plus balance billed by provider
Specialist Physician And Chiropractic Care (20 visits)		\$30 copay does not apply to deductible	\$35 copay does not apply to deductible	
Annual deductible must be paid before Plan covers these services:		YOU PAY After Tier 1 deductible	YOU PAY After Tier 2 deductible	YOU PAY After Tier 3 deductible
OUTPATIENT SERVICES*				
Outpatient surgery MRI, PET & CT scan*		10% then \$100 copay if not performed at a free standing facility	25% then \$100 copay if not performed at a free standing facility	40% PPO allowed rate plus balance
HOSPITAL SERVICES*				
Hospital stay* including inpatient surgery		10%	25%	40% PPO allowed rate plus balance
EMERGENCY ROOM CARE				
Emergency Room		\$200 co-pay waived if admitted to hospital		
Emergency Room Treatment		10%		
Ambulance emergency care		10% of PPO allowed rate - additional cost		
Urgent care		\$25 copay/10% coinsurance	\$35 copay/25% coinsurance	40% coinsurance
MENTAL HEALTH & SUBSTANCE ABUSE*				
Inpatient hospitalization* Outpatient therapy*		10%	25%	40% PPO allowed rate plus balance
ALTERNATIVES TO HOSPITAL CARE*				
Skilled nursing facility* Home health care*, Hospice care*		10%	25%	40% PPO allowed rate plus balance
MATERNITY SERVICES				
Maternity management program		No charge plus \$100 cash incentive		
Pre and post natal doctor visits		\$20 copay (first visit)	\$25 copay (first visit)	40% PPO allowed rate plus balance
Delivery and hospital stay*		10%	25%	
OUTPATIENT REHAB				
Physical therapy*		10%	25%	40% PPO allowed rate
OTHER SERVICES				
Occupational and speech therapy* (Limited to 60 visits annually)		\$20 copay	\$20 copay	40% PPO allowed rate plus balance
DME*: Oral Surgery; Ambulance transport between hospitals*		10%	25%	

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

CERTAIN PPO SERVICES NEED TO BE PRE-CERTIFIED

Administered by Telligen

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

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

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

Plan A effective 1/1/2024. This is a summary of benefits for PHSA/COBRA participants (excluding employee/dependents of Sworn Police Officers below the rank of Sergeant). The Plan Document and subsequent updates always supersede this summary.

PPO SAVINGS



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

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

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

TWO WAYS TO SAVE ON PRESCRIPTION MEDICATIONS:

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

SAVE ON LAB TESTS – USE A FREE-STANDING LAB:

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

SAVE ON SCANS - USE A FREE-STANDING IMAGING CENTER:

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

PREGNANT? EARN A \$100 INCENTIVE:

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

MEDICAL BLUE ADVANTAGE HMO*

Administered by Blue Cross and Blue Shield of Illinois

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

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

Service Type	You Pay
DOCTORS VISITS	
Primary Care Physician	\$25 copay
Specialists	\$35 copay when approved by PCP
Pre-natal visits	\$25 copay first visit
HOSPITAL (all hospital services must be approved by PCP)	
Inpatient admission	\$100 copay per day first 5 days
Surgery (outpatient)	\$100 copay
Maternity delivery	\$100 copay per day first 5 days
Behavioral Health Inpatient Care	\$100 copay per day first 5 days
PREVENTIVE SERVICES	
Routine checkups for adults & children; well- baby care; well-women visits; mammograms; DRE & PSA; colonoscopies, hearing tests	\$0 copay
EMERGENCY SERVICES (see next page for emergency coverage information)	
Emergency room treatment - life threatening	\$200 copay (waived if admitted)
Ambulance - life threatening	You pay \$0
Urgent care	\$25 copay
MENTAL HEALTH & SUBSTANCE ABUSE (must receive referral from PCP)	
Outpatient therapy	\$25 copay
OUTPATIENT REHAB THERAPY (must receive referral from PCP)	
Physical, speech and occupational therapy	\$0 copay Limit of 60 visits combined each calendar year
OTHER SERVICES (all other services must be pre-approved by PCP)	
Skilled nursing facility	\$0 Limited to 120 days a year
Durable Medical Equipment (DME) Hospice Home health care Ambulance transport between hospitals	\$0

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

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

Plan A effective 1/1/2024. This is a summary of benefits for PHSA/COBRA participants (excluding employee/dependents of Sworn Police Officers below the rank of Sergeant). The Plan Document and subsequent updates always supersede this summary.

HMO EMERGENCY CARE



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

What is a medical emergency?

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

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

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

PRESCRIPTION BENEFITS HMO AND PPO PLANS



HMO and PPO PRESCRIPTION DRUG PROGRAM

Administered by CVS Caremark



PRESCRIPTION MEDICATIONS

YOU PAY

RETAIL - Short term medications

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

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

RETAIL - Maintenance or long term medications

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

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

MAIL ORDER

Long term and maintenance medications for chronic conditions and specialty medication

90 day supply

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

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

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

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

Generic birth control Smoking Cessation medications

\$0 copay

Annual Rx Deductible

\$100 per household

Annual Out-of-Pocket Limit

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

VALUE FORMULARY

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

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

www.caremark.com • 1-866-748-0028

DENTAL BENEFITS HMO AND PPO



DENTAL PROGRAM

Administered by Blue Cross and Blue Shield of Illinois



You pay a separate premium for dental coverage. No action is needed if you want to continue your same dental coverage in 2024.

If you want to add or drop coverage or change dental plans for 2024, visit www.cityofchicagobenefits.org or call the Benefits Service Center at 1-877-299-5111 during open enrollment.

BLUE CARE DENTAL PPO & HMO BENEFITS

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

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

www.bcbsil.com/cityofchicago • 1-855-557-5487

VISION BENEFITS



VISION PROGRAM

Administered by Davis Vision

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



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

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

The Vision Program does not issue ID cards. Your Blue Cross Blue Shield ID or a State ID will be used to verify coverage in the Davis Vision plan.

DAVIS VISION CARE BENEFITS	In-Network You Pay	Out-of--Network You Pay
Routine Eye Exam (One exam every 12 months) based on last date of service	\$0	Balance over \$35
Frames One pair every 12 months	\$0 for frames from exclusive collection: • Or balance over the \$110 allowance for frames at Visionworks stores • Or balance over the \$50 allowance for frames at other in-network stores	Balance over \$50
Lenses-single vision Scratch Coatings Special lenses	\$0 one set every 12 months \$0 copays Visit www.davisvision.com or call 1-888-456-8758 for specific copay amounts.	Balance over \$35
Contact lenses (in lieu of glasses)	\$0 one set every 12 months *Davis Vision collection \$0 for 4 multipacks or boxes *Other disposables: Balance over \$105	Balance over \$105

www.davisvision.com • 1-888-456-8758

OTHER RESOURCES



BCBSIL RESOURCES

BLUE ACCESS FOR MEMBERS

Your Online Resource

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

You can:

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

It's Easy to Get Started

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

PROVIDER FINDER

Looking for a Doctor?

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

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

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

BLUE365

A Discount Program for You

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

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

OTHER RESOURCES AVAILABLE VIA TELLIGEN

DISEASE MANAGEMENT COACHING

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

Includes:

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

Metabolic Syndrome/At-Risk Coaching

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

Includes:

- Anxiety/Depression
- Diabetes Prevention
- Hypertension
- High Blood Pressure
- High Cholesterol
- Musculoskeletal
- Quit Smoking/ Vaping
- Weight Loss

CASE MANAGEMENT

Following a health crisis or a new diagnosis, Telligen's nurse case managers answer questions and build relationships that prepare members to effectively self-manage their condition.

Includes:

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

UTILIZATION MANAGEMENT

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

Includes:

- Durable Medical Equipment
- Diagnostic Imaging
- Inpatient Admissions
- Procedures
- Outpatient Therapies

BENEFITS PORTAL INSTRUCTIONS



BENEFITS PORTAL

www.cityofchicagobenefits.org



Scan the QR code to visit the Benefits Portal

Instructions on how to access the online Benefits Portal are provided below. During the Open Enrollment period you will be able to access the Benefits Portal after the Benefits Service Center has processed your PHSA/COBRA enrollment form and received your initial payment.

Screen shots are for illustration purposes only. Actual screens may vary.

First time users / Returning Users

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

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

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

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

Self-Registration

BENEFITS PORTAL

www.cityofchicagobenefits.org

Step 4: Create and confirm a password.

Follow the instructions below.

CHICAGO
BENEFITS OFFICE

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

Password Requirements

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

PASSWORD

CONFIRM PASSWORD

You have successfully registered.

CHICAGO
BENEFITS OFFICE

Registration successful

You have successfully registered.

Show Employee ID Continue

Step 5: Establish the Security Questions.

CHICAGO
BENEFITS OFFICE

Select Security Questions

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

QUESTION 1

What is your favorite movie?

QUESTION 2

Who was your childhood hero?

QUESTION 3

What is your spouse's middle name?

Cancel Continue

BENEFITS PORTAL

www.cityofchicagobenefits.org

Step 6: Confirm your security questions and answers.

CHICAGO BENEFITS OFFICE

Confirm Security Questions.

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

QUESTION 1
What is your favorite movie?
ANSWER 1
test1

QUESTION 2
Who was your childhood hero?
ANSWER 2
test2

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

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

CHICAGO BENEFITS OFFICE

Security questions saved.

[Continue](#)

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

CHICAGO BENEFITS OFFICE

Disclaimer

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

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

ACCEPT

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

CHICAGO BENEFITS OFFICE

Disclaimer accepted.

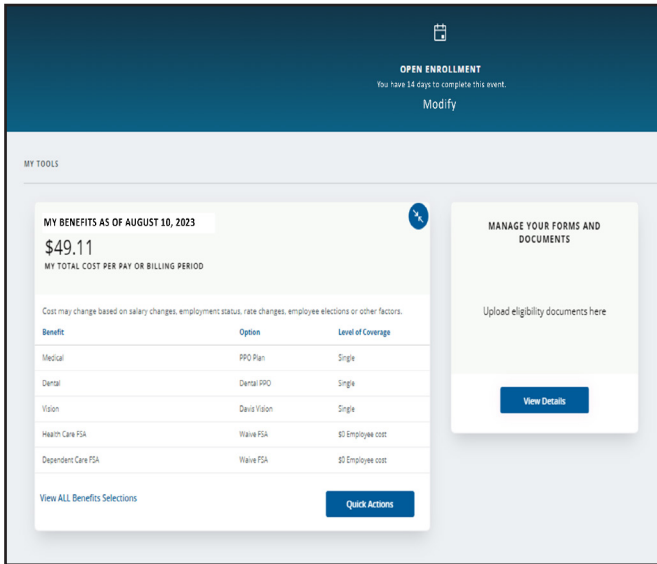
You have successfully accepted the terms of the disclaimer.

[Continue](#)

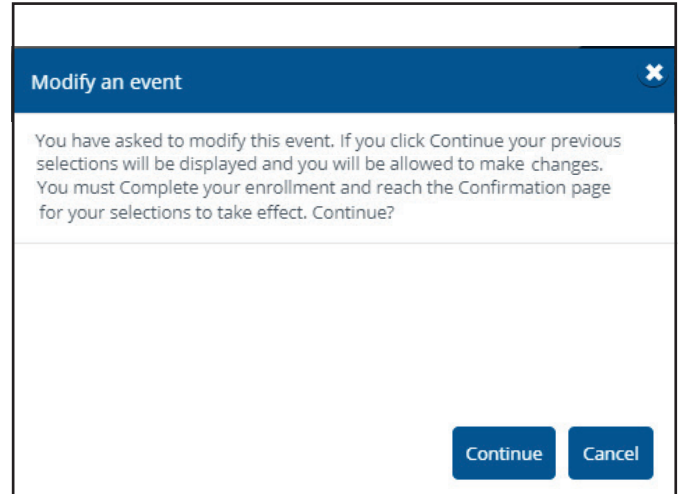
BENEFITS PORTAL

www.cityofchicagobenefits.org

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

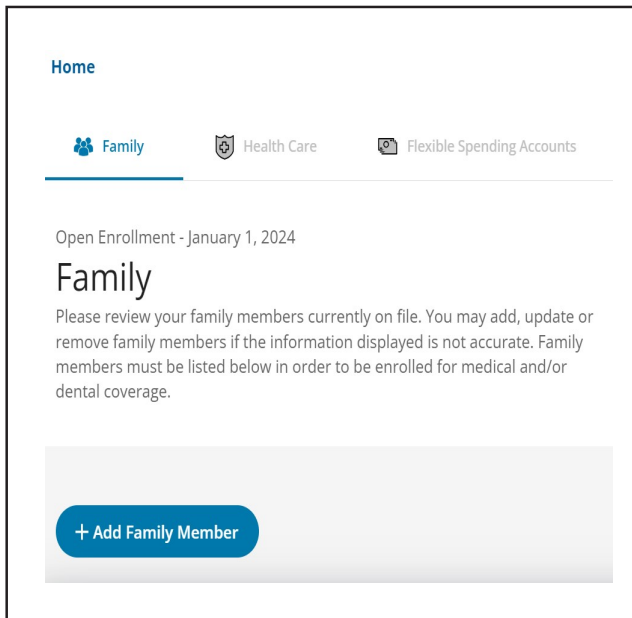


Click the **“Modify”** link to enter your event.

