



2026



HEALTHCARE AND OTHER BENEFITS
OPEN ENROLLMENT GUIDE
FOR
SWORN POLICE OFFICERS
(Below the Rank of Sergeant)



**For all eligible City of Chicago employees who are Sworn Police Officers
below the rank of Sergeant.**



This is a summary of benefits offered to City Employees who are Sworn Police Officers below the rank of Sergeant. The City of Chicago Group Health Plan(s), Amendments, and subsequent updates supersede this summary.

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WELCOME

Greetings and welcome to the City of Chicago's annual Open Enrollment period.

Each year the Chicago Benefits Office organizes an Open Enrollment period, giving eligible City of Chicago employees and their dependents the opportunity to review their coverage and make any necessary changes to their benefits.

The 2026 Open Enrollment period will be held from Wednesday, October 15, 2025 through Wednesday, October 29, 2025, with changes effective January 1, 2026. This is the only time of the year an employee may change, enroll, or cancel medical, dental, and vision coverage and enroll in a Flexible Spending Account (FSA) (outside of a permissible election change event, such as a birth or marriage). See page 30 for additional information.

The 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.

Every effort has been made to ensure that the information in this Guide is accurate; however, the provisions of the City of Chicago Group Health Plan ("Plan") and the Pre-tax Contribution Plan ("Cafeteria Plan") documents and subsequent updates always supersede this summary. Copies of the Plan documents are available at www.cityofchicago.org/benefits. Be sure to pay close attention to applicable co-insurance, co-payments and deductibles, preauthorization requirements, and some services that may be limited or not covered.

If you choose to enroll in an HMO medical or dental plan, you may want to check with your provider—and your dependents' providers, to ensure that your HMO plan will be accepted.

Note: Providers can opt out of an HMO at any time.

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

Sincerely,

Chicago Benefits Office

WHAT'S NEW IN 2026

Prudential Long Term Disability (LTD) Insurance: Waiver of Good Health Requirement

During the 2026 Open Enrollment Period, eligible City of Chicago employees can elect LTD coverage without submitting proof of good health. This is a one time special offering.

Take advantage of this special enrollment opportunity—here's why:



Guaranteed Coverage

Enroll in Long Term Disability Insurance now and receive guaranteed coverage—no health questions asked.



Income Protection When It Matters Most

Other benefits like Workers' Compensation may only cover a portion of your salary. LTD Insurance helps bridge that gap, providing financial support if you're unable to work due to injury or illness.



Limited-Time Enrollment

Don't miss out! This special enrollment opportunity is being offered only during Open Enrollment.



Ready to enroll or learn more?

Visit <https://prudential.benselect.com/cityofchicago> or call 1-800-778-3827 or watch a short video to learn more: www.prudential.com/mos-disability.

ANNUAL OPEN ENROLLMENT

Begins October 15, 2025 and ends on October 29, 2025

Open Enrollment changes are effective January 1, 2026

WHAT IS OPEN ENROLLMENT?

During this period, employees may change, enroll, or cancel their medical, dental, and vision coverage and enroll or re-enroll in a Flexible Spending Account (FSA).

WHAT CAN EMPLOYEES DO DURING OPEN ENROLLMENT?

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

If you do not make changes, your 2025 medical, dental, and vision benefits will continue (excluding Healthcare FSA). **IRS Guidelines require that, to participate in a Healthcare FSA in 2026, you must enroll in the FSA during open enrollment.**

HOW DO EMPLOYEES ADD DEPENDENTS?

You need to (1) add dependents and (2) enroll them in benefits during open enrollment by October 29, 2025 and (3) submit eligibility documents.

The deadline to submit eligibility documents is December 1, 2025. See page 4 and 5.

HOW DO EMPLOYEES MAKE CHANGES?

Go to www.cityofchicagobenefits.org. The deadline to make changes is October 29, 2025, by 11:59 p.m. CT.

You may also call the **BSC at 1-877-299-5111, Monday through Friday from 8:00 a.m. until 5:00 p.m. CT.**

HOW CAN EMPLOYEES CHANGE THEIR NAME?

Employees who would like to correct or change their name, can now submit a name change request by accessing the Employee Benefits Portal at www.cityofchicagobenefits.org. You will also be required to submit eligibility documentation to support the name change. The documents can be uploaded to the Employee Benefits Portal or faxed to 855-215-8805.

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

HOW CAN EMPLOYEES CHANGE THEIR ADDRESS?

Employees can contact their department's human resources representative to update their address on file with the City. The BSC cannot change your home address on file with the Department of Human Resources.

If you are a retired employee continuing coverage under the Plan based on your Collective Bargaining Agreement you should contact your Pension fund to update your address.



STEPS TO ENROLL OR CHANGE ELECTIONS

Employee Benefits Portal

www.cityofchicagobenefits.org

Visit the Employee Benefits Portal at www.cityofchicagobenefits.org, or call the BSC to make changes at 1-877-299-5111.



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

Step 1. On a 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 portal.

Steps to enroll or change elections.

Step 1: First-time users: To enroll **online**, go to: www.cityofchicagobenefits.org to register, create a username, password, and establish security questions. If you are having difficulty registering, contact the BSC at 1-877-299-5111. **See page 35 for detailed instructions for online enrollment.**

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

Step 2: Complete enrollment for yourself.

Step 3: Add and Enroll dependents: spouse, or civil union partner, and children.

To enroll dependents:

- Add dependent demographics to your record by completing the required fields.
- Under each applicable coverage option (i.e. medical, dental, vision), check the box next to each dependent’s name to select who should be enrolled in coverage.

Step 4: How to Submit required documents by December 1, 2025 for dependents. Employees can submit documents **online** at www.cityofchicagobenefits.org or you can fax the eligibility documents to 855-215-8805, or mail to City of Chicago Benefits Service Center, P.O. Box 9929, Providence, RI 02940-4029. Should you choose to mail the documents the City is not responsible for lost or stolen documents.



ADDING A DEPENDENT

Employees should follow these steps to add dependents online or by calling the BSC. All steps must be completed as outlined below to enroll dependents.

