

# All Full-Time Employees

(Excludes IBEW-Local 134 represented controllers,  
road masters and yard masters)

## **Health and Dental Enrollment Plan**

2014

Our health benefits are changing for 2014.  
Please read carefully - you must make a new election



- For 2014 your medical provider will be Cigna
- For 2014 your pharmacy provider will continue to be CVS Caremark
- For 2014 your dental provider will continue to be Humana/CompBenefits

## Contact Information

HEALTH PLAN INFORMATION	PHONE AND OR WEB SITE
Cigna	1-800-244-6224 www.cigna.com
Pre-enrollment Line	1-800-564-7642
CVS Caremark Prescription Drugs	1-866-285-8972 www.caremark.com
DENTAL PLAN INFORMATION	PHONE # OR EMAIL WEB SITE
Humana PPO Plan Humana/CompBenefits DHMO (Prestige 75)	1-800-837-2341 1-800-837-2341 www.compbenefits/custom/CTA
Chicago Transit Authority	PHONE # OR WEB SITE, AND EMAIL
HR Benefit Services	1-312-681-2225, press "3" www.transitchicago.com (web) benefits@transitchicago.com (email)

### New Employee Contributions Effective Jan 1, 2014

PPO Option 2/OAP** Network	Single	Family
<b>Biweekly Contribution</b>	<b>\$43.85</b>	<b>\$83.08</b>
Deductible In Network	\$350	\$700
Deductible Out of Network	\$1,000	\$2,000
*Annual Out-of-Pocket Maximum — In PPO Option /OAP** Network	\$1,350	\$2,700
*Annual Out-of-Pocket Maximum — Out of PPO Option2/OAP** Network	\$3,000	\$6,000
PPO Option 3/OAP** Network	Single	Family
<b>Biweekly Contribution</b>	<b>\$32.31</b>	<b>\$64.62</b>
Deductible In Network	\$500	\$1,000
Deductible Out of Network	\$1,500	\$3,000
*Annual Out-of-Pocket Maximum — In PPO Option/OAP** Network	\$3,000	\$6,000
*Annual Out-of-Pocket Maximum — Out of PPO Option/OAP** Network	\$4,500	\$9,000
Dental Plans	Single	Family
<b>Biweekly Contribution</b>		
CTA Indemnity/PPO	\$0.00	\$7.18
Humana/CompBenefits Prestige 75	\$0.00	<b>\$3.69</b>

\*Includes co-payments and annual deductibles in accordance with the mandates of the Affordable Care Act.

\*\* Cigna uses an open access plus (OAP) network which gives you access to a greater number of providers.

### **IMPORTANT AND NEW ENROLLMENT INFORMATION**

Please read this Health Enrollment Plan booklet carefully because the only way to make your plan selections for the 2014 plan year is by using Self Service from any CTA work location or by using the Internet from your personal computer (see instructions on pages 11 & 12 of this brochure).

There are major changes to the CTA health plans for 2014. If you are currently in a plan that ends December 31, 2013, you will have to make a plan selection for January 1, 2014. If you do not select a new plan, you will be defaulted into the PPO /OAP Option 2

The changes you make during this open enrollment period will become effective Jan 1, 2014 and will remain in effect through December 31, 2014.

The CTA is no longer a “grandfathered” health plan under the Patient Protection and Affordable Care Act (PPACA). Therefore, under PPACA, the CTA must include certain consumer protections, for example the requirement to provide preventive health services without cost sharing.

### **Open Enrollment for Jan 1, 2014**

During the period of Nov 4th through Nov 22, 2013, the Chicago Transit Authority (CTA) will conduct open enrollment for health and dental plans. Unless you have an eligible change in family status, **open enrollment is the only time of the year when you can:**

- make changes to medical and dental plans;
- enroll eligible dependents; and
- opt-out of currently selected plans

### **Overview Of Benefit Plans**

#### **Cigna PPO Medical Plan**

- New PPO/OAP Administrator
- New Employee Contributions (see page 1)
- Plan Deductibles
- Annual Out-Of-Pocket Maximums
- Out-Of-Network office visit Co-Payment
- Prescription Drug Co-Payments
- Emergency Room Co-Payment
- Preventive Care covered at 100% (in network)
- New ID Card
- For High Cost Services a pre-estimation of benefits is recommended
- Inpatient and Outpatient mental health services

### **Marketplace Exchange**

There may be other coverage options for you and your family. When key parts of the health care law take effect beginning January 1, 2014, you'll be able to buy coverage through the Health Insurance Marketplace and can obtain information about it at [www.healthcare.gov](http://www.healthcare.gov). In the Marketplace, you could be eligible for a new kind of tax credit that could offer lower premiums, and you can see what your premium, deductible, and coverage costs will be before you make a decision to enroll.

## Dental Plans

### Dental PPO Plan Larger Network

Annual Coverage Maximum is \$3,000 per calendar year per person. Humana administers the current Dental Indemnity/PPO plan. All other benefit services and payment levels will remain the same. Your Dentist may use a Universal Claim Form for all claims. For services that will cost more than \$125 a pre-estimation of benefits is recommended.

### Dental HMO Plan

Humana/CompBenefits Prestige 75 is the only Dental HMO choice. Please use the Humana/CompBenefits web site to obtain a current list of providers.

## Opt-Out Provision

You may choose not to enroll in the CTA health and dental plans provided you supply proof of alternate insurance coverage to the HR Benefit Services Department. The CTA will reimburse eligible active employees up to \$950. (The amount will be divided over the course of the calendar year and paid bi-weekly.)

The payments will be reflected as a separate item on your payroll check. If a change occurs with your alternate health coverage, you may choose to re-enroll in the CTA health plan effective the first day after the termination of your alternate coverage.

**Note:** Two married CTA employees cannot use the opt-out provision. Each must retain an individual policy.

## New Dental Guidelines

You can elect dental coverage for yourself and your eligible dependents even if you have opted out of medical coverage. You must provide certified documentation to obtain dependent dental coverage (see page 1 for contributions).

## Adding/Deleting Dependents

- **You must submit a completed Election Form to HR Benefit Services:\*\***
  - to add or delete a spouse, same sex domestic partner, civil union partner or eligible dependent(s)
- **You must submit certified documentation for each person not currently enrolled as required by the plan including:**
  - Marriage certificate
  - Civil Union certificate
  - Birth certificate (must list employee, eligible spouse, civil union or domestic partner)
  - Adoption papers (custody and guardianship not accepted)
  - Court orders
  - Common legal documents (bank/savings accounts, leases, mortgages, utility bills, etc.)

**If you are adding or deleting dependents, all required forms and documents must be submitted to the HR Benefit Services Department\*\* on or before Nov 22, 2013.**

## Vision Benefits (For all Employees regardless of health benefit elections)

The plan will provide employee only with an allowance for prescription eyeglasses. The benefit will pay 75% of your eyeglasses expenses up to \$300 (whichever is less) every 2 years.

### For PPO/OAP Participants

- The new vision benefit will be administered by Cigna. To receive reimbursement of your eyeglass purchase, you must complete and submit a claim form to Cigna. See Cigna.com for a copy of the form.
- You will also have access to discounted vision services through Cigna. This discount program is available not only to you, but also your covered family members.

**Please review all of the information included in this brochure carefully before making your decisions.**

Keep this booklet for future reference.

\*\* HR Benefit Services is not responsible for documentation submitted to other departments.

# Chicago Transit Authority

## PPO/OAP Medical Plan Option 2 Highlight Sheet

**General Information:** This sheet summarizes benefits available in the Chicago Transit Authority PPO Medical Plan administered by Cigna. Some provisions must be medically necessary and/or certified by the Cigna. Call 1-800-244-6224

OUTPATIENT SERVICES		Coverage
Deductible	\$350 individual \$700 family if in PPO/OAP network; \$1,000 individual; \$2,000 family if out of network.	
Annual Out-of-Pocket Maximum	\$1,350 individual \$2,700 family if in PPO/OAP network; \$3,000 individual \$6,000 family if out of network.	
Physician Office Visit (preventive)	100% if PPO/OAP network; otherwise no coverage out of network.	
Physical Examinations (preventive)	100% if PPO/OAP network; otherwise no coverage out of network.	
Health Screening Tests (preventive)	100% if PPO/OAP network (if required by PPACA); otherwise no coverage.	
Physician Office Visit (illness/accident)	90% after deductible if PPO/OAP network; otherwise \$25 co-payment & 70% of usual and customary charges.*	
Other Outpatient Services	90% after deductible if PPO/OAP network; otherwise 70% of usual and customary charges.*	
Eye Care	Discounts on eye exams and corrective eyewear are available through Cigna. Call 1-800-244-6224 to locate a provider in your area. No non-network coverage. (See page 3).	
Immunizations (preventive)	100% if PPO/OAP network (if required by PPACA); otherwise no coverage out of network.	
Prescription Drugs	Retail pharmacy and mail order are available through CVS Caremark at 1-866-285-8972. Co-payment plan is as follows: \$5 generic drugs, \$15 brand name drugs on the formulary list (if no generic); \$35 brand name drugs not on the formulary or brand name drugs that have a generic equivalent available. Mail order cost of 90-day supply will be double the cost of 30-day retail supply.	
HOSPITAL INPATIENT SERVICES		Hospital admission must be approved by Cigna call 1-800-244-6224.
Limit on Days	Unlimited.	
Room (semi-private or intensive care)	90% after deductible if PPO/OAP network; otherwise 70% of usual and customary charges.*	
All Other Hospital Services	90% after deductible if PPO/OAP network; otherwise 70% of usual and customary charges.*	
Surgery	90% after deductible if PPO/OAP network; otherwise 70% of usual and customary charges.*	
Physician Visits	90% after deductible if PPO/OAP network; otherwise 70% of usual and customary charges.*	
Obstetrical Services	90% after deductible if PPO/OAP network; otherwise 70% of usual and customary charges.*	
EMERGENCY SERVICES		\$100 Emergency Room Co-payment. Co-payment waived if admitted. You must call Cigna at 1-800-244-6224 within one working day if admitted. Failure will result in a 20% decrease in the covered benefit.
Ambulance	90% after deductible.	
MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICES		
Cigna must be notified prior to receiving services. Call Cigna to register at 1-800-244-6224. Combined maximum of 30 visits per member per year.		
Outpatient Mental Health	90% after deductible if Cigna network; otherwise \$25 co-payment & 70% of usual and customary charges.*	
Outpatient Chemical Dependency	90% after deductible if Cigna network; otherwise 70% of usual and customary charges.* Substance abuse treatment must be approved by CTA EAP and Cigna.	
Inpatient Mental Health	90% after deductible if Cigna network; otherwise 70% of usual and customary charges.* You must contact Cigna at 1-800-244-6224 within one working day if admitted, or be subject to a 20% decrease in covered benefits.	
Inpatient Chemical Dependency	90% after deductible if Cigna network; otherwise 70% of usual and customary charges*, up to three admissions per lifetime. Substance abuse treatment must be approved by CTA EAP and Cigna.	
OTHER SERVICES		
Maternity Care (including pre- & post-natal)	90% after deductible if PPO/OAP network; otherwise 70% of usual and customary charges.*	
Well Women Care	Contraceptive devices, preventive mammograms and pap smears are covered at 100% if PPO/OAP network; otherwise 70% of usual and customary charges.* Office visit excluded.	
Extended Care	Extended Care must be approved by Cigna at 1-800-244-6224.	
Prosthetic Appliances & Durable Medical Equipment	90% after deductible if PPO/OAP network; otherwise 70% of usual and customary charges.*	
Physical Therapy	90% after deductible if PPO/OAP network; otherwise \$25 co-payment & 70% of usual and customary charges.*	

\*Annual deductible applies to all services except preventive.

## Human Resources

### PPO/OAP Medical Plan Option 3 Highlight Sheet

**General Information:** This sheet summarizes benefits available in the Chicago Transit Authority PPO Medical Plan administered by Cigna. Some provisions must be medically necessary and/or certified by the Cigna call 1-800-244-6224.

<b>OUTPATIENT SERVICES</b>		<b>Coverage</b>
Deductible		\$500 individual \$1,000 family if in PPO/OAP network; \$1,500 individual, \$3,000 family if out of network.
Annual Out-of-Pocket Maximum		\$3,000 individual \$6,000 family if in PPO/OAP network; \$4,500 individual; \$9,000 family if out of network.
Physician Office Visit (preventive)		100% if PPO/OAP network; otherwise no coverage.
Physical Examinations (preventive)		100% if PPO/OAP network; otherwise no coverage.
Health Screening Tests (preventive)		100% if PPO/OAP network (if required by PPACA); otherwise no coverage.
Physician Office Visit (illness/accident)		80% after deductible if PPO/OAP network; otherwise \$25 co-payment & 60% of usual and customary charges.*
Other Outpatient Services		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
Eye Care		Discounts on eye exams and corrective eyewear are available through Cigna call 1-800-244-6224 to locate a provider in your area. No non-network coverage. (See page 3).
Immunizations (preventive)		100% if PPO/OAP network (if required by PPACA); otherwise no coverage.
Prescription Drugs		Retail pharmacy and mail order are available through CVS Caremark at 1-866-285-8972. Co-payment plan is as follows: \$10 generic drugs, \$25 brand name drugs on the formulary list (if no generic); \$45 brand name drugs not on the formulary or brand name drugs that have a generic equivalent available. Mail order cost of 90-day supply will be double the cost of 30-day retail supply.
<b>HOSPITAL INPATIENT SERVICES</b>		<b>Hospital admission must be approved by Cigna at 1-800-244-6224.</b>
Limit on Days		Unlimited.
Room (semi-private or intensive care)		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
All Other Hospital Services		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
Surgery		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
Physician Visits		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
Obstetrical Services		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
<b>EMERGENCY SERVICES</b>		<b>\$100 Emergency Room Co-payment. Co-payment waived if admitted. You must call Cigna at 1-800-244-6224 within one working day if admitted. Failure will result in a 20% decrease in the covered benefit.</b>
Resulting from Injury		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.
Ambulance		80% after deductible.
<b>MENTAL HEALTH &amp; CHEMICAL DEPENDENCY SERVICES</b>		
<b>Cigna must be notified prior to receiving services. Call Cigna at 1-800-244-6224 to register. Combined maximum of 30 visits per member per year.</b>		
Outpatient Mental Health		80% after deductible if Cigna; otherwise \$25 co-payment & 60% of usual and customary charges.*
Outpatient Chemical Dependency		80% after deductible if Cigna; otherwise 60% of usual and customary charges. Substance abuse treatment must be approved by CTA EAP and Cigna.
Inpatient Mental Health		80% after deductible if Cigna; otherwise 60% of usual and customary charges.* You must contact Cigna within one working day if admitted, or be subject to a 20% decrease in covered benefits.
Inpatient Chemical Dependency		80% after deductible if Cigna; otherwise 60% of usual and customary charges, up to three admissions per lifetime. Substance abuse treatment must be approved by CTA EAP and Cigna.
<b>OTHER SERVICES</b>		
Maternity Care (including pre- & post-natal)		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
Well Women Care		Contraceptive devices, preventive mammograms and pap smears are covered at 100% if PPO network; otherwise 60% of usual and customary charges. Office visit excluded.
Extended Care		Extended Care must be approved by Cigna at 1-800-244-6224.
Prosthetic Appliances & Durable Medical Equipment		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
Physical Therapy		80% after deductible if PPO/OAP network; otherwise \$25 co-payment & 60% of usual and customary charges.*

\*Annual deductible applies to all services except preventive.

### Employee Benefits Self Service Open Enrollment

(from any CTA computer)

**November 4th through November 22, 2013**

**Effective Jan 1, 2014**

**On Site 24 Hrs/ 7 days. FOR TECHNICAL ISSUES CALL SELF SERVICE HOTLINE 312-681-2225, Press 4**

**Q. How do I use Self Service to make plan changes?**

- A.
1. Using any CTA computer, log into Oracle using your user name and password.
  2. Click on the CTA Employee Self Service link.
  3. Click on Benefits link in middle of page—you should now see "WELCOME TO EMPLOYEE SELF SERVICE ONLINE."

**You should now see your current enrollments.**

4. If you are ok with your current enrollments and do not want to make any changes, please log out of the system.
5. If you wish to make changes, click on the "Update Benefits" button.
6. To change health/dental plans or any other plans, click in the check box next to the Plan/Option of your choice.  
**Please make sure you scroll down to the bottom of the page to see all of your plans/options.**
7. Once you have made all of your enrollment choices, click the "Next" button.
8. The next page is for Beneficiaries info. If you do not have any changes, click the "Next" button.
9. Benefits Confirmation page is now displayed. Please print a copy for your records.
10. If you need to make changes/corrections, return to the overview page and start over. You may access Employee Self Service for Open Enrollment until 11:59 pm on November 22, 2013.

**Q. Why use it?**

- A.
- The Chicago Transit Authority is moving towards automated processes to eliminate excessive paper. You will receive immediate confirmation of your plan change. This service is available to you 24 hours a day, 7 days a week between November 4th and November 22, 2013.

**Q. I don't like using Employee Benefits Self Service computer systems. Is there another way to make plan changes?**

- A.
- No. There are only two ways to make plan changes. You may use self service from any personal computer or any CTA computer (see the reverse side for instructions on using internet from a personal computer). There will be no plan changes accepted in the HR Benefit Services Department through forms, letters or phone calls to Benefits personnel.

**Q. I am not making any plan changes. Do I access CTA Employee Self Service?**

- A.
- Yes there are major changes to the health plans for 2014. If you are in a plan that ends 12-31-13, you will have to make a selection.

**Q. Can I add my spouse and dependents using CTA Employee Self Service?**

- A.
- No. You must complete an election form and return it along with the proper certified documentation to the HR Benefit Services Department at our address 567 West Lake Street, Chicago, IL 60661-1465, no later than 4:30 pm on November 22, 2013. If you do not submit the proper certified documentation, the dependent(s) will not be eligible for coverage under your health and/or dental plan.

**Q. Can I elect the Opt-Out Provision using CTA Employee Self Service?**

- A.
- Yes. You may start the Opt-Out enrollment process by using Self Service. Follow the above steps for plan changes and select "waive medical plan and waive dental plan", but in order to complete enrollment you must submit documentation to the HR Benefit Services Department at our address 567 West Lake Street, Chicago, IL 60661-1465, no later than 4:30 pm on November 22, 2013. If you do not submit the documentation, you will be defaulted into PPO/OAP Option 2 and your dental plan will remain the same.

**Q. When is the last day to change my plan using CTA Employee Self Service?**

- A.
- Open Enrollment ends on November 22, 2013. You may access Self Service for Open Enrollment until 11:59 pm on November 22, 2013. As of 12:00 am, November 23, 2013, the system will not accept any plan changes.

**Q. If I change my medical or dental plan when will the change go into effect?**

- A.
- January 1, 2014.

**See the reverse side for instructions on using the Internet from your personal computer to make plan changes.**

**Note: Only the last plan changes made prior to the close of Open Enrollment will be recorded.**

**FOR BENEFIT ISSUES CALL THE HUMAN RESOURCES HOTLINE 312-681-2225, press "3"**

## **Employee Benefits Internet Self Service Open Enrollment**

(from any personal computer)

**November 4th through November 22, 2013**

**Effective Jan 1, 2014**

**On Site 24 Hrs/ 7 days. FOR TECHNICAL ISSUES CALL SELF SERVICE HOTLINE 681-2225, Press 4**

**Q. How do I use the Internet Self Service to make plan changes?**

- A.
1. Using any personal computer, log into [transitchicago.com](http://transitchicago.com).
  2. Click on about CTA
  3. Click on the CTA Employee Portal
  4. Under "Info for Employees", click on "Employee Self Service".
  5. Under Employee Self Service, click on "Oracle Employee Self Service System" link.
  6. Sign-In using your user name and password.
  7. Click on Benefits link in middle of page—you should now see "WELCOME TO EMPLOYEE SELF SERVICE ONLINE"

**You should now see your current enrollments.**

8. If you are ok with your current enrollments and do not want to make any changes, please log out of the system.
9. If you wish to make changes, click on the **"Update Benefits"** button.
10. To change health/dental plans or any other plans, click in the check box next to the Plan/Option of your choice.  
**Please make sure you scroll down to the bottom of the page to see all of your plans/options.**
11. Once you have made all of your enrollment choices, click the **"Next"** button.
12. The next page is for Beneficiaries info. If you do not have any changes, click the **"Next"** button.
13. Benefits Confirmation page is now displayed. Please print a copy for your records.
14. If you need to make changes/corrections, return to the overview page and start over. You may access Employee Self Service for Open Enrollment until 11:59 pm on Nov 22, 2013.

**Q. Why use it?**

- A. The Chicago Transit Authority is moving towards automated processes to eliminate excessive paper. You will receive immediate confirmation of your plan change. This service is available to you 24 hours a day, 7 days a week between Nov 4th and Nov 22, 2013.

**Q. I don't like using Employee Benefits Internet Self Service computer systems. Is there another way to make plan changes?**

- A. No. There are only two ways to make plan changes. You may use self service from any personal computer or any CTA computer (see the reverse side for instructions on using self service from any CTA computer). There will be no plan changes accepted in the HR Benefit Services Department through forms, letters or phone calls to Benefits personnel.

**Q. I am not making any plan changes. Do I access CTA Employee Self Service?**

- A. Yes there are major changes to the health plans for 2014. If you are in a plan that ends 12-31-13, you will have to make a selection.

**Q. Can I add my spouse and dependents using CTA Employee Self Service?**

- A. No. You must complete an election form and return it along with the proper certified documentation to the HR Benefit Services Department at our address 567 West Lake Street, IL 60661-1465, no later than 4:30 pm on Nov 22, 2013. If you do not submit the proper certified documentation, the dependent(s) will not be eligible for coverage under your health and/or dental plan.

**Q. Can I elect the Opt-Out Provision using CTA Employee Self Service?**

- A. Yes. You may start the Opt-Out enrollment process by using Self Service. Follow the above steps for plan changes and select "waive medical plan and waive dental plan", but in order to complete enrollment you must submit documentation to the HR Benefit Services Department at our address 567 West Lake Street, IL 60661-1465, no later than 4:30 pm on Nov 22, 2013. If you do not submit the documentation, you will be defaulted into PPO/OAP Option 2 and your dental plan will remain the same.

**Q. When is the last day to change my plan using CTA Employee Self Service?**

- A. Open Enrollment ends on Nov 22, 2013. You may access Self Service for Open Enrollment until 11:59 pm on Nov 22, 2013. As of 12:00 am, Nov 23, 2013, the system will not accept any plan changes.

**Q. If I change my medical or dental plan when will the change go into effect?**

- A. Jan 1, 2014.

**See the reverse side for instructions on using the Self-Service at your work location to make plan changes.**

**Note: Only the last plan changes made prior to the close of Open Enrollment will be recorded.**

**FOR BENEFIT ISSUES CALL THE HUMAN RESOURCES HOTLINE 312-681-2225, press "3"**



## Your Caremark Prescription Benefit Program

Following is a brief summary of your prescription benefits. On the back side, you will find details about your prescription benefit plan, which offers two ways for you to save on your long-term medications. CVS Caremark and Chicago Transit Authority are confident you will find value with your new prescription benefit program.

	Retail	Mail (90 day supply)
<b>Generic Medications</b> Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	PPO 2 <b>\$5</b> for a generic prescription  PPO 3 <b>\$10</b> for a generic prescription	PPO 2 <b>\$10</b> for a generic prescription  PPO 3 <b>\$20</b> for a generic prescription
<b>Preferred Brand-Name Medications</b> If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	PPO 2 <b>\$15</b> for a preferred brand-name prescription  PPO 3 <b>\$25</b> for a preferred brand-name prescription	PPO 2 <b>\$30</b> for a preferred brand-name prescription  PPO 3 <b>\$50</b> for a preferred brand-name prescription
<b>Non-Preferred Brand-Name Medications</b> You will pay the most for medications not on your plan's preferred drug list.	PPO 2 <b>\$35</b> for a non-preferred brand-name prescription  PPO 3 <b>\$45</b> for a non-preferred brand-name prescription	PPO 2 <b>\$70</b> for a non-preferred brand-name prescription  PPO 3 <b>\$90</b> for a non-preferred brand-name prescription
<b>Refill Limit</b>	None	None
<b>Web Services</b>	Register at <a href="http://www.caremark.com">www.caremark.com</a> to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready.	
<b>Customer Care</b>	Visit <a href="http://www.caremark.com">www.caremark.com</a> or call toll-free at 1-866-285-8972.	

## Mail Service Means One Less Thing for You to Do and Saves Money

Your prescription benefit offers you the convenient option to get 90-day\* supply of your long-term\*\* medications delivered to you by mail. When you use the CVS Caremark Mail Service Pharmacy to fill your prescriptions, you'll enjoy the many benefits it provides:

- Added value – 24/7 access to pharmacists, alert messages by e-mail, text or phone
- Cost savings – one 90-day supply may cost less than three 30-day supply at a retail pharmacy
- Greater convenience – at-home delivery at no extra cost, easy refills online or by phone
- Quality and safety – dedicated pharmacists checking each and every order

Let us handle the legwork of filling your long-term prescriptions so you don't have to.

To learn more, visit [www.caremark.com](http://www.caremark.com) or call the number on your Prescription Card.

\*Actual quantity may vary depending on your plan.

\*\*A long-term medication is taken regularly for chronic conditions, such as high blood pressure, high cholesterol or diabetes, or long-term therapy.

## PPO/OAP Schedule of Vision Coverage

Coverage	Benefit	Frequency Period
Materials Allowance	Up to \$300	24 months

### Definitions:

**Allowance:** the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.

**Materials:** prescription eye glasses.

- If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses.

### In-Network Coverage Includes:

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- Stated allowance applied towards the in-network offered savings of 20% for purchased frame, lenses, lens options, and up to 15% savings on the contact lens professional services (including fitting and evaluation), offered savings does not apply to contact lens materials.

### Vision Network Savings Program:

- When you see a Cigna Vision Network Eye Care Professional, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

### What's Not Covered:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service

### How to use your Cigna Vision Benefits

Send a completed Cigna Vision claim form and itemized receipt to:

Cigna Vision, Claims Department: PO Box 997561, Sacramento, CA 95899-7561.

### To get a Cigna Vision claim form:

- Go to [cigna.com](http://cigna.com) and go to Forms, Vision Forms

## HEALTHCARE REFORM

CTA's preventive care coverage complies with the Patient Protection and Affordable Care Act (PPACA). Services designated as preventive care include periodic well visits, routine immunizations and certain designated screenings for symptom-free or disease-free individuals. Preventive care services also generally include additional immunization and screening services for symptom-free or disease-free individuals at increased risk for a particular disease.

The CTA plan will cover preventive care services with no patient cost-sharing as long as the services are provided by a network provider otherwise the service is not covered. This includes the full cost of preventive care services, including copay and coinsurance.

### **Covered preventive care services include but are not limited to the following:**

- Immunizations
- General health screening tests
- Cancer Screening
- Health Counseling
- Abdominal Aortic Aneurysm screening (men)
- Pap Smears (women)
- Mamograms (women)

More information on covered services can be found on [www.healthcare.gov](http://www.healthcare.gov).

## KNOW YOUR NUMBERS

The Affordable Care Act requires non-grandfathered health plans and policies to provide coverage for “preventive care services” without cost sharing (such as coinsurance, deductible or copayment), when using a network provider.

Services may include screenings, immunizations, and other types of care, as recommended by the federal government. This provision became effective for CTA May 1, 2013.

Many chronic diseases and conditions can be prevented and/or managed through early detection. Preventive screenings are an important way to track your health and avoid chronic conditions before they become more serious. When you use an in-network provider, the preventive screening services are not subject to your annual deductible or the usual office visit copayment. You can obtain these valuable services at no out-of-pocket cost to you. CTA encourages you to take full advantage of your preventive care benefits and other available wellness resources. After completing a health screening, take appropriate steps to improve your health. Talk with your physician about ways to improve your health. There is no better time than now to get started –

## What your numbers mean...

Knowing your numbers is important for preventing many serious health conditions. They indicate risk for developing heart disease, diabetes, stroke and some types of cancer. Prevent these conditions by keeping your numbers in the ideal range. Have regular screenings and follow your doctor's instructions for treatment.

### Cholesterol

High cholesterol numbers mean a high risk for developing heart disease. Total cholesterol should be <200. HDL (good) cholesterol should be >60 and LDL (bad) cholesterol should be <100. Triglycerides should be <150.

### Blood Pressure

Blood pressure tells us how hard the heart is working to push blood through our body. Often there is little to no sign that blood pressure is high. Make sure your number is <120/80. Talk with your doctor about ways to reduce this number.

### Blood Glucose

Blood glucose is the measure of sugar in the blood. Keeping this number <100 will help prevent the risk for developing diabetes and reduce its complications.

### Body Mass Index (BMI)

BMI is a measure of body fat based on height and weight. For the average person, a BMI over 25 indicates overweight. A BMI of 30 means obese. Being overweight or obese increases your risk for developing many diseases. The ideal range is 18.5-24.9.

## KNOW YOUR NUMBERS

Preventive screenings help you learn your numbers and address health concerns before they become more serious—or to prevent problems altogether.

When you visit your doctor for your health checkup, be prepared to talk about which preventive screenings you need:

Make an appointment with your doctor and ask about specific screenings based on age, gender or family history. Use this chart during your appointment to collect your numbers and track your progress. As of May 1, 2013, yearly preventive care visits – (wellness visits) are covered without coinsurance or deductible when using an in-network provider.

Date	Example: 1/1/14	/ /	/ /	/ /
	Ideal	My Numbers	My Numbers	My Numbers
Total Cholesterol	<200			
LDL (Bad Cholesterol) (Low-Density Lipoprotein)	<100			
HDL (Good Cholesterol) (High-Density Lipoprotein)	>60			
Triglycerides	<150			
Blood Pressure	<(120/80)			
Blood Glucose	<100			
BMI - Body Mass Index Weight (lb) / [height (in)] <sup>2</sup> x 703	18.5-25			
Weight				

## Improve your numbers

Many lifestyle changes will help put your numbers in the ideal range. Improve your numbers by...

- Increasing activity to 30 minutes a day. Break the time up into 10 minute increments.
- Eating food with fiber, such as fruits and vegetables. Choose whole grains over white grains.
- Eating less saturated fat found in red meats, butter, baked goods, and cheese. Eating more heart healthy fats found in avocados, nuts, fish, olive oil, and peanut butter.
- Quit smoking. Smoking can increase the build-up of plaque in the arteries and increases risk for heart disease.

## Dental Plan Comparison Sheet

### General Information

**DHMO Prestige 75 Plan:** Allows access to participating DHMO dentists that you must choose from the Provider Network. This minimizes members' out of pocket expenses. The DHMO Plan is the only Dental Plan that includes Orthodontia (braces).

**Humana/PPO Plan:** New Annual coverage max allows access to participating PPO dentists (in-network) and dentists who do not participate with the network (out-of-network). Using a Participating PPO dentist (in-network) reduces your out-of-pocket cost when services are provided. Larger Network.

**Note:** Part-time employees are not eligible for dental benefits.

BENEFITS / Procedures	Humana/CompBenefits Prestige 75 (DHMO)	CTA PPO (Humana)
Deductible per Person	None	\$25
Deductible per Family	None	\$50
Annual Coverage Maximum	None	\$3,000 per calendar year per person
Procedures	Employee Co-Pays:	Plan Covers: (% of reasonable & customary charges after deductible has been met)
Office Visit	\$5	100%
Oral Exam	\$0	100%
Cleaning	\$0	100%
Fluoride Treatment	\$0	100% (for child under age 14)
Sealant (per tooth)	\$0	100% (for child under age 14)
X-rays	\$0	90%
Silver Filling	\$5 - \$20	90%
Composite Fillings	\$10 - \$30	90%
Root Canal (molar)	\$125	90%
Scaling & Root Planning (per quad)	\$25	90%
Osseous Surgery (per quad)	\$150	90%
Single Tooth Extraction	\$10	90%
Surgical Tooth Extraction	\$20	90%
Removal Complete Bony Impaction	\$50	90%
Porcelain Crown Fused to Metal	\$225	50%
Post and Core (in addition to crown)	\$50 - \$75	50%
Complete Upper or Lower Denture	\$275	50%
Partial Upper or Lower Denture	\$325	50%
Orthodontia (braces) for a child under 18	\$1,800	N/A
Orthodontia (braces) for an adult	\$2,200	N/A

# Healthcare Election Form

## All Full-time Employees

### CHICAGO TRANSIT AUTHORITY

HR Benefit Services - 567 West Lake Street, Chicago, Illinois 60661-1465

Completed form must be returned to the HR Benefit Services Department on or before Nov 22, 2013.

Check all that apply: ☐ Adding Dependent ☐ Deleting Dependent ☐ Opting Out ☐ Dental Only

Name			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Badge/Payroll #
Last	First	MI	Social Security #	Daytime Phone #
Home Address			Home Phone #	Cell Phone # (optional)
City/State/Zip			Union	Location/Area
Date of Birth (Month/Day/Year)		Date of Hire (Month/Day/Year)	Is Spouse a CTA employee? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of Spouse		Date of Marriage (Month/Day/Year)	Spouse Social Security #	

To make your Health and Dental selections for the 2014 plan year beginning January 1, 2014, you must use:

**transitchicago.com**

or you can access Self Service from any CTA work location or personal computer.  
(see page 5 & 6 for instructions)

Civil Partner	Domestic Partner	Spouse	Son	Daughter	Stepchild	Adopted	Name (Last/First/MI)	Birth Date

Please list only dependents that you are adding and/or deleting and provide the HR Benefit Services Department with a copy of certified documentation for each person as required by the plan including: marriage certificate, civil union certificate, birth certificate, adoption papers, court orders, and common legal documents.

☐ I authorize the HR Benefit Services Department to make the changes I have indicated above and authorize the Chicago Transit Authority to deduct my health care premiums on a pre-tax basis under the rules of Section 125 of the Internal Revenue Code.

Opt-Out Provision	
Opting out of Insurance Plans for plan Year:	I elect not to enroll in the insurance plans provided by the Chicago Transit Authority and have provided a certificate of insurance from my alternate carrier. I understand that I must provide a certificate of insurance every year, during open enrollment, to qualify for the Opt-Out Provision for the calendar year.

Signature

Date

# Important Reminder

Unless you have an eligible change in family status, **open enrollment is the only time of the year when you can:**

- **make changes to medical plans and dental plans;**
- **opt out of currently selected plans;**  
all required forms and documents must be submitted to HR Benefit Services Department **on or before Nov 22, 2013; and**
- **enroll eligible dependents.**  
**Please note:** If you are adding or deleting dependents, all required forms and documents must be submitted to the HR Benefit Services Department **on or before Nov 22, 2013.**

Outside of open enrollment, you have 31 days from an eligible change in family status (new marriage, new civil union, new birth, adoption, divorce or involuntary loss of alternate coverage) to enroll eligible dependents to your CTA medical and/or dental plans.

In order to receive coverage for any dependent aged 19-25, you must submit a certified birth certificate that lists you or your current spouse as a natural parent for that dependent, along with the Healthcare Election form **by 4:30 p.m., Nov 22, 2013.** This requirement applies if the dependent is not currently enrolled under your health plan through CTA.



# Part-Time Employees

# **Health Enrollment Plan**

2014

Our health benefits are changing for 2014.  
Please read carefully - you must make a new election.



- For 2014 your medical provider will be Cigna
- For 2014 your pharmacy provider will continue to be CVS Caremark

## Contact Information

HEALTH PLAN INFORMATION	PHONE AND OR WEB SITE
Cigna	1-800-244-6224 www.cigna.com
Pre-enrollment Line	1-800-564-7642
CVS Caremark Prescription Drugs	1-866-285-8972 www.caremark.com
Chicago Transit Authority	PHONE # OR WEB SITE, AND EMAIL
HR Benefit Services	1-312-681-2225, press "3" www.transitchicago.com (web) benefits@transitchicago.com (email)

### New Employee Contributions Effective Jan 1, 2014

PPO/OAP Option A	Single	Family
<b>Biweekly Contribution</b>	<b>\$0.00</b>	<b>\$0.00</b>
Deductible In Network	\$2,000	\$4,000
Deductible Out of Network	\$4,000	\$8,000
* Annual Out-of-Pocket Maximum — In PPO/OAP** Network	\$5,000	\$10,000
* Annual Out-of-Pocket Maximum — Out of PPO/OAP** Network	\$9,000	\$15,500
PPO/OAP Option B	Single	Family
<b>Biweekly Contribution</b>	<b>\$20.77</b>	<b>\$50.77</b>
Deductible In Network	\$500	\$1,000
Deductible Out of Network	\$1,500	\$3,000
* Annual Out-of-Pocket Maximum — In PPO/OAP** Network	\$2,500	\$5,000
* Annual Out-of-Pocket Maximum — Out of PPO/OAP** Network	\$4,500	\$9,000

\*Includes co-payments and annual deductibles in accordance with the mandates of the Affordable Care Act.

\*\* Cigna uses an Open Access Plus (OAP) network which gives you access to a greater number of providers.

### **IMPORTANT AND NEW ENROLLMENT INFORMATION**

Please read this Health Enrollment Plan booklet carefully because the only way to make your plan selections for the amended 2014 plan year is by using Self Service from any CTA work location or by using the Internet from your personal computer (see instructions on pages 7 & 8 of this brochure).

There are major changes to the CTA health plans for 2014. If you are currently in a plan that ends December 31, 2013, you will have to make a plan selection for January 1, 2014. If you do not select a new plan you will be defaulted into the PPO/OAP Option A

The changes you make during this open enrollment period will become effective Jan 1, 2014 and will remain in effect through December 31, 2014.

The CTA is no longer a “grandfathered” health plan under the Patient Protection and Affordable Care Act (PPACA). Therefore under PPACA, the CTA must include certain consumer protections, for example the requirement to provide preventive health services without cost sharing.

### **Open Enrollment for Jan 1, 2014**

During the period of Nov 4th through Nov 22, 2013, the Chicago Transit Authority (CTA) will conduct open enrollment for health plans. Unless you have an eligible change in family status, **open enrollment is the only time of the year when you can:**

- make changes to medical plan;
- enroll eligible dependents; and
- waive your currently selected plans

### **Overview Of Benefit Plans**

#### **PPO Medical Plan (Cigna)**

- New PPO/OAP Administrator
- Two PPO/OAP Options for Part-Time Employees
- New Employee Contributions (see page 1)
- Plan Deductibles
- Annual Out-Of-Pocket Maximums
- Prescription Drug Co-Payments
- Emergency Room Co-Payment
- Preventive Care covered at 100% (in-network)
- New ID Card
- For High Cost Services a pre-estimation is recommended
- Inpatient and Outpatient mental health services

### **Marketplace Exchange**

There may be other coverage options for you and your family. When key parts of the health care law take effect beginning January 1, 2014, you'll be able to buy coverage through the Health Insurance Marketplace and can obtain information about it at [www.healthcare.gov](http://www.healthcare.gov). In the Marketplace, you could be eligible for a new kind of tax credit could offer lower premiums right away, and you can see what your premium, deductible, and other coverage costs will be before you can make a decision to enroll.

## **Adding/Deleting Dependents**

### **■ You must submit a completed Election Form to HR Benefit Services:\*\***

- to add or delete a spouse, same sex domestic partner, civil union partner or eligible dependent(s)

### **■ You must submit certified documentation for each person not currently enrolled in your plan as required by the plan including:**

- Marriage certificate
- Civil Union certificate
- Birth certificate - Birth certificate (must list employee, eligible spouse, civil union or domestic partner)
- Adoption papers (custody and guardianship not accepted)
- Court orders
- Common legal documents (bank/savings accounts, leases, mortgages, utility bills, etc.)

**If you are adding or deleting dependents, all required forms and documents must be submitted to the HR Benefit Services Department\*\* on or before Nov 22, 2013.**

## **Vision Benefits** (For all Employees regardless of health benefit elections)

The plan provides **employees only** with an allowance for prescription eyeglasses. The benefit pays 75% of your eyeglasses expenses up to \$300 (whichever is less) every 2 years.

### **For PPO/OAP Participants**

- The new vision benefit will be administered by Cigna. To receive reimbursement of your eyeglass purchase, you must complete and submit a claim form to Cigna. See Cigna.com for a copy of the form.
- You will also have access to discounted vision services through Cigna. This discount program is available not only to you, but also your covered family members.

## **Waive Coverage Provision**

You may choose not to enroll in the CTA health plans provided. You will not receive reimbursement for not participating in the coverage.

\*\*HR Benefit Services is not responsible for documentation submitted to other departments.

## Human Resources

### PPO/OAP Medical Plan Option A Highlight Sheet

**General Information:** This sheet summarizes benefits available in the Chicago Transit Authority PPO/OAP Medical Plan administered by Cigna. Some provisions must be medically necessary and/or certified by Cigna.

<b>OUTPATIENT SERVICES</b>		<b>Coverage</b>
Deductible		\$2,000 individual \$4,000 family if in PPO/OAP network. \$4,000 individual, \$8,000 family if out of PPO/OAP network.
Annual Out-of-Pocket Maximum		\$5,000 individual \$10,000 family if in PPO/OAP network; \$9,000 individual, \$15,500 family if out of network.
Physician Office Visit (preventive)		100% if PPO/OAP network; otherwise no coverage out of network.
Physical Examinations (preventive)		100% if PPO/OAP network; otherwise no coverage out of network.
Health Screening Tests (preventive)		100% if PPO/OAP network (covered under PPACA); otherwise no coverage.
Physician Office Visit (illness/accident)		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
Other Outpatient Services		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
Eye Care		Discounts on eye exams and corrective eyewear are available through Cigna. Call Cigna at 1-800-244-6224 to locate a provider in your area. No non-network coverage. (See page 2)
Immunizations (preventive)		100% after deductible if PPO/OAP network (covered under PPACA); otherwise no coverage out of network.
Prescription Drugs		Retail pharmacy and mail order are available through CVS Caremark at 1-866-285-8972. Co-payment plan is as follows: \$5 generic drugs, \$15 brand name drugs on the formulary list (if no generic); \$35 brand name drugs not on the formulary or brand name drugs that have a generic equivalent available. Mail order cost of 90-day supply will be double the cost of 30-day retail supply.
<b>HOSPITAL INPATIENT SERVICES</b>		<b>Hospital admission must be approved by Cigna call 1-800-244-6224.</b>
Limit on Days		Unlimited.
Room (semi-private or intensive care)		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
All Other Hospital Services		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
Surgery		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
Physician Visits		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
Obstetrical Services		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
<b>EMERGENCY SERVICES</b>		<b>\$100 Emergency Room copayment waived if admitted. You must call Cigna at 1-800-244-6224 within one working day if admitted. Failure will result in a 20% decrease in the covered benefit.</b>
Resulting from Injury		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
Ambulance		80% after deductible.
<b>MENTAL HEALTH &amp; CHEMICAL DEPENDENCY SERVICES</b>		<b>Cigna must be notified prior to receiving services. Call 1-800-244-6224 to register. Combined maximum of 30 visits per member per year.</b>
Outpatient Mental Health		80% after deductible if Cigna network; otherwise 60% of usual and customary charges.*
Outpatient Chemical Dependency		80% after deductible if Cigna network; otherwise 60% of usual and customary charges.* Substance abuse treatment must be approved by CTA EAP and Cigna.
Inpatient Mental Health		80% after deductible if Cigna network; otherwise 60% of usual and customary charges. You must contact Cigna within one working day if admitted, or be subject to a 20% decrease in covered benefits.
Inpatient Chemical Dependency		80% after deductible if Cigna network; otherwise 60% of usual and customary charges.* Substance abuse treatment must be approved by CTA EAP and Cigna.
<b>OTHER SERVICES</b>		
Maternity Care (including pre- & post-natal)		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
Well Women Care		Contraceptive devices, preventive mammograms and pap smears are covered at 100% if PPO/OAP network; otherwise 60% of usual and customary.* Office visit excluded.
Extended Care		Extended Care must be approved by Cigna call 1-800-244-6224.
Prosthetic Appliances & Durable Medical Equipment		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*
Physical Therapy		80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.*

\* Annual deductible applies to all services except preventive.

# Chicago Transit Authority

## PPO/OAP Medical Plan Option B Highlight Sheet

**General Information:** This sheet summarizes benefits available in the Chicago Transit Authority PPO/OAP Medical Plan administered by Cigna. Some provisions must be medically necessary and/or certified by the Cigna.

<b>OUTPATIENT SERVICES</b>		<b>Coverage</b>
Deductible		\$500 individual \$1,000 family if in PPO/OAP network. \$1,500 individual, \$3,000 family if out of PPO/OAP network.
Annual Out-of-Pocket Maximum		\$2,500 individual \$5,000 family if in PPO/OAP network; \$4,500 individual \$9,000 family if out of network.
Physician Office Visit (preventive)		100% if PPO/OAP network; otherwise no coverage.
Physical Examinations (preventive)		100% if PPO/OAP network; otherwise no coverage.
Health Screening Tests (preventive)		100% if PPO/OAP network (if required by PPACA); otherwise no coverage.
Physician Office Visit (illness/accident)		70% after deductible if PPO/OAP network; otherwise 50% of usual and customary charges.*
Other Outpatient Services		70% after deductible if PPO/OAP network; otherwise 50% of usual and customary charges.*
Eye Care		Discounts on eye exams and corrective eyewear are available through Cigna. Call Cigna at 1-800-244-6224 to locate a provider in your area. No non-network coverage. (See page 2)
Immunizations (preventive)		100% after deductible if PPO/OAP network (if required by PPACA); otherwise no coverage.
Prescription Drugs		Retail pharmacy and mail order are available through CVS Caremark at 1-866-285-8972. Co-payment plan is as follows: \$10 generic drugs, \$25 brand name drugs on the formulary list (if no generic); \$45 brand name drugs not on the formulary or brand name drugs that have a generic equivalent available. Mail order cost of 90-day supply will be double the cost of 30-day retail supply.
<b>HOSPITAL INPATIENT SERVICES</b>		<b>Hospital admission must be approved by Cigna call 1-800-244-6224.</b>
Limit on Days		Unlimited.
Room (semi-private or intensive care)		70% after deductible if PPO/OAP network; otherwise 50% of usual and customary charges.*
All Other Hospital Services		70% after deductible if PPO/OAP network; otherwise 50% of usual and customary charges.*
Surgery and Anesthesia		70% after deductible if PPO/OAP network; otherwise 50% of usual and customary charges.*
Physician Visits		70% after deductible if PPO/OAP network; otherwise 50% of usual and customary charges.*
Obstetrical Services		70% after deductible if PPO/OAP network; otherwise 50% of usual and customary charges.*
<b>EMERGENCY SERVICES</b>		<b>\$100 Emergency Room Co-payment waived if admitted. You must call Cigna at 1-800-244-6224 within one working day if admitted. Failure will result in a 20% decrease in the covered benefit.</b>
Resulting from Injury		70% after deductible if PPO/OAP network; otherwise 50% of usual and customary charges.*
Ambulance		70% after deductible.
<b>MENTAL HEALTH &amp; CHEMICAL DEPENDENCY SERVICES</b>		<b>Cigna must be notified prior to receiving services. Call 1-800-244-6224 to register. Combined maximum of 30 visits per member per year.</b>
Outpatient Mental Health		70% after deductible if Cigna network; otherwise 50% of usual and customary charges.*
Outpatient Chemical Dependency		70% after deductible if Cigna network; otherwise 50% of usual and customary charges.* Substance abuse treatment must be approved by CTA EAP and Cigna.
Inpatient Mental Health		70% after deductible if Cigna network; otherwise 50% of usual and customary charges.* You must contact Cigna 1-800-244-6224 within one working day if admitted, or be subject to a 20% decrease in covered benefits.
Inpatient Chemical Dependency		70% after deductible if Cigna network; otherwise 50% of usual and customary charges.* Substance abuse treatment must be approved by CTA EAP and Cigna.
<b>OTHER SERVICES</b>		
Maternity Care (including pre- & post-natal)		70% after deductible if PPO/OAP network; otherwise 50% of usual and customary charges.*
Well Women Care		Contraceptive devices, preventive mammograms and pap smears are covered at 100% if PPO/OAP network; otherwise 50% of usual and customary.* Office visit excluded.
Extended Care		Extended Care must be approved by Cigna 1-800-244-6224.
Prosthetic Appliances & Durable Medical Equipment		70% after deductible if PPO/OAP network; otherwise 50% of usual and customary.*
Physical Therapy		70% after deductible if PPO/OAP network; otherwise 50% of usual and customary charges.*

\* Annual deductible applies to all services except preventive.

## Your Caremark Prescription Benefit Program

	Retail	Mail (90 day supply)
<b>Generic Medications</b> Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	PPO A <b>\$5</b> for a generic prescription  PPO B <b>\$10</b> for a generic prescription	PPO A <b>\$10</b> for a generic prescription  PPO B <b>\$20</b> for a generic prescription
<b>Preferred Brand-Name Medications</b> If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	PPO A <b>\$15</b> for a preferred brand-name prescription  PPO B <b>\$25</b> for a preferred brand-name prescription	PPO A <b>\$30</b> for a preferred brand-name prescription  PPO B <b>\$50</b> for a preferred brand-name prescription
<b>Non-Preferred Brand-Name Medications</b> You will pay the most for medications not on your plan's preferred drug list.	PPO A <b>\$35</b> for a non-preferred brand-name prescription  PPO B <b>\$45</b> for a non-preferred brand-name prescription	PPO A <b>\$70</b> for a non-preferred brand-name prescription  PPO B <b>\$90</b> for a non-preferred brand-name prescription
<b>Refill Limit</b>	None	None
<b>Web Services</b>	Register at <a href="http://www.caremark.com">www.caremark.com</a> to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready.	
<b>Customer Care</b>	Visit <a href="http://www.caremark.com">www.caremark.com</a> or call toll-free at 1-866-285-8972.	

## Mail Service Means One Less Thing for You to Do and Saves Money

Your prescription benefit offers you the convenient option to get 90-day\* supply of your long-term\*\* medications delivered to you by mail. When you use the CVS Caremark Mail Service Pharmacy to fill your prescriptions, you'll enjoy the many benefits it provides:

- Added value – 24/7 access to pharmacists, alert messages by e-mail, text or phone
- Cost savings – one 90-day supply may cost less than three 30-day supply at a retail pharmacy
- Greater convenience – at-home delivery at no extra cost, easy refills online or by phone
- Quality and safety – dedicated pharmacists checking each and every order

Let us handle the legwork of filling your long-term prescriptions so you don't have to.

To learn more, visit [www.caremark.com](http://www.caremark.com) or call the number on your Prescription Card.

\*Actual quantity may vary depending on your plan.

\*\*A long-term medication is taken regularly for chronic conditions, such as high blood pressure, high cholesterol or diabetes, or long-term therapy.

# Chicago Transit Authority

## PPO Schedule of Vision Coverage

Coverage	Benefit	Frequency Period
Materials Allowance	Up to \$300	24 months

### Definitions:

**Allowance:** the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.

**Materials:** prescription eye glasses.

- If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses.

### In-Network Coverage Includes:

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- Stated allowance applied towards the in-network offered savings of 20% for purchased frame, lenses, lens options, and up to 15% savings on the contact lens professional services (including fitting and evaluation), offered savings does not apply to contact lens materials.

### Vision Network Savings Program:

- When you see a Cigna Vision Network Eye Care Professional, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

### What's Not Covered:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service

### How to use your Cigna Vision Benefits

Send a completed Cigna Vision claim form and itemized receipt to:  
Cigna Vision, Claims Department: PO Box 997561, Sacramento, CA 95899-7561.

### To get a Cigna Vision claim form:

- Go to **cigna.com** and go to Forms, Vision Forms



### Employee Benefits Self Service Open Enrollment

(from any CTA computer)

**Nov 4th through Nov 22, 2013**

**Effective Jan 1, 2014**

**On Site 24 Hrs/ 7 days. FOR TECHNICAL ISSUES CALL SELF SERVICE HOTLINE 312-681-2225 press 4**

**Q. How do I use Self Service to make plan changes?**

- A.
1. Using any CTA computer, log into Oracle using your user name and password.
  2. Click on the CTA Employee Self Service link.
  3. Click on Benefits link in middle of page—you should now see "WELCOME TO EMPLOYEE SELF SERVICE ONLINE".

**You should now see your current enrollments.**

4. If you are ok with your current enrollments and do not want to make any changes, please log out of the system.
5. If you wish to make changes, click on the **"Update Benefits"** button.
6. To change health plan or any other plans, click in the check box next to the Plan/Option of your choice.  
**Please make sure you scroll down to the bottom of the page to see all of your plans/options.**
7. Once you have made all of your enrollment choices, click the **"Next"** button.
8. The next page is for Beneficiaries info. If you do not have any changes, click the **"Next"** button.
9. Benefits Confirmation page is now displayed. Please print a copy for your records.
10. If you need to make changes/corrections, return to the overview page and start over. You may access Employee Self Service for Open Enrollment until 11:59 pm on Nov 22, 2013.

**Q. Why use it?**

- A. The Chicago Transit Authority is moving towards automated processes to eliminate excessive paper. You will receive immediate confirmation of your plan change. This service is available to you 24 hours a day, 7 days a week between Nov 4th and Nov 22, 2013.

**Q. I don't like using Employee Benefits Self Service computer systems. Is there another way to make plan changes?**

- A. No. There are only two ways to make plan changes. You may use self service from any personal computer or any CTA computer (see the reverse side for instructions on using any CTA computer). There will be no plan changes accepted in the HR Benefit Services Department through forms, letters or phone calls to Benefits personnel.

**Q. I am not making any plan changes. Do I access CTA Employee Self Service?**

- A. Yes, There are major changes to the health plans for 2014. If you are in a plan that ends 12-31-13, you will have to make a selection.

**Q. Can I add my spouse and dependents using CTA Employee Self Service?**

- A. No. You must complete an election form and return it along with the proper certified documentation to the HR Benefit Services Department at our address 567 West Lake Street, Chicago, IL 60661-1465, no later than 4:30 pm on Nov 22, 2013. If you do not submit the proper certified documentation, the dependent(s) will not be eligible for coverage under your health plan.

**Q. Can I elect the to waive coverage using CTA Employee Self Service?**

- A. Yes. Follow the above steps for plan changes and select "no medical plan."

**Q. When is the last day to change my plan using CTA Employee Self Service?**

- A. Open Enrollment ends on Nov 22, 2013. You may access Self Service for Open Enrollment until 11:59 pm on Nov 22, 2013. As of 12:00 am Nov 23, 2013, the system will not accept any plan changes.

**Q. If I change my medical plan when will the change go into effect?**

- A. Jan 1, 2014.

**See the reverse side for instructions on using the Self-Service at your work location to make plan changes.**

**Note: Only the last plan changes made prior to the close of Open Enrollment will be recorded.**

**FOR BENEFIT ISSUES CALL THE HUMAN RESOURCES HOTLINE 312-681-2225, press "3"**

**Employee Benefits Internet Self-Service Open Enrollment**  
(from any personal computer)

**November 4 through November 22, 2013**

**Effective January 1, 2014**

**On Site 24 Hrs/ 7 days. FOR TECHNICAL ISSUES CALL SELF-SERVICE HOTLINE 312-681-2225 press 4**

**Q. How do I use the Internet Self Service to make plan changes?**

- A.
1. Using any personal computer, log into [transitchicago.com](http://transitchicago.com).
  2. Click on About CTA
  3. Click on the CTA Employee Portal
  4. Under "Info for Employees", click on "Employee Self Service".
  5. Under Employee Self-Service, click on "Oracle Employee Self-Service System" link.
  6. Sign -In using your user name and password.
  7. Click on Benefits link in middle of page—you should now see "WELCOME TO EMPLOYEE SELF-SERVICE ONLINE"

**You should now see your current enrollments.**

8. If you are ok with your current enrollments and do not want to make any changes, please log out of the system.
9. If you wish to make changes, click on the "**Update Benefits**" button.
10. To change health/dental plans or any other plans, click in the check box next to the Plan/Option of your choice.  
**Please make sure you scroll down to the bottom of the page to see all of your plans/options.**
11. Once you have made all of your enrollment choices, click the "**Next**" button.
12. The next page is for Beneficiaries info. If you do not have any changes, click the "**Next**" button.
13. Benefits Confirmation page is now displayed. Please print a copy for your records.
14. If you need to make changes/corrections, return to the overview page and start over. You may access Employee Self Service for Open Enrollment until 11:59 pm on Nov 22, 2013.

**Q. Why use it?**

- A. The Chicago Transit Authority is moving towards automated processes to eliminate excessive paper. You will receive immediate confirmation of your plan change. This service is available to you 24 hours a day, 7 days a week between Nov 4 and Nov 22, 2013.

**Q. I don't like using Employee Benefits Self-Service computer systems, is there another way to make plan changes?**

- A. No. There are only two ways to make plan changes. You may use self service from any personal computer or any CTA computer (see the reverse side for instructions on using any CTA computer). There will be no plan changes accepted in the HR Benefit Services Department through forms, letters or phone calls to Benefits personnel.

**Q. I am not making any plan changes, do I access CTA Employee Self-Service?**

- A. Yes, There are major changes to the health plans for 2014. If you are in a plan that ends 12-31-13, you will have to make a selection.

**Q. Can I add my spouse and dependents using CTA Employee Self-Service?**

- A. No. You must complete an enrollment form and return it along with the proper certified documentation to the HR Benefit Services Department at our address 567 West Lake Street, Chicago, IL 60661-1465, no later than 4:30 pm on Nov 22, 2013. If you do not submit the proper certified documentation, the dependent(s) will not be eligible for coverage under your health plan.

**Q. Can I elect to waive coverage using CTA Employee Service?**

- A. Yes, Follow the above steps for plan changes and select "no medical plan".

**Q. When is the last day to change my plan using CTA Employee Self-Service?**

- A. Open Enrollment ends on Nov 22, 2013. You may access Self Service for Open Enrollment until 11:59 pm on Nov 22, 2013. As of 12:00 am Nov 23, 2013, the system will not accept any plan changes.

**Q. If I change my medical plan when will the change go into effect?**

- A. January 1, 2014

**See the reverse side for instructions on using the Self-Service at your work location to make plan changes.**

**Note: Only the last plan changes made prior to the close of Open Enrollment will be recorded.**

**FOR BENEFIT ISSUES CALL THE HUMAN RESOURCES HOTLINE 312-681-2225, press "3"**

# Healthcare Election Form

## Part-Time Employees

### CHICAGO TRANSIT AUTHORITY

HR Benefit Services - 567 West Lake Street, Chicago, Illinois 60661-1465

Completed form must be returned to the HR Benefit Services Department on or before Nov 22, 2013.

Check all that apply: ☐ Adding Dependent ☐ Deleting Dependent ☐ Waive Coverage

Name			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Badge/Payroll #
Last	First	MI	Social Security #	Daytime Phone #
Home Address			Home Phone #	Cell Phone # (optional)
City/State/Zip			Union	Location/Area
Date of Birth (Month/Day/Year)			Date of Hire (Month/Day/Year)	Is Spouse a CTA employee? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Spouse			Date of Marriage (Month/Day/Year)	Spouse Social Security #

To make your Health selections for the 2014 plan year  
beginning January 1, 2014, you must use:

**transitchicago.com**

or you can access Self Service from any CTA work location or personal computer.

(see page 8 & 9 for instructions) .

Civil Partner	Domestic Partner	Spouse	Son	Daughter	Stepchild	Adopted	Name (Last/First/MI)	Birth Date

Please list only dependents that you are adding and/or deleting and provide the HR Benefit Services Department with a copy of certified documentation for each person as required by the plan including: marriage certificate, civil union certificate, birth certificate, adoption papers, court orders, common legal documents. Dependents can be added following one (1) year of service.

☐ I authorize the HR Benefit Services Department to make the changes I have indicated above and authorize the Chicago Transit Authority to deduct my health care premiums on a pre-tax basis under the rules of Section 125 of the Internal Revenue Code.

<input type="checkbox"/> <b>Waiving Medical Coverage</b>	
<b>Opting out of Insurance Plans for plan Year:</b>	I elect not to enroll in the insurance plans provided by the Chicago Transit Authority.

Signature

Date

# **Important Reminder**

Unless you have an eligible change in family status, **open enrollment is the only time of the year when you can:**

- **make changes to medical plans**
- **waive medical coverage**
- **enroll eligible dependents**

**Please note:** If you are adding or deleting dependents, all required forms and documents must be submitted to the HR Benefit Services Department **on or before November 22, 2013.**

Outside of open enrollment, you have 31 days from an eligible change in family status (new marriage, new civil union, new birth, adoption, divorce or involuntary loss of alternate coverage) to enroll eligible dependents in your CTA medical plan.

In order to receive coverage for any dependent aged 19-25, you must submit a certified birth certificate that lists you or your current spouse as a natural parent for that dependent, along with the Healthcare Election form **by 4:30 p.m., November 22, 2013.** This requirement applies if the dependent is not currently enrolled under your health plan through CTA in the past.

# Your Personal Prescription Benefit Program

## Chicago Transit Authority - Full-Time

Welcome to your prescription benefit administered by CVS Caremark. Your prescription benefit is designed to bring you quality pharmacy care that will help you save money.

Following is a brief summary of your prescription benefits. On the back side, you will find details about your prescription benefit plan, which offers two ways for you to save on your long-term medications. CVS Caremark and Chicago Transit Authority are confident you will find value with your new prescription benefit program.

	<b>CVS Caremark Retail Pharmacy Network</b> For short-term medications (Up to a 30-day supply)	<b>CVS Caremark Mail Service Pharmacy or CVS/pharmacy</b> For long-term medications (Up to a 90-day supply)
<b>Where</b>	The CVS Caremark Retail Network includes more than 67,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies, and 7,400 CVS/pharmacy locations. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on "Find a Pharmacy" at <a href="http://www.caremark.com">www.caremark.com</a> or call a Customer Care representative toll-free at 1-866-285-8972.	You have the convenience of getting your long-term medications at one of our 7,400 CVS/pharmacy locations. Or simply mail your original prescription and the mail service order form to CVS Caremark. Your medications will be sent directly to your home, office or a location of your choice.
<b>Generic Medications:</b> Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	<b>PPO 2</b> \$5 for a generic prescription  <b>PPO 3</b> \$10 for a generic prescription	<b>PPO 2</b> \$10 for a generic prescription  <b>PPO 3</b> \$20 for a generic prescription
<b>Preferred Brand-Name Medications</b> If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	<b>PPO 2</b> \$15 for a preferred brand-name prescription  <b>PPO 3</b> \$25 for a preferred brand-name prescription	<b>PPO 2</b> \$30 for a preferred brand-name prescription  <b>PPO 3</b> \$50 for a preferred brand-name prescription
<b>Non-Preferred Brand-Name Medications</b> You will pay the most for medications not on your plan's preferred drug list.	<b>PPO 2</b> \$35 for a non-preferred brand-name prescription  <b>PPO 3</b> \$45 for a non-preferred brand-name prescription	<b>PPO 2</b> \$70 for a non-preferred brand-name prescription  <b>PPO 3</b> \$90 for a non-preferred brand-name prescription
<b>Refill Limit</b>	None	None
<b>Web Services</b>	Register at <a href="http://www.caremark.com">www.caremark.com</a> to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready.	
<b>Customer Care</b>	Visit <a href="http://www.caremark.com">www.caremark.com</a> or call toll-free at 1-866-285-8972.	

Please Note: Your copayment does not go towards your deductible or annual out-of-pocket maximum.

Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.



# Use This Plan to Fill Your Long-Term Medications

This plan offers you choice and savings when it comes to filling long-term prescriptions. Now you have **two ways to save:**

## CVS Caremark Mail Service Pharmacy:

- Enjoy convenient home delivery
- Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging
- Talk to a pharmacist by phone

## CVS/pharmacy:

- Pick up your medication at a time that is convenient for you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

Plus, you can easily order refills and manage your prescriptions anytime at **www.caremark.com**.

## To Get Started

The following chart provides detailed steps to help you start enjoying all the benefits of your prescription benefit plan.

IF YOU WOULD LIKE...	THEN...
To continue with mail service	You don't have to do anything. We'll continue to send your medications to your location of choice.
To pick up at CVS/pharmacy	Please let us know. You can do so quickly and easily. Choose the option that works best for you: <ul style="list-style-type: none"><li>• Register or log into <a href="http://www.caremark.com">www.caremark.com</a> to select a CVS/pharmacy location for pick up</li><li>• Visit your local CVS/pharmacy and talk to the pharmacist</li><li>• Call us toll-free using the number on the back of your Prescription Card, and we'll handle the rest</li></ul>
To sign up for mail service for the first time	You can do so easily online or by phone. <ul style="list-style-type: none"><li>• Register or log into <a href="http://www.caremark.com">www.caremark.com</a>, select <b>Start a New Prescription</b>, then click on <b>FastStart®</b></li><li>• Call FastStart toll-free at 1-800-875-0867. We'll handle the rest</li></ul>
More information	Give us a call. Use the phone number on the back of your Prescription Card to call us toll-free.

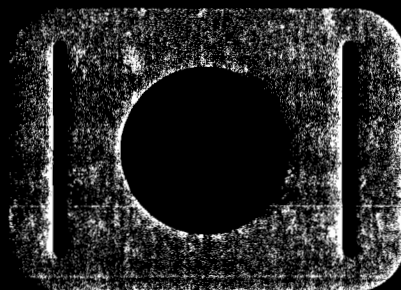
13424-SUM 80\_CVS90\_FT-1013

13424-SUM 80\_CVS90\_FT-1013





AND MAKE  
IT QUICK.



## CONVENIENCE CARE CLINIC

Sinus infection. Rash. Earache. Minor burn. These are all reasons you'd want to see your doctor. But what if your doctor isn't available to see you? When you need routine medical care but can't wait for an appointment, head to a convenience care clinic. You'll get quick access to quality, affordable medical care. A convenience care clinician can treat you for a range of routine medical conditions. You can find convenience care clinics in grocery stores, pharmacies and other retail stores.

### HEAD TO A CONVENIENCE CARE CLINIC FOR:

#### Conditions

- Allergies
- Athlete's foot
- Bladder infection
- Bronchitis
- Chlamydia
- Cold sores
- Deer tick bite
- Ear infection
- Flu symptoms
- Impetigo
- Laryngitis
- Minor burns, rashes or skin infections
- Minor sunburn
- Mononucleosis (mono)
- Pink eye and styes
- Poison ivy
- Pregnancy test
- Ringworm
- Sinus infection
- Strep throat
- Swimmer's ear
- Swimmer's itch
- Wart removal

#### Vaccines

- DTap (Diphtheria, Tetanus, Pertussis)
- Influenza (flu shot)
- Hepatitis A and B
- Polio
- Meningitis
- MMR (Measles, Mumps, Rubella)
- Pneumonia
- Td (Tetanus, Diphtheria)

GO YOU





## CONVENIENTLY LOCATED NEAR YOU

### MinuteClinic

Look for a MinuteClinic in CVS/pharmacy®, Cub Foods® and QFC in these states:

- Arizona
- California
- Connecticut
- District of Columbia
- Florida
- Georgia
- Illinois
- Indiana
- Kansas
- Kentucky
- Maryland
- Massachusetts
- Minnesota
- Missouri
- Nevada
- New Jersey
- New York
- North Carolina
- Ohio
- Oklahoma
- Pennsylvania
- Rhode Island
- South Carolina
- Tennessee
- Texas
- Virginia

### The Little Clinic

Found in Kroger™ and Publix™ stores in these states:

- Arizona
- Colorado
- Georgia
- Kentucky
- Ohio
- Tennessee
- Texas

### RediClinic

If you live in Texas, find a RediClinic in H-E-B® stores in the following cities:

- Austin
- Conroe
- Cypress
- Friendswood
- Houston
- Humble
- Katy
- Kyle
- League City
- Leander
- Missouri City
- Pasadena
- Pearland
- Pflugerville
- Round Rock
- San Antonio
- Spring Branch
- Sugar Land
- Tomball
- The Woodlands

### TakeCare

These walk-in health care clinics are available in Walgreens® drugstores in these states:

- Arizona
- Colorado
- District of Columbia
- Delaware
- Florida
- Georgia
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Mississippi
- Missouri
- Nevada
- New Jersey
- Ohio
- Pennsylvania
- Tennessee
- Texas
- Wisconsin

### Target Clinics

These clinics are in Target stores in the following states:

- Florida
- Illinois
- Minnesota
- Maryland
- North Carolina
- Virginia

### CareToday Clinic, Arizona

If you're part of the Cigna Medical Group in Arizona, head to a CareToday clinic in:

- Phoenix (downtown Phoenix on Central Ave. and a second location on West Thomas Rd.)

To find a convenience care clinic near you, go to [myCigna.com](http://myCigna.com) or call the toll-free number on your Cigna ID card.

**GO YOU.**



The listing of a health care professional or facility in the network directory does not guarantee that the services rendered by that professional or facility are covered under specific medical plan. Check your official plan documents for complete details about costs and the services covered under your plan benefits. The information provided here is for informational purposes only and is not intended to be a substitute for professional medical advice relative to a specific medical question or condition. During a medical emergency, you should always visit the nearest hospital or call 911 for assistance.

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Understand your medical plan options

# OPEN ACCESS PLUS



## How it works

Cigna's Open Access Plus plan gives you important choices. Each time you need care, you can choose the doctors and other health professionals and facilities that work best for you.

## Enroll in the Open Access Plus and you'll get:

### Options for accessing quality health care

- **Primary Care Physician (PCP)** – You decide if you want to choose a PCP as your personal doctor to help coordinate care and act as a personal health advocate. It's recommended but not required.
- **In-network** – Choose to see doctors or other health professionals who participate in the Cigna network to keep your costs lower and eliminate paperwork.
- **No-referral specialist care** – If you need to see a specialist, you do not need a referral to see a doctor who participates in the Cigna network – just make the appointment and go! Pre-certification may be necessary for hospitalizations and some types of outpatient care, but there is no paperwork for you.
- **Out-of-network** – You also have the freedom to visit doctors or use facilities that are not part of the Cigna network, but your costs will be higher and you may need to file a claim.
- **Emergency and urgent care** – When you need care, you're covered, 24 hours a day, worldwide.

**24/7 service** – Whenever you need us, customer service representatives are available to take your calls. You can also speak with a health care professional over the phone, any time, day or night.

**Health and wellness discounts** – Enjoy discounts on a variety of health-related products and services.

**Access to myCigna.com** – Use a personalized website to:

- **Learn** more about your plan and the coverage and programs available to you.
- **View** claim history and account transactions; print claim forms when you need them.
- **Find** information and estimate costs for medical procedures and treatments.
- **Learn** how hospitals rank by number of procedures performed, patients' average length of stay and cost.

## GO YOU



## Q&A

### **Do I have to choose a Primary Care Physician (PCP)?**

No. However, a PCP gives you and your covered family members a valuable resource and can be a personal health advocate.

### **What if my doctor isn't on your list?**

That means your PCP does not participate in the Cigna network. To receive your maximum coverage, you should select a doctor from the Cigna list of participating doctors and other health care professionals. You can continue seeing your current doctor, even if he or she is not in Cigna's network. However, in that case, you will pay higher out-of-pocket costs, and your care will be covered at the out-of-network coverage level.

### **Do I need a referral to see a specialist?**

Though you may want your personal doctor's advice and assistance in arranging care with a specialist in the network, you do not need a referral to see a participating specialist. If you choose an out-of-network specialist, your care will be covered at the out-of-network coverage level.

### **What is the difference between in-network coverage and out-of-network coverage?**

Each time you seek medical care, you can choose your doctor – either a doctor who participates in the Cigna network or someone who does not participate. When you visit a participating doctor, you receive “in-network coverage” and will have lower out-of-pocket costs. That's because our participating health care professionals have agreed to charge lower fees, and your plan covers a larger share of the charges. If you choose to visit a doctor outside of the network, your out-of-pocket costs will be higher.

### **What if I need to be admitted to the hospital?**

In an emergency, your care is covered. Requests for non-emergency hospital stays other than maternity stays must be approved in advance or “pre-certified.” This enables Cigna to determine if the services are

covered. Pre-certification is not required for maternity stays of 48 hours for vaginal deliveries or 96 hours for caesarean sections. Depending on your plan, you may be eligible for additional coverage. Any hospital stay beyond the initial 48 or 96 hours must be approved.

### **Who is responsible for obtaining pre-certification?**

Your doctor will help you decide which procedures require hospital care and which can be handled on an outpatient basis. If your doctor participates in the Cigna network, he or she will arrange for pre-certification. If you use an out-of-network doctor, you are responsible for making the arrangements. Your plan materials will identify which procedures require pre-certification.

### **How do I find out if my doctor is in the Cigna network before I enroll?**

It's quick and easy to search for participating doctors, specialists, pharmacies, hospitals and facilities closest to home and work.

Go to [Cigna.com](http://Cigna.com) and click on “Find a Doctor.”

**You will be able to:** Review the doctor's education, languages spoken and hospital affiliations, and get a detailed map with directions.

### **What if I go to an out-of-network doctor who sends me to a network hospital? Will I pay in-network or out-of-network charges for my hospitalization?**

Cigna HealthCare will cover authorized medical services provided by an Open Access Plus participating hospital at your in-network coverage level – whether you were sent there by an in-or out-of-network doctor.



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Cigna insured OAP product is not available in Arkansas or Puerto Rico.

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# KNOW BEFORE YOU GO

**Your guide for where to go when you need medical care.**

	Conditions treated*	Your cost and time	
<b>Emergency room (ER)</b>  For immediate treatment of critical injuries or illness. If a situation seems life-threatening, call 911 or go to the nearest emergency room. Open 24/7.	<ul style="list-style-type: none"><li>• Sudden numbness, weakness</li><li>• Uncontrolled bleeding</li><li>• Seizure or loss of consciousness</li><li>• Shortness of breath</li><li>• Chest pain</li><li>• Head injury/major trauma</li><li>• Blurry or loss of vision</li><li>• Severe cuts or burns</li><li>• Overdose</li></ul>	<ul style="list-style-type: none"><li>• Highest cost.</li><li>• No appointment needed.</li><li>• Wait times may be long, averaging over 4 hours.**</li></ul>	<b>Greater</b>
 For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.	<ul style="list-style-type: none"><li>• Minor cuts, sprains, burns, rashes</li><li>• Fever and flu symptoms</li><li>• Headaches</li><li>• Chronic lower back pain</li><li>• Joint pain</li><li>• Minor respiratory symptoms</li><li>• Urinary tract infections</li></ul>	<ul style="list-style-type: none"><li>• Costs lower than ER</li><li>• No appointment needed</li><li>• Wait times vary</li></ul>	
 The best place to go for routine or preventive care, to keep track of medications, or for a referral to see a specialist.	<ul style="list-style-type: none"><li>• General health issues</li><li>• Preventive care</li><li>• Routine checkups</li><li>• Immunizations and screenings</li></ul>	<ul style="list-style-type: none"><li>• May charge copay/coinsurance and/or deductible</li><li>• Usually need appointment</li><li>• Short wait times</li></ul>	
 Treats minor medical concerns that aren't life threatening. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends.	<ul style="list-style-type: none"><li>• Common cold/flu</li><li>• Rashes or skin conditions</li><li>• Sore throat, earache, sinus pain</li><li>• Minor cuts or burns</li><li>• Pregnancy testing</li><li>• Vaccines</li></ul>	<ul style="list-style-type: none"><li>• Same or lower than doctor's office</li><li>• No appointment needed</li><li>• Wait times about 15 minutes or less</li></ul>	<b>Lower</b>

\*List is not all-inclusive \*\*Urgent Care Management Monthly, November 2010.



The listing of health care professionals and facilities in the online directory does not guarantee that services rendered by that professional or facility are covered under your medical plan. Check your official plan document for information about services covered. The information provided here is for informational purposes only. During a medical emergency, go to the nearest hospital or call 911.

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YOUR HEALTH  
HAS MET

# ITS APP<sup>SM</sup>

## Introducing the simple, personalized myCigna Mobile App.

You're busier than ever. At Cigna, we get that. While we can't wave a magic wand and make all the frustrating, time-consuming aspects of your life go away, we can give you a tool to help make your life easier. And healthier.

The all-new **myCigna** Mobile App gives you a simple way to personalize, organize and access your important health information – on the go. It puts you in control of your health, so you can get more out of life.



GO/GO



Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

# Little App. BIG FEATURES.



## Health care professional directory

- Search for a doctor or health care facility from the Cigna national network and compare quality-of-care ratings
- Access maps for instant driving directions



## ID cards

- Quickly view ID cards (front and back) for entire family
- Easily print, email or scan right from smartphone



## Claims

- View and search recent and past claims
- Bookmark and group claims for easy reference



## Drug search

- Look up and compare actual costs at over 60,000 pharmacies nationwide
- Find closest pharmacy location using GPS
- Research medications and dosages
- Speed-dial Cigna Home Delivery Pharmacy<sup>SM</sup>



## Account balances

- Access and view health fund balances
- Review plan deductibles and coinsurance



## Health wallet

- Store and organize all important contact info for doctors, hospitals and pharmacies
- Add health care professionals to contact list right from a claim or directory search

Get the myCigna Mobile App from the App Store<sup>SM</sup> or Google Play.



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# CTA Human Resources Benefit Services


## Open Enrollment Information Sessions

Representatives from HR Benefits as well as vendors will be available to assist you at the field locations below.

### Open Enrollment Period: November 4 through November 22, 2013

• Health Care: Cigna • Dental Care: CTA Indemnity/PPQ, Prestige 75 DHMO

How to Enroll: • From Inside CTA: eLink • From outside CTA: [transitchicago.com/HRBenefits](http://transitchicago.com/HRBenefits) • Benefits/Employee Self-Service Center Kiosks

How to Enroll: • From inside CTA: elink • From outside CTA: transitchicago.com/HRBenefits • Benefits/Employee Self-Service Center Kiosks										
MONDAY 11/4/13		TUESDAY 11/5/13		WEDNESDAY 11/6/13		THURSDAY 11/7/13		FRIDAY 11/8/13		
<p><b>South Shops</b> 6:30 a.m. - 9:30 a.m. 210 W. 79th St. Chicago, IL 60620</p> <p><b>77th St. &amp; Maintenance</b> 10:00 a.m. - 1:00 p.m. 210 W. 79th St. Chicago, IL 60620</p> <p><b>74th St. &amp; Maintenance</b> 2:00 p.m. - 5:00 p.m. 1815 W. 74th St. Chicago, IL 60636</p>	<p><b>95th St. Terminal &amp; 98th St. Shop</b> 8:00 a.m. - 10:30 a.m. 14 W. 95th St. Chicago, IL 60628</p> <p><b>Midway Shop</b> 12:00 p.m. - 2:00 p.m. 5601 S. Kilpatrick Ave. Chicago, IL 60629</p> <p><b>Midway Terminal</b> 2:30 p.m. - 4:30 p.m. 4612 W. 59th St. Chicago, IL 60629</p>	<p><b>Skokie Shops</b> 6:30 a.m. - 9:30 a.m. 3701 Oakton St. Skokie, IL 60076</p> <p><b>Howard Shop</b> 11:00 a.m. - 1:00 p.m. 7750 N. Haskins Chicago, IL 60626</p> <p><b>Howard Terminal</b> 2:00 p.m. - 4:00 p.m. 1649 W. Howard St. Chicago, IL 60626</p>	<p><b>Chicago Ave. &amp; Maintenance</b> 8:00 a.m. - 11:00 a.m. 642 N. Pulaski Rd. Chicago, IL 60624</p> <p><b>West Shops</b> 1:00 p.m. - 4:00 p.m. 3900 W. Maypole Ave. Chicago, IL 60624</p>	<p><b>Forest Glen &amp; Maintenance</b> 8:00 a.m. - 12:00 p.m. 5419 W. Armstrong Ave. Chicago, IL 60646</p> <p><b>North Park &amp; Maintenance</b> 1:00 p.m. - 4:00 p.m. 3112 W. Foster Ave. Chicago, IL 60625</p> <p><b>Kedzie &amp; Maintenance</b> 8:00 a.m. - 12:00 p.m. 358 S. Kedzie Ave. Chicago, IL 60612</p>	<p><b>103rd St. &amp; Maintenance</b> 8:00 a.m. - 10:00 a.m. 1702 East 103rd St. Chicago, IL 60617</p> <p><b>103rd St. Maintenance</b> 11:00 a.m. - 1:00 p.m. 1702 East 103rd St. Chicago, IL 60617</p> <p><b>54th/Cermak Terminal &amp; Shop</b> 9:00 p.m. - 3:30 p.m. 2150 S. 54th Ave. Chicago, IL 60604</p>	<p><b>CTA HEADQUARTERS</b> 567 W. Lake St. Chicago, IL 60661</p>	<p><b>O'Hare Terminal</b> 8:00 a.m. - 11:30 a.m. 1000 O'Hare Dr. Chicago, IL 60666</p> <p><b>Rosemont Shop</b> 12:00 p.m. - 3:30 p.m. 5700 N. River Rd. Chicago, IL 60638</p> <p><b>Harlem/Lake Terminal</b> 1:00 p.m. - 4:00 p.m. 1 S. Harlem Ave. Oak Park, IL 60130</p>			
MONDAY 11/11/13		TUESDAY 11/12/13		WEDNESDAY 11/13/13		THURSDAY 11/14/13		FRIDAY 11/15/13		
<p><b>103rd St. Maintenance</b> 8:00 a.m. - 10:00 a.m. 1702 E. 103rd St. Chicago, IL 60617</p> <p><b>103rd St. &amp; Maintenance</b> 11:00 a.m. - 1:00 p.m. 1702 E. 103rd St. Chicago, IL 60617</p>	<p><b>Forest Park Terminal</b> 8:00 a.m. - 11:30 a.m. 711 Des Plaines Ave. Forest Park, IL 60130</p> <p><b>Des Plaines Shop</b> 12:30 p.m. - 3:30 p.m. 711 S. Des Plaines Ave. Forest Park, IL 60130</p>	<p><b>North Park &amp; Maintenance</b> 8:00 a.m. - 12:00 p.m. 3112 W. Foster Ave. Chicago, IL 60625</p> <p><b>Forest Glen &amp; Maintenance</b> 1:00 p.m. - 4:00 p.m. 5419 W. Armstrong Ave. Chicago, IL 60646</p> <p><b>89th St. Training Center</b> 8:00 a.m. - 12:00 p.m. 1120 E. 89th St. Chicago, IL 60619</p>	<p><b>West Shops</b> 7:00 a.m. - 10:00 a.m. 3900 W. Maypole Ave. Chicago, IL 60624</p> <p><b>Chicago Ave. &amp; Maintenance</b> 11:30 a.m. - 3:30 p.m. 642 N. Pulaski Rd. Chicago, IL 60624</p> <p><b>Skokie Shops</b> 1:00 p.m. - 4:00 p.m. 3701 Oakton St. Skokie, IL 60076</p>	<p><b>Kimball Shop</b> 7:00 a.m. - 9:00 a.m. 3365 W. Lawrence Ave. Chicago, IL 60625</p> <p><b>Kimball Terminal</b> 9:15 a.m. - 12:00 p.m. 3349 W. Lawrence Ave. Chicago, IL 60625</p> <p><b>74th St. &amp; Maintenance</b> 8:00 a.m. - 11:00 p.m. 1815 W. 74th St. Chicago, IL 60636</p> <p><b>77th St. &amp; Maintenance</b> 1:00 p.m. - 4:00 p.m. 210 W. 79th St. Chicago, IL 60620</p>	<p><b>Howard Terminal</b> 12:00 p.m. - 2:00 p.m. 1649 W. Howard St. Chicago, IL 60626</p> <p><b>Howard Shop</b> 2:30 p.m. - 4:00 p.m. 7750 N. Haskins Chicago, IL 60626</p> <p><b>Midway Shop</b> 10:30 a.m. - 12:30 p.m. 5601 S. Kilpatrick Ave. Chicago, IL 60629</p> <p><b>Kedzie &amp; Maintenance</b> 1:30 p.m. - 4:00 p.m. 358 S. Kedzie Ave. Chicago, IL 60612</p>					
MONDAY 11/18/13		TUESDAY 11/19/13		WEDNESDAY 11/20/13		THURSDAY 11/21/13		FRIDAY 11/22/13		
<p><b>63rd St. Terminal &amp; Shop</b> 8:00 a.m. - 11:00 p.m. 329 E. 61st St. Chicago, IL 60637</p> <p><b>98th St. Shop</b> 1:00 p.m. - 4:00 p.m. 9802 S. State St. Chicago, IL 60628</p>			<p><b>CTA HEADQUARTERS</b> 9:00 a.m. - 1:00 p.m. 567 W. Lake St. Chicago, IL 60661</p>							
										



10/28/13



CHICAGO TRANSIT AUTHORITY

567 West Lake Street  
Chicago, Illinois 60661-1498  
TEL 312 664-7200  
[www.transitchicago.com](http://www.transitchicago.com)

October 10, 2013

Dear Fellow CTA Employees:

The well-being of our employees is critical. We are pleased to announce some exciting changes to our health care plan. ***Effective January 1, 2014 the Chicago Transit Authority will implement a health care program with a new health care partner and a strategy to improve the health of our employees and their dependents.*** Cigna, our new partner, will provide new preventive care and a more holistic health care experience, as well as assist employees in disease management programs. These programs are designed for various chronic conditions such as asthma, diabetes, high cholesterol, and high blood pressure.

**Based on changes to our health care plan negotiated with the unions, an HMO option will no longer be available. We will now be offering two levels of PPO benefits offering different cost-sharing options.** Both PPO plan options use the Open Access Plus (OAP) network, and you can keep your out-of-pocket costs down when you use providers in the network. The Plans pay higher benefits when a "network" provider is used. Based on the plan design changes that are being implemented, employees will need to select the health care option that best suits their individual needs.

**The Open Enrollment for 2014 Benefit year for Group Health and Dental plans will take place between November 4 – November 22, 2013, with a January 1, 2014 effective date.** Open Enrollment is the only time when you can make changes to medical and dental plans and enroll eligible dependents.

**For changes in family status (new marriage, new birth, adoption, divorce or loss of alternate coverage), outside of Open Enrollment, you have 31 days from the qualifying event to enroll newly eligible dependents.**

Information about the health, dental and enhanced vision plans offered by the CTA is included in this packet. Please read these materials carefully to ensure that you make appropriate choices to meet the health care needs for you and your family.

Also, representatives from HR Benefit Services, along with representatives from Cigna, CVS Caremark and HumanaDental will be visiting many work locations to help you understand available options and to provide assistance in making any changes that you may require. Please feel free to attend any of the scheduled Open Enrollment meetings. **A schedule of meetings will be posted at all CTA locations and sent to all management employees to distribute.**

I strongly urge you to discuss your health care options at that time and also ask that you give careful consideration to the available options. If you have additional questions regarding Open Enrollment, please call the Cigna Information Line which is available 24/7 at 800-567-7642, the HR Benefits Hotline at 1-312-681-2225, option 3 or send an email to [benefits@transitchicago.com](mailto:benefits@transitchicago.com).

We have carefully developed these healthcare plans to bring you the most enhanced benefits possible. With the addition of an expanded network, world-class hospitals (such as Rush, Northwestern Memorial, and University of Chicago), an improved vision benefit plan and a wellness program, all of our employees will be on the right path to better health.

Sincerely,

Forrest Claypool  
President