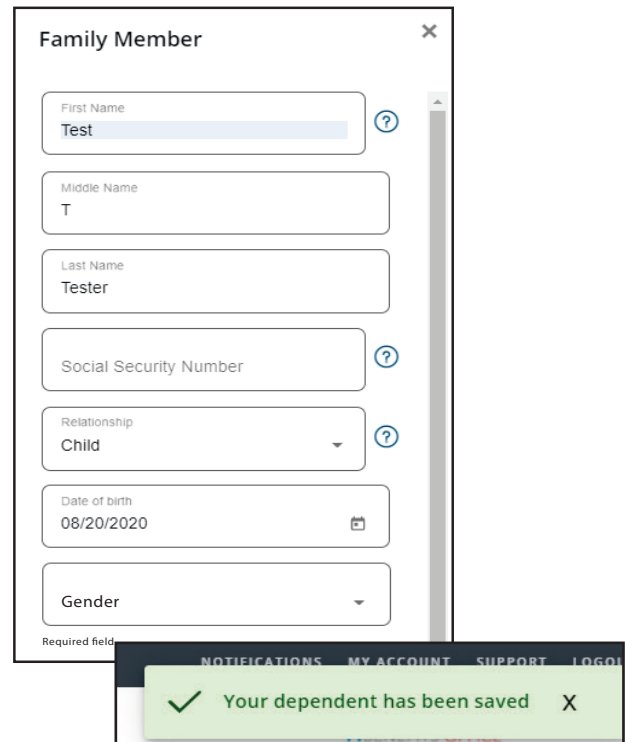


Step 8: Verify/Add Dependents

Click **“Add Family Member”**



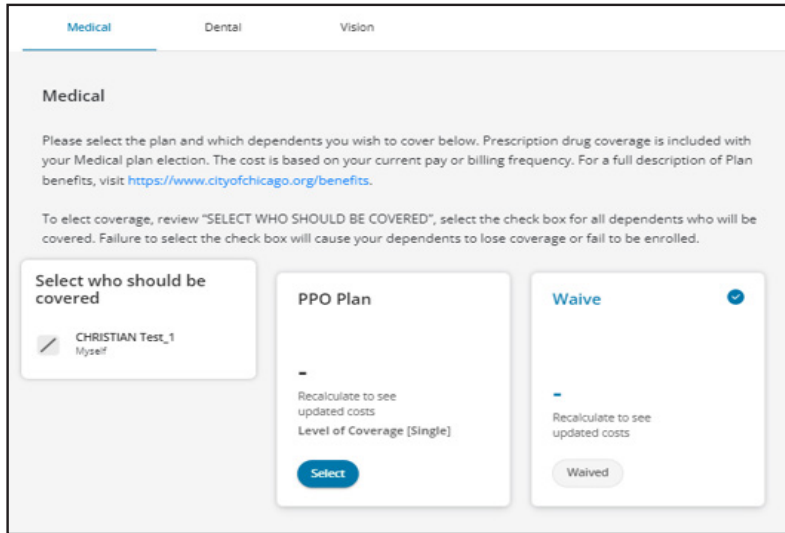
Add dependent (provide name, social security, relationship, date of birth and gender).



BENEFITS PORTAL

www.cityofchicagobenefits.org

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

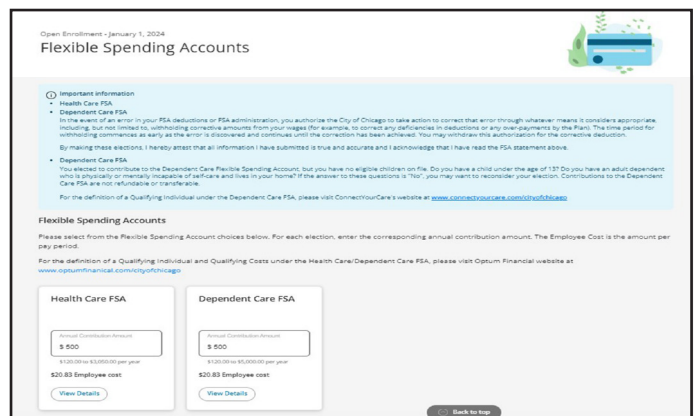
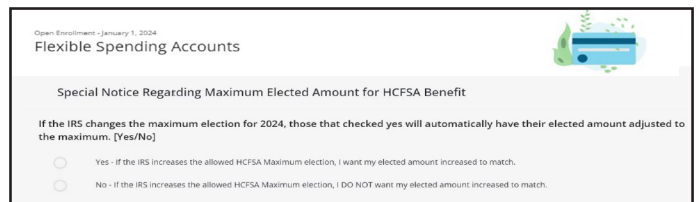
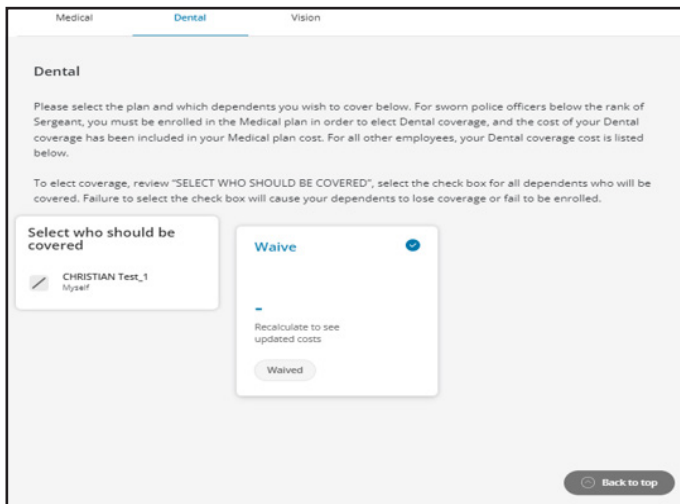


Step 10: Enrollment. When adding a dependent, you **MUST** add the dependent to **EACH PLAN** otherwise the dependent won't be covered in that plan. If you switch plans (example HMO to PPO) you have added a new plan and you **MUST** add dependents to cover them; this means if you fail to add your dependents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

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

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

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



Plan A effective 1/1/2024. This is a summary of benefits for PHSA/COBRA participants (excluding employee/dependents of Sworn Police Officers below the rank of Sergeant). The Plan Document and subsequent updates always supersede this summary.

Step 10 continued: Complete Enrollment

Open Enrollment - January 1, 2024

Complete Enrollment

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

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

Important information

- Health Care FSA**

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

By making these elections, I hereby attest that all information I have submitted is true and accurate and I acknowledge that I have read the FSA statement above.

Family Members

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

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

Your coverage

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

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

Cost Summary

COST PER PAY OR BILLING PERIOD

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

Read Terms. Click check box, acknowledging changes.

Terms and Conditions

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

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

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

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

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

[Read full terms and conditions](#)

I agree to the Terms and Conditions

Confirmation - Enrollment Complete

Enrollment Confirmed

Event type: Open Enrollment | January 1, 2024

[View my Enrollment Summary](#)

To do

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

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

[Take me home](#)

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

MANAGE YOUR FORMS AND DOCUMENTS

Upload eligibility documents here

[View Details](#)

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

Required Forms Health Evidence Uploaded Documents

Required Forms

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

Outstanding

Processed
No data available

Required Forms Upload Documents

[Upload documents](#)

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

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

REMINDERS



REMINDERS

ABOUT FRAUD

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

- Failure to notify the City Benefits Service Center of an event that would cause coverage to end, e.g. divorce, Medicare eligibility, death.
- Any attempt to assign or transfer coverage to someone else (e.g. letting another person use your Plan ID card).

The PHSA/COBRA member/participant 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 participant/member and action by the City to collect any money paid.

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

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

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

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

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

WOMEN'S HEALTH AND CANCER RIGHTS ACT

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

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

Contact your PPO or HMO administrator for more information.

ILLINOIS CONSUMER COVERAGE DISCLOSURE

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

IMPORTANT WEBSITES AND PHONE NUMBERS





IMPORTANT WEBSITES AND PHONE NUMBERS

City of Chicago Benefits Service Center	www.cityofchicagobenefits.org	1-877-299-5111
Medical PPO Blue Cross Blue Shield of Illinois	www.bcbsil.com/cityofchicago	1-800-772-6895
CVS Caremark Pharmacy	www.caremark.com	1-866-748-0028
Telligen medical plan advisor	thms.qualitrac.com	1-800-373-3727
Medical HMO Blue Advantage HMO	www.bcbsil.com/cityofchicago	1-800-730-8504
CVS Caremark Pharmacy	www.caremark.com	1-866-748-0028
BlueCare Dental Dental PPO and HMO	www.bcbsil.com/cityofchicago	1-855-557-5487
Davis Vision	www.davisvision.com	1-888-456-8758
Quest Diagnostics	www.questdiagnostics.com	1-866-697-8378

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