1. Add dependent demographic information.
2. Elect coverage for each dependent (medical, dental, and vision), by checking the box next to the dependent's name (See page 39).
3. Submit eligibility documentation (see next page).

DEADLINE TO SUBMIT DEPENDENT ELIGIBILITY DOCUMENTATION.

During the 2026 Open Enrollment period, the deadline to submit dependent eligibility documentation such as birth and marriage certificates is **December 1, 2025**.

Submission of documents by the deadline will allow healthcare service providers to confirm coverage on January 1, 2026. Failure to meet this deadline may result in a delay in enrollment.

Should an employee fail to meet the initial deadline, a grace period will be offered through December 29, 2025. If an employee fails to submit dependent eligibility documentation by the end of the grace period, dependents will not have coverage in 2026.

The next opportunity to enroll in coverage is during the 2027 Open Enrollment period with coverage effective January 1, 2027, or if a Permissible Election Change (AKA a Qualified Life Event) occurs and the employee reports the event as outlined in the City of Chicago Healthcare Plan (see page 30 or visit www.cityofchicago.org/benefits for more information).

HOW TO SUBMIT REQUIRED DOCUMENTS

Employees should upload certified eligibility documents electronically online at www.cityofchicagobenefits.org.

Upload the certified dependent(s) eligibility documents using the "Manage My Forms and Documents" widget on the main page.

The Chicago Benefits Office reserves the right to request original certified eligibility documents.

Note: Before uploading a document, merge all documents into one PDF per dependent. The online application will only allow documents to be uploaded once per dependent.

If an employee needs to obtain a social security card or taxpayer identification number for their dependent, submit the birth or marriage certificate documents. Do not delay while you wait for the social security card or taxpayer identification number as these documents are not required to enroll the dependent.

Submit Documents in Person. Employees are strongly encouraged to submit documents online. However, they may also submit documentation in person. To do so, submit a request for an appointment at www.cityofchicago.org/benefits. A representative from the Chicago Benefits Office will contact the employee to schedule an in person meeting at 2 N. LaSalle St., Suite 1240, Chicago, IL 60602. Office hours are Monday through Friday 8:30 a.m. – 4:30 p.m. ***This is a secure building, so an appointment is required.***

REQUIRED DOCUMENTS FOR DEPENDENTS



Dependents Being Enrolled	Eligibility Documentation
Spouse	A government-issued marriage certificate and spouse's Social Security Number or Tax Identification Number*.
Children (age 0-25 yrs.)	A government-issued birth certificate (with parental information) and child's Social Security Number or Tax Identification Number*.
Adopted Children	A government-issued birth certificate, (with parental information) and Social Security Number or Tax Identification Number*. If the birth certificate has not yet been amended to name the employee as the child's parent, then the letter issued by the governmental agency placing the child in the employee's home will suffice for documentation, until such reasonable time as the amended birth certificate and the Social Security Number or Tax Identification Number* can be issued.
Unmarried Military Dependent Children (age 26-30), Illinois Resident	A government-issued birth certificate, (with parental information) honorable military discharge paperwork (DD Form 214) and Social Security Number or Tax Identification Number*.
Incapacitated Dependent	If an incapacitated dependent, under the age of 26, is currently enrolled in coverage and is approaching the Plan's limiting age of 26, the dependent may be eligible to continue coverage by going through the incapacitation review process. Contact the Chicago Benefits Service Center to request the required documentation.
Legal Guardianship of Dependents – (Court appointed)	A government-issued birth certificate, Social Security Number or Tax Identification Number* and the certified guardianship documents from the Clerk of the Circuit Court placing the child in the home (date of placement must be identified).
Civil Union Partner	A government-issued civil union certificate or an out of state government issued agreement that is recognized as a civil union, and the partner's Social Security Number or Tax Identification Number*.
Same Sex Domestic Partner	Certificate of Domestic Partnership issued by City of Chicago Department of Human Resources before August 1, 2017 and the partner's Social Security Number or Tax Identification Number*.

***The Internal Revenue Service (IRS) requires the City to ask each member enrolled in the City's Healthcare Plan for their Social Security Number (SSN) or Taxpayer Identification Number (TIN). This information is not required to enroll. While you are waiting for this information from a federal agency, please do not delay providing other documents, such as the birth or marriage certificates by the document submission deadline. Failure to provide this information may result in inaccurate reporting to the IRS.**

HEALTHCARE CONTRIBUTION CALCULATIONS

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

The amount an employee pays towards the cost of their coverage is based on their annual salary and the coverage type. Below is an example on how to calculate the cost of the healthcare contribution amounts.

To calculate the cost of coverage, take the base salary (annual salary not including overtime pay) and multiply it by the applicable percentage rate listed for single, employee +1, or family coverage. Then divide that amount by 24 (the number of yearly pay periods). As noted below.

SALARY	SINGLE	EMPLOYEE +1	FAMILY
\$51,533	x 2.7921%	x 3.4854%	x 3.9765%
	= \$1,438.85	= \$1,796.13	= \$2,049.21
	÷ 24	÷ 24	÷ 24
<hr/> TOTAL	<hr/> \$59.95	<hr/> \$74.84	<hr/> \$85.38

This example is only for informational purposes. Your cost will vary based on multiple factors.

EMPLOYEE MEDICAL CONTRIBUTION RATES FOR PPO AND HMO COVERAGE

For Sworn Police Officers below the rank of Sergeant

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

Medical Plan (HMO & PPO)/Dental Plan (HMO & PPO)/Vision			
ANNUAL SALARY	SINGLE	EMPLOYEE+1	FAMILY
Up to \$30,000 (flat rate)	\$15.71	\$23.88	\$27.65
\$30,001 to \$129,999	2.7921% of salary ÷ 24	3.4854% of salary ÷ 24	3.9765% of salary ÷ 24
\$130,000 and above (flat Rate)	\$151.24	\$188.79	\$215.39

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

MEDICAL PLANS AT A GLANCE



An employee 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. (see page 14)
Covers in-network and out-of-network doctors. Offers financial savings depending on the tiers (See page 10)	Doctors must be selected from pre-approved list of doctors. Note: HMO providers may opt out of the HMO network at any time
See a specialist without a referral. Pre-certification, however, is required for certain services such as MRIs, CT scans (for more information - see page 11).	Requires referral from your primary care doctor to see a specialist. Your primary care physician and the staff will manage and coordinate your care.

For additional information regarding Plan benefits review the documents available online at www.cityofchicago.org/benefits.

MEDICAL PPO OPTIONS

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	\$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
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-net- work 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% if not performed at a free standing facility	25% 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		\$150 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 r ate 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%	
Hearing Aids*		10%	25%	

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

This is a summary of benefits offered to City Employees who are Sworn Police Officers below the rank of Sergeant. The City of Chicago Group Health Plan(s), Amendments, and subsequent updates supersede this summary.

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. All other services may be denied if Telligen is not contacted prior to services being provided.

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	
<div> <div>Organ transplant surgery</div> <div>Bariatric surgery</div> </div> <div> <div>Gender reassignment surgery</div> </div> <div> <div>Must be done at a Blue Distinction Center or Blue Distinction Center +</div> </div>	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 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.
Hearing Aids	Call before items are ordered and or purchased.

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TELLIGEN SERVICES

COACHING PHILOSOPHY

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



DISEASE MANAGEMENT COACHING

Chronic Condition Coaching

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

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

Metabolic Syndrome/At-Risk Coaching

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

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

MOBILE APPLICATION

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



Features include:

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

CASE MANAGEMENT

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

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

UTILIZATION MANAGEMENT

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

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

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.

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.

Call Blue Cross Blue Shield of Illinois at 1-800-772-6895 for a list of free standing labs near you.

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

Certain 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	\$20 copay per day first 5 days
Surgery (outpatient)	\$20 copay
Maternity delivery	\$0 after \$20 hospital copay
PREVENTIVE SERVICES	
Routine checkups for adults & children; well- baby care; well-women visits; mammograms; digital rectal exam (DRE) & prostate specific antigen (PSA); colonoscopies, hearing tests	\$0 copay
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
Urgent care	\$25 copay
MENTAL HEALTH & SUBSTANCE ABUSE (must receive referral from PCP)	
Outpatient therapy	\$25 copay
Inpatient care	\$20 copay each admission
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 receive referral from PCP)	
Skilled nursing facility	\$0 Limited to 120 days a year
Durable Medical Equipment (DME) Hospice Home health care Ambulance transport between hospitals	\$0

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*Please note you must select a primary care provider from a preferred provider list. Providers may opt out of the network at any time.

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HMO EMERGENCY CARE



The Medical 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 life threatening 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 \$150 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

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HMO and PPO PRESCRIPTION DRUG PROGRAM

Administered by 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 **\$10 copay**
Preferred brand name **\$30 copay**
Non-preferred brand name **\$45 copay**

RETAIL - Maintenance or long term medications

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

Generic **\$20 copay**
Preferred formulary brand name **\$60 copay**
Non-preferred brand name **\$90 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:

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 **\$20 copay**
Preferred brand name **\$60 copay**
Non-preferred formulary **\$90 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 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 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 PPO AND HMO PROGRAM

Administered by Blue Cross and Blue Shield of Illinois

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

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 \$1,200	PLAN PAYS UP TO \$1,200	YOU PAY No annual limit
Crowns	YOU PAY 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 up to age 25 with \$2,300 copay. Not covered for employee or spouse

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

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

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

BCBSIL RESOURCES

BLUE ACCESS FOR MEMBERS

Employee 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.

Employees 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.

VISION PROGRAM

Administered by Davis Vision

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 chosen and which vision retail store is used.



Employees get the most value from their vision benefits when using 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: <ul style="list-style-type: none"> • Or balance over the \$110 allowance for frames at Visionworks stores • Or balance over the \$50 allowance for frames at other in-network stores 	Balance over \$50
Lenses-single vision Scratch Coatings Special lenses	\$0 one set every 12 months \$0 copays Visit www.davisvision.com or call 1-888-456-8758 for specific copay amounts.	Balance over \$35
Contact lenses (in lieu of glasses)	\$0 one set every 12 months *Davis Vision collection \$0 for 4 multipacks or boxes *Other disposables: Balance over \$105	Balance over \$105

www.davisvision.com • 1-888-456-8758



FLEXIBLE SPENDING ACCOUNT (FSA) (Healthcare)

Administered by Optum Financial

Only available if you enroll in an FSA Plan each year during Open Enrollment

WHAT IS A HEALTHCARE FSA?

A Healthcare Flexible Spending Account (HCFSA) is a tax-advantaged account that allows you to use pre-tax dollars to pay for qualified medical expenses. You enroll in an HCFSA during Open Enrollment with benefits effective January 1st of each year. You can access these funds throughout the year and the contribution is subject to certain legal limits. There is a minimum contribution amount of \$120, and the maximum contribution amount is currently \$3,300.

If an employee elect to enroll in the HCFSA they will receive a VISA debit card. Funds will be available for use as of January 1, 2026.

If employees are on an approved leave of absence and not contributing via payroll deductions to their HCFSA, when employees return to work they will have catch-up payments for the prior pay periods in which payroll deductions did not occur, provided employees return to work within the same calendar year.

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

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

For more information, review the HCFSA Summary on the next page.

HEALTHCARE FSA SUMMARY

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

•**EASY TO ACCESS.** Funds in the account are easily accessed with the payment card. Your account balance is available at any time **online**, through the mobile app, or over the phone.

•**TAX ADVANTAGES.** Since FSA contributions are not taxed, you can reduce your taxable income by the amount you contribute to your FSA. You can then use those pre-tax dollars to pay for eligible health care expenses that would have otherwise been paid with post-tax dollars.

•**RAPID REIMBURSEMENTS.** Paying for health care expenses is easy when you use your payment card. If you do not use your card, you can quickly and easily create your claim **online**. Once you submit your receipts, you will be reimbursed via check or direct deposit.

•**USE IT OR LOSE IT.** The Internal Revenue Service (IRS) requires that any money left in your account at the end of the year will be forfeited, after a grace period. For 2026 the grace period ends March 15, 2027. You will have until March 31, 2027 to submit your 2026 expenses.

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

- At the present time, **Healthcare FSA contributions are limited by the IRS to \$3,300 each year.** The limit is per person; a husband and wife may each contribute up to the limit, for example \$1,600 each.

- The IRS requires that employers make the full annual Healthcare FSA election available to employees when an eligible expense occurs, regardless of whether you have deposited enough to cover the full amount at that point in time.

For example, let's say you choose to contribute \$1,200 per year, equal to a payroll deduction of \$100 a month. You are eligible for reimbursement up to the full \$1,200 in the first month, even though you have only deposited \$100 in your account. Remaining deductions will be taken from your pay during the rest of the plan year.

MINIMUM/MAXIMUM CONTRIBUTIONS TO THE HEALTH CARE FSA

To participate in the Healthcare FSA, you must contribute a minimum of \$120 and up to a maximum of \$3,300 per calendar year. The IRS may increase the maximum amount annually.

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

<https://my.optum.com/city-of-chicago> • 1-833-229-4428

COMMUTER (TRANSIT) BENEFIT PROGRAM

Administered by Optum Financial

SAVE ON CTA AND METRA RIDES

The commuter (Transit) Benefit program empowers you to choose the amount you want to deduct from each paycheck, pre-tax, for the purchase of CTA or Metra Transit cards. You have the flexibility to contribute up to a maximum of \$315* per month.

Signing up for the program is a breeze, and you can do it at any time during the year! Visit <https://my.optum.com/city-of-chicago> or call 1-833-229-4428 to authorize payroll deductions and order a CTA or Metra card.

Important Note: It takes about two months for your first card to be mailed to your home, and Optum will automatically re-load your card when it expires. You can cancel your order anytime if your commuting needs change, or you must be away from work for a while.

However, deductions may continue for two additional months as there is a two-month lag between enrolling and disenrolling.

*This number is subject to change annually

<https://my.optum.com/city-of-chicago> • 1-833-229-4428

LIFE AND LONG TERM DISABILITY INSURANCE

Employees have an opportunity to purchase group life insurance coverage through the City's various vendors. Contact the vendors to learn more.



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

As a City employee, you automatically receive \$25,000 of free basic life insurance which pays in the event of your death and \$1,000 of AD&D insurance which pays in the event of certain accidental losses. The AD&D insurance increases to \$5,000 after the first year, alongside the increase of the Basic Life to \$75,000. 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 or 1-866-492-6983)

You may purchase additional Optional Term Life insurance for yourself or for your eligible dependents. This is a separate policy and in addition to the employer paid Basic Life insurance.

Please note:

- Proof of good health may be required if you are increasing the amount of insurance (1x to 10x your annual earnings, up to \$1.5 million).
- Insurance is available for purchase for a spouse or civil union partner for \$10,000, \$25,000 or \$50,000 of coverage (limits apply). Proof of good health may be required.
- Insurance is available for children from birth to age 25 for \$5,000 to \$10,000 in coverage (one rate covers all your children). Proof of good health may be required.

PERMANENT LIFE INSURANCE: (Texas Life www.empben.com/COCTL or 1-800-638-6855)

PureLife-plus voluntary permanent life insurance offers a death benefit to age 121, as long as premiums are paid. Offered through the convenience of payroll deduction, this permanent and portable coverage can easily be continued after employment ends through direct payments. Employees, spouses, children, and grandchildren are eligible to apply. PureLife-plus can be an ideal complement to any group and optional term life insurance provided by the City. Sign up for this coverage by scanning QR code, visiting website www.empben.com/COCTL.



TEXAS LIFE

LONG TERM DISABILITY (LTD): (Prudential <https://prudential.benselect.com/cityofchicago> or 1-800-778-3827)

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

If you previously chose to opt-out of the LTD program, during the Open Enrollment period, you can re-enroll without having to provide proof of good health by contacting Prudential at the number listed above.

VOLUNTARY SUPPLEMENTAL INSURANCE

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

- **Combined Insurance Company**, www.combinedinsurance.com/cityofchicago, 1-888-870-3382
- **Aflac Insurance Company**, <https://www.aflacrollment.com/CityofChicago/k4a812328050>, 1-888-382-3522

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

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

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

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

DEFERRED COMPENSATION RETIREMENT PLAN

Administered by Nationwide

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

Minimum payroll deduction to start account	\$10 per pay period
Contribution limits if you are under age 50	\$23,500 for 2025* (may be increased by IRS)
Contribution limits if you are over age 50	Additional "catch-up" contribution of \$7,500 permitted, for a total of \$31,000 for 2025* (may be increased by IRS)
Contribution limits if you are age 60-63	Additional "catch-up" contribution of \$11,500 for 2025* (may be increased by IRS). The contribution limit returns to Age 50-plus catch up deferral limit effective the calendar year you turn age 64
Taxation of Contributions	Income taxes on before-tax contributions are deferred until your account is distributed. Roth contributions are made on an after-tax basis. However, earnings on Roth contributions may be distributed tax-free in retirement, if you meet certain requirements (see Taxation of distribution below)
Age at which you must begin taking distributions	April 1st of the year following the year when you attain 73 or end employment with the City of Chicago, whichever is later
Penalty for early withdrawals	<p>There are no early withdrawal tax penalties when withdrawing 457(b) funds; however, you must either sever employment or qualify under one of the access funds options below to be eligible to take a withdrawal from your account.</p> <p>Funds rolled over from an IRA or qualified retirement plan may be accessed at any time, but may be subject to early withdrawal penalty if withdrawn prior to 59 ½</p>

*These numbers are subject to change annually

Continued on next page...

www.chicagodeferredcomp.com • 1-855-457-2489

This is a summary of benefits offered to City Employees who are Sworn Police Officers below the rank of Sergeant. The City of Chicago Group Health Plan(s), Amendments, and subsequent updates supersede this summary.

