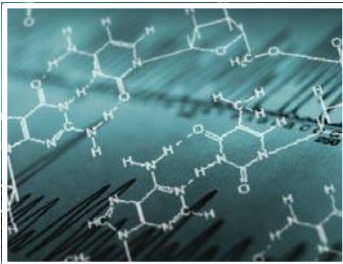


CHICAGO
PUBLIC
SCHOOLS

CPS

Benefits Overview



CPS NEW HIRE BENEFITS ENROLLMENT GUIDE

Congratulations on your recent employment with the Chicago Public Schools!

Congratulations, and welcome to CPS! The CPS Talent Office offers a competitive benefits package to ensure employees have the tools to maximize overall health and well-being. Our robust benefits line-up includes five medical plan options, two dental plan options, basic and enhanced vision, a comprehensive wellness program, an employee assistance program, short term and long term disability, life insurance, personal accident insurance, flexible spending accounts, a supplemental retirement savings plan, and a group legal benefit. We encourage you to take advantage of all we have to offer.

If you are eligible for benefits, you will be able to make your benefits elections 31 days following your date of hire. On your first day of employment you may elect benefits for yourself, your spouse/same sex domestic partner/civil union spouse, and dependents. To complete the enrollment process, you will need to provide an original certified birth certificate for your dependent children and/or an original certified marriage certificate for your spouse, if applicable, within 31 days following your date of hire. If you wish to add a same sex domestic partner or civil union partner, refer to the documentation requirements on page 19 of this guide for detailed instructions on required documentation. Please contact the Talent Employee Solutions Team (**773-553-HR4U**) if you have questions regarding benefits enrollment. Coverage goes into effect the ***first day of the month*** following your date of hire.

Please login to hr4u.cps.edu and follow the steps described on the following page of this New Hire Guide to complete your benefits enrollment.

NOTE: If you do not enroll for benefits coverage within 31 days after your hire date, you will not be able to enroll in benefits until the next open enrollment period, which means your benefits coverage would not take effect until January 1 of the following calendar year.

Please read this Benefits Overview/Benefits New Hire Guide to understand the benefits that are available to you and for instructions on how to complete the enrollment process.

If you have any questions, call **773-553-HR4U (4748)**. One of our representatives will be happy to assist you.

STEP ONE – PREPARE

Know your username and password. Your username and password for benefits enrollment are the same as your CPS email username and password. To access your username and/or password, visit the CPS password management website at <https://password.cps.k12.il.us> or call 3-EXCL (773-553-3925) for help.

Understand your benefits. Read the information in this Benefits New Hire Enrollment Guide. **NOTE:** To prepare for online enrollment you may wish to make notes and have them handy when you are ready to enroll.

Select your choices. You may choose from five medical plans, two dental plans, an enhanced vision plan, life insurance, personal accident insurance, long-term disability, group legal, group financial, and flexible spending accounts.

Select your primary care physician.

If you are enrolling in **BlueCross HMO IL:**

- You must obtain the three-digit group/IPA # that corresponds with your primary care physician by visiting www.bcbsil.com/providers/index.htm.
- Select the HMO Illinois provider network.
- You may select a separate group/IPA# for each of your eligible dependents.
- Your primary care physician and your women’s principal healthcare provider (OB/GYN) must be in the same site.

If you are enrolling in **UnitedHealthcare HMO:**

- You must obtain the 13–digit primary care physician ID by visiting www.myuhc.com.
- Select the **UnitedHealthcare Select EPO** network.
- You may select a separate provider ID for each of your eligible dