

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	1-800-837-2341
Humana/CompBenefits DHMO (Prestige 75)	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
Biweekly Contribution	\$43.85	\$83.08
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
Biweekly Contribution	\$32.31	\$64.62
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
Biweekly Contribution		
CTA Indemnity/PPO	\$0.00	\$7.18
Humana/CompBenefits Prestige 75	\$0.00	\$3.69

* 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. 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.

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.

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.

OUTPATIENT SERVICES	Coverage
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.
HOSPITAL INPATIENT SERVICES	Hospital admission must be approved by Cigna at 1-800-244-6224.
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.*
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.
Resulting from Injury	80% after deductible if PPO/OAP network; otherwise 60% of usual and customary charges.
Ambulance	80% after deductible.
MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICES	
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.	
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.
OTHER SERVICES	
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.
 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)
Generic Medications Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	PPO 2 \$5 for a generic prescription PPO 3 \$10 for a generic prescription	PPO 2 \$10 for a generic prescription PPO 3 \$20 for a generic prescription
Preferred Brand-Name Medications 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 \$15 for a preferred brand-name prescription PPO 3 \$25 for a preferred brand-name prescription	PPO 2 \$30 for a preferred brand-name prescription PPO 3 \$50 for a preferred brand-name prescription
Non-Preferred Brand-Name Medications You will pay the most for medications not on your plan's preferred drug list.	PPO 2 \$35 for a non-preferred brand-name prescription PPO 3 \$45 for a non-preferred brand-name prescription	PPO 2 \$70 for a non-preferred brand-name prescription PPO 3 \$90 for a non-preferred brand-name prescription
Refill Limit	None	None
Web Services	Register at www.caremark.com to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready.	
Customer Care	Visit www.caremark.com 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 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 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.

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)] 2 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"/>	Department
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	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.	
							Name (Last/First/MI)	Birth Date

☐ 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.