DEFERRED COMPENSATION RETIREMENT PLAN (CONTINUED)

Administered by Nationwide

Accessing funds while still employed

You may access your funds if you:

- Attain age 59 ½
 - Have \$5,000 or less in your account, have not contributed to the plan in at least two years and have never taken a withdrawal of this type before
 - Take a plan loan
 - Request an unforeseeable emergency withdrawal (requires approval according to IRS guidelines)
 - Request up to \$5,000 within 12 months of a qualified birth or adoption
-

www.chicagodeferredcomp.com • 1-855-457-2489

This is a summary of benefits offered to City Employees who are Sworn Police Officers below the rank of Sergeant. The City of Chicago Group Health Plan(s), Amendments, and subsequent updates supersede this summary.

Help build a more secure retirement by supplementing your pension



Key reasons to consider your Chicago Deferred Compensation Plan:

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

Easy — Payroll deduction means your contributions are automatic

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

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

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

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

Automatic — Earnings are reinvested, harnessing the power of compounding



Enroll today!

chicagodeferredcomp.com
1-855-457-CITY (2489),
option 2
205 W Randolph St.,
Suite 1540,
Chicago, IL 60606



Retirement specialists

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



Educational workshops

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



Investing approaches

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



My Retirement by NationwideSM app

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



Account consolidation

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



Robust website

Get online education and tools, investment information and account access in our simple, easy-to-navigate site at chicagodeferredcomp.com. This includes access to robust planning tools such as My Income & Retirement PlannerSM and My Investment PlannerSM.

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

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

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

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LEARN ABOUT OTHER OPPORTUNITIES

(Informational Only)

Contact Bright Horizons and DePaul for details

CHILDCARE SERVICES

Bright Horizons Cook County/City of Chicago Child Development Center

Learn more about the high-quality childcare available on site at Bright Horizons Cook County/City of Chicago Child Development Center located at 40 N. Dearborn by visiting our website at <https://child-care-preschool.brighthorizons.com/il/chicago/cookcounty> or give us a call at 312-603-8585 to schedule a visit and learn more about your exclusive Cook County/City of Chicago employee benefits such as priority enrollment, waived initial registration fee and tuition subsidies. Now is a great time to get your child enrolled!

Bright Horizons[®] carefully creates high-quality environments with rich, open-ended experiences that nurture development and inspire Discovery Driven Learning.

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

ADVANCE YOUR CAREER WITH EDUCATIONAL BENEFITS FROM DEPAUL UNIVERSITY

DePaul University is delighted to have a partnership with the City of Chicago! As a full-time employee of the City of Chicago, you have access to educational benefits like streamlined admission, discounted tuition and professional development opportunities to help you take your career to the next level.

Benefits for all City of Chicago employees:

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

DePaul is a top-tier institution known for innovative, hands-on, real-world learning. With access to over 300 undergraduate and graduate programs, you'll learn from DePaul's distinguished faculty who are on the forefront of technology and research.

Let a DePaul education make the difference for you.

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

**In some cases, a limited number of programs require applying through a third party where the application fee cannot be waived.

Transform Your Future

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



Questions about the partnership
Connect with us at
corporatepartnership@depaul.edu



This is a summary of benefits offered to City Employees who are Sworn Police Officers below the rank of Sergeant. The City of Chicago Group Health Plan(s), Amendments, and subsequent updates supersede this summary.

IMPORTANT REMINDERS AND LEGAL NOTIFICATIONS

ACCESS TO CITY OF CHICAGO HEALTHCARE PLANS AND CITY'S PRE-TAX CAFETERIA PLAN

The City of Chicago's Healthcare Plan and any amendments, and the Pre-Tax Cafeteria Plan are available on the City's website, www.cityofchicago.org/benefits. Please check this site regularly to stay informed about changes to your benefits.

ABOUT FRAUD

Any fraud with respect to the City of Chicago's benefits plans may result in adverse consequences to all related employees and dependents. Examples of fraud include but are not limited to:

- Failure to notify the City's Benefits Service Center of an event that might cause coverage to end (for example, divorce, Medicare eligibility, or death) or continuing to submit claims to the Plan after the date of loss of eligibility.
- Misrepresentation by the employee or dependent regarding initial eligibility (for example, regarding the dependent's age or the dependents relationship to the employee).
- Any attempt to assign or transfer coverage to someone else (for example, letting another person use your Plan ID card to obtain benefits).

The employee will be required to pay for any claims and all administrative or other costs and fees incurred by the City as a result of such fraud. Additionally, coverage may be terminated for the employee and any dependents, and the City may take action to collect any money paid (including offsetting any amounts incurred as a result of the fraud against any future benefits of the employee or dependents or bringing suit against the employee). The City may also discipline the employee, up to and including termination.

DIVORCE OR DISSOLUTION OF CIVIL UNION OR DOMESTIC PARTNERSHIP

If you divorce or dissolve a civil union or domestic partnership, you must notify the Benefits Service Center online (or by calling) within 30 days of the date of the divorce or dissolution and submit the certified divorce decree.

DEPENDENTS COVERAGE ENDS

Dependent children who reach the age of 26 (30 for unmarried military, if applicable) are automatically terminated from the City's Plan on the last day of the month of their birthday. Special rules apply to disabled dependents. For additional information regarding disabled dependents contact the Benefits Service Center.

UPDATING DEPENDENT DEMOGRAPHIC INFORMATION

Employees should call the BSC to update their dependent's information, such as: Name, Birth Date, or Social Security Number or Taxpayer Identification Number. You must also provide the required documentation to support the change such as a birth certificate, Social Security card, or Taxpayer Identification number.

UPDATE YOUR BENEFICIARIES

Make sure you keep your beneficiary information updated. Insurance benefits will be paid to the person(s) on file as your beneficiary. If your beneficiary information is not up to date, your benefits may not be distributed according to your wishes. Contact your life insurance company to name or update your beneficiary. Please keep your annuity fund and deferred compensation beneficiaries up to date.

IMPORTANT REMINDERS (CONTINUED)

ADDING OR DROPPING A DEPENDENT DURING THE YEAR

Benefit changes are allowed throughout the year only if you have a permissible election change event, such as marriage, divorce, birth, adoption of a child, or loss of other coverage. First, you must notify the Benefits Service Center within 30 days of the event date. Second, you must provide documents within 60 days of the event date (180 days for provision of a birth certificate for a newborn child). More information is available in the City of Chicago Pre-Tax Contribution Plan Summary.

Below are some common events:

LEGAL MARITAL/PARTNER STATUS Marriage, establishment of a civil union, Birth, adoption, or legal guardianship for a dissolution of a civil union, divorce, or death	DEPENDENTS Birth, adoption, or legal guardianship for a child
COURT ORDER FOR DEPENDENT Coverage for the employee's dependent You or a dependent loses or gains resulting from a court order (QMCSO, a coverage. "Qualified Medical Child Support Order")	GAIN/LOSS OF COVERAGE You or a dependent loses or gains coverage.

Please note: Permissible election changes (AKA a Qualified Life Event) are effective on the date of the event, but Open Enrollment changes are effective January 1, 2026. When you call the Benefits Service Center to report a permissible election change event during the open enrollment period, be sure to explain that you are calling about a permissible change event and ask for benefits to be effective on the date of the event.

ONLINE PAY SLIPS AVAILABLE

Sign up for Greenslips, the City's online pay slips program to view direct deposit of your paycheck online. You can also view and download W-2 tax return as soon as available and your Supplemental balances for personal time; such as Vacation and Sick Time.

Go to https://www.chicago.gov/city/en/depts/fin/supp_info/GreenSlips.html and follow the instructions. You will need your employee number to set up a secure account.

REMEMBER TO UPDATE YOUR ADDRESS

The Chicago Benefits Office and its vendors distribute information to employees using the address on file with the Department of Human Resources. To ensure you receive communication related to your benefits, you must update your address with your department anytime you experience a change of address. For a change of address request form, contact your department's human resources liaisons.

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 all stages of reconstruction of the breast on which the mastectomy was performed, and surgery and reconstruction of the other breast to achieve symmetry between breasts, as well as prosthesis and treatment of complications resulting from a mastectomy (including lymphedema), in a manner determined in consultation with the attending physician and the patient.

These benefits will be provided subject to the same deductibles and coinsurance as other medical and surgical benefits.

IMPORTANT REMINDERS (CONTINUED)

ILLINOIS CONSUMER COVERAGE DISCLOSURE

For the Illinois Consumer Coverage Disclosure Act Essential Health Benefits Comparison, go to www.cityofchicago.org/benefits.

NOTICE OF AVAILABILITY OF NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) regulates the use and disclosure of Protected Health Information (“PHI”). The relevant regulations may be found at 45 CFR 160 & 164 (referenced collectively as the “Privacy Rule”). A Notice of Privacy Practices applicable to the use and disclosure of PHI by the group health plans (including medical, dental, vision, and the health care flexible spending account benefits) sponsored by the City of Chicago (the “City”) previously has been distributed.

A copy of the Notice is available on the City website/intranet at www.cityofchicago.org/benefits. If you wish to obtain a hard copy of the Notice, you may do so by making a written request at the following address:

**Chicago Benefits Office
2 N. LaSalle St. Room 1240,
Chicago, Illinois 60602**

If you have any questions, please feel free to contact the Benefits Service Center at 1-877-299-5111.



CONTACT LIST WEBSITES AND PHONE NUMBERS

City of Chicago Benefits Service Center Contact to Enroll or Make Plan Changes	www.cityofchicagobenefits.org	1-877-299-5111
Medical PPO Blue Cross Blue Shield of Illinois Caremark Pharmacy Telligen medical plan advisor	www.bcbsil.com/cityofchicago www.caremark.com www.telligen.com	1-800-772-6895 1-866-748-0028 1-800-373-3727
Medical HMO Blue Advantage HMO Caremark Pharmacy	www.bcbsil.com/cityofchicago www.caremark.com	1-800-730-8504 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
MetLife Basic Term Life Insurance Optional life insurance	www.metlife.com/mybenefits	1-866-492-6983
Prudential Long Term Disability	https://prudential.benselect.com/cityofchicago	1-800-778-3827
Texas Life Universal Permanent Life Insurance	www.empben.com/COCTL	1-800-638-6855
Nationwide Retirement Services	www.chicagodeferredcomp.com	1-855-457-2489
Voluntary Supplemental Insurance Combined Insurance Company Aflac Insurance Company	www.combinedinsurance.com/cityofchicago https://www.aflacenrollment.com/CityofChicago/k4a812328050	1-888-870-3382 1-888-382-3522
Optum Financial Flexible Spending Account (FSA) Healthcare and Dependent Care Account; Transit Benefit Program	https://my.optum.com/city-of-chicago	1-833-229-4428
Chicago Lives Healthy Wellness Program: Well on Target Health Improvement Program (HIP)	www.wellontarget.com www.telligen.com	1-877-806-9380 1-800-210-9943

This is a summary of benefits offered to City Employees who are Sworn Police Officers below the rank of Sergeant. The City of Chicago Group Health Plan(s), Amendments, and subsequent updates supersede this summary.

CONTACT LIST WEBSITES AND PHONE NUMBERS

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

EMPLOYEE BENEFITS PORTAL INSTRUCTIONS

EMPLOYEE BENEFITS PORTAL

www.cityofchicagobenefits.org



Scan the QR code to visit the Benefits Portal

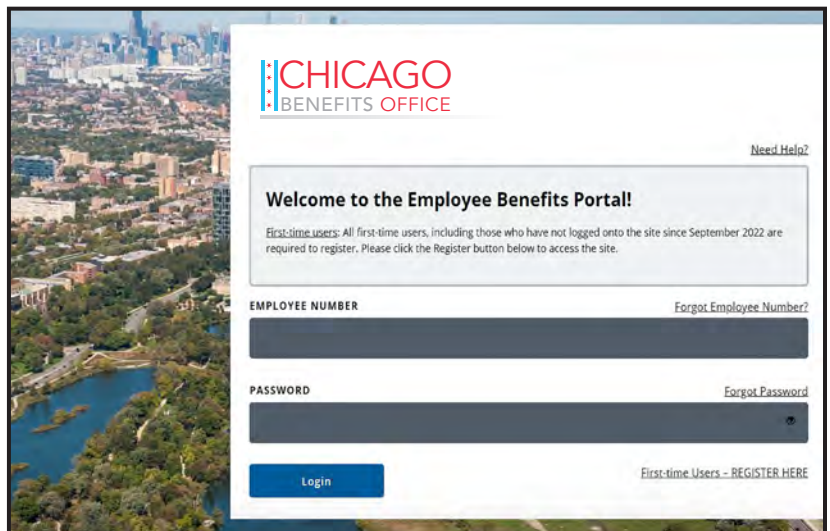
Instructions on how to access the online Employee Benefits Portal are provided below. Screen shots are for illustration purposes only. Actual screens may vary.

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.

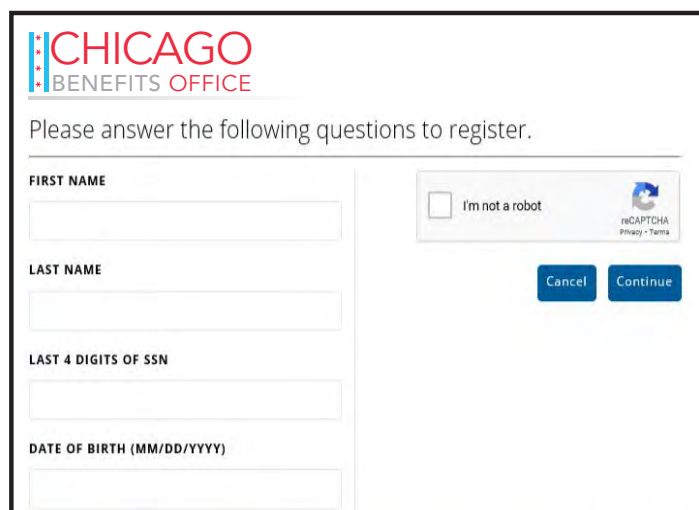
Returning Users: Please follow the instructions under, "[What's my initial password?](#)"



The screenshot shows the Chicago Benefits Office login page. It features a header with the Chicago Benefits Office logo and a 'Need Help?' link. A welcome message states: 'Welcome to the Employee Benefits Portal! First-time users: All first-time users, including those who have not logged onto the site since September 2022 are required to register. Please click the Register button below to access the site.' Below this, there are input fields for 'EMPLOYEE NUMBER' and 'PASSWORD', each with a 'Forgot' link. A 'Login' button is at the bottom left, and a 'First-time Users - REGISTER HERE' link is at the bottom right. The background of the page shows an aerial view of a city park with a lake.

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



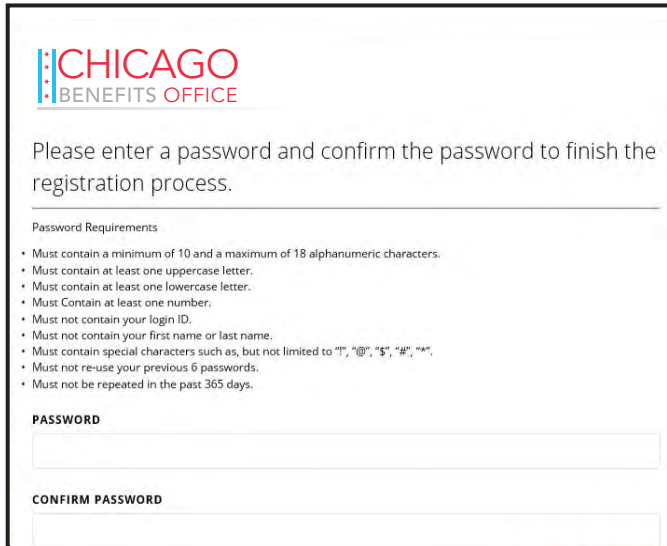
The screenshot shows the Chicago Benefits Office self-registration page. It features the Chicago Benefits Office logo and a heading: 'Please answer the following questions to register.' Below this, there are four input fields: 'FIRST NAME', 'LAST NAME', 'LAST 4 DIGITS OF SSN', and 'DATE OF BIRTH (MM/DD/YYYY)'. To the right of these fields, there is a checkbox labeled 'I'm not a robot' with a reCAPTCHA logo. Below the checkbox are 'Cancel' and 'Continue' buttons.

EMPLOYEE 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.



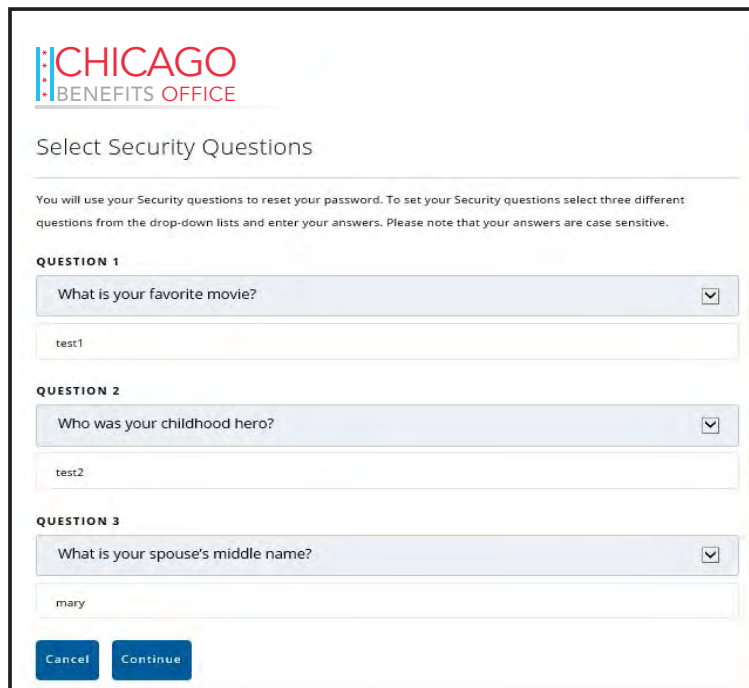
CHICAGO BENEFITS OFFICE

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](#)

This is a summary of benefits offered to City Employees who are Sworn Police Officers below the rank of Sergeant. The City of Chicago Group Health Plan(s), Amendments, and subsequent updates supersede this summary.

EMPLOYEE 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](#)

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Security questions saved.

[Continue](#)

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

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](#)

EMPLOYEE BENEFITS PORTAL

www.cityofchicagobenefits.org

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

The screenshot shows the 'OPEN ENROLLMENT' header with a 'Modify' link. Below is the 'MY TOOLS' section. The 'MY BENEFITS AS OF AUGUST 10, 2023' section displays a total cost of \$49.11. A table lists various benefits and their options:

Benefit	Option	Level of Coverage
Medical	PPO Plan	Single
Dental	Dental PPO	Single
Vision	Dental Vision	Single
Health Care FSA	Health FSA	\$0 Employee doc
Dependents Care FSA	Health FSA	\$0 Employee doc

Buttons for 'View Details' and 'Quick Actions' are visible.

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

The dialog box titled 'Modify an event' contains the following text: 'You have asked to modify this event. If you click Continue your previous selections will be displayed and you will be allowed to make changes. You must Complete your enrollment and reach the Confirmation page for your selections to take effect. Continue?'. At the bottom are 'Continue' and 'Cancel' buttons.

Step 8: Verify/Add Dependents

Click **“Add Family Member”**

The screenshot shows the 'Home' page with a 'Family' tab selected. Below the tab, it says 'Open Enrollment - January 1, 2024'. The 'Family' section has a heading and a paragraph: 'Please review your family members currently on file. You may add, enroll, update or remove family members if the information displayed is not accurate. Family members must be listed below in order to be added for medical and/or dental coverage.' A large blue button labeled '+ Add Family Member' is at the bottom.

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

The 'Family Member' form contains the following fields: 'First Name' (Test), 'Middle Name' (T), 'Last Name' (Tester), 'Social Security Number', 'Relationship' (Child), 'Date of birth' (08/20/2020), and 'Gender'. A green success message at the bottom reads: 'Your dependent has been saved'.

EMPLOYEE BENEFITS PORTAL

www.cityofchicagobenefits.org

Step 9: Verify who is enrolled in coverage. Be sure to look at the separate tabs for each plan (medical, dental, vision). Remember to check the box next to the name of each dependent being added and enrolled in to each plan.

Step 10: Enrollment. When adding a dependent, you **MUST** enroll 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** enroll dependents to cover them; this means if you fail to enroll 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 2026.

This is a summary of benefits offered to City Employees who are Sworn Police Officers below the rank of Sergeant. The City of Chicago Group Health Plan(s), Amendments, and subsequent updates supersede this summary.

EMPLOYEE BENEFITS PORTAL

www.cityofchicagobenefits.org

Step 10 continued: Complete Enrollment

Open Enrollment - January 1, 2024

Complete Enrollment

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

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

Important Information

- Health Care PSA**

In the event of an error in your PSA deductions or PSA 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 that 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 PSA 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 selected coverage requires additional verification, it will be updated (once approved).

Benefit	Coverage Options	Coverage Details	Employee Cost
Health Care			
Medical			
Medical	PPO Plan	Single	\$48.45
Dental			
Dental	Dental PPO	Single	\$0.81
Vision			
Vision	Dental Vision	Single	\$0.15
Flexible Spending Accounts			
Health Care FSA	\$500.00	\$20.00 Employee cost	\$20.00
Dependent Care FSA	\$0.00	\$0 Employee cost	-
Total			\$69.34
Cost Summary			
COST PER PAY OR BILLING PERIOD			
Medical + Vision + Dental			\$49.11
Health Care FSA			\$20.00
Dependent Care FSA			\$0.00
Your Cost per Pay or Billing Period			\$69.34

Read Terms. Click check box, acknowledging changes.

Terms and Conditions

Defaulting 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 seek 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 concerning the benefits available under this provision 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 and enrolled, 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 or Tax Payer Identification Number, 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 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](#) [Upload Documents](#)

Required Forms

Form Name	Event Name	Expiration Date
Birth Certificate	Birth, Adoption or Legal Guardianship (CWS & 2020)	Nov 7, 2025

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

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EMPLOYEE BENEFITS PORTAL

www.cityofchicagobenefits.org

Step 12: To View OE Elections Only

If you would like to only view the elections made during the open enrollment period, Do Not Select the options listed under the Open Enrollment Banner (restart, modify, cancel). Go to the home page and follow the steps listed below:

1. Step 1 – From Home Page, scroll down and select the View All Benefits Selections tab
2. Step 2 – Scroll through your election event history and select Open Enrollment for the appropriate year, then select the “View Details” tab
3. Step 3 – Scroll down to see OE elections.

Note: If you select the “Actions Tab” instead of View Details your previous elected changes will be defaulted to “waived” and you will have to go through the process of making your open enrollment elections again.

My Elections History

Below is a timeline of your elections
select an event for more details

Salary Change Jan 1, 2024 Defaulted View Details	Salary Change Jul 1, 2024 Defaulted View Details	Open Enrollment ✓ Jan 1, 2025 Completed View Details Actions
--	--	---

☒ Hide cancelled transactions

Open Enrollment

Jan 1, 2025
Completed

If you have questions about your coverage, please contact your benefits administrator.

Status Your selections Dependents Forms

[Print my coverage details](#)

Your coverage

All benefits are effective as of January 1, 2025 unless otherwise noted in the table below. If your elected coverage requires additional verification, it will be updated once approved. If a new dependent has been enrolled, coverage changes will go into effect once the City of Chicago receives and approves the documentation. Federal Law requires us to ask for the Social Security Number (SSN) or Tax Identification Number (TIN) for anyone enrolled in City Health plans. If you are still awaiting issuance of SSN or TIN, do not delay submitting other documents or information. If available, upload a copy of the SSN or TIN with the required marriage or birth certificates. Here is the list of documents you must provide to finalize the enrollment.

Benefit	Coverage Options	Coverage Details	Employee Cost
Health Care			
Medical			
Medical	PPO Plan	Single	\$228.04
Dental			
Dental	Dental PPO	Single	-
Vision			
Vision	Davis Vision	Single	-
Flexible Spending Accounts			
Health Care FSA	\$0.00	\$0 Employee cost	-
Total			\$228.04

To view elections made outside of Open Enrollment due to a permissible election change event, follow steps 1-3 above. However instead of Open Enrollment you would select the applicable election change event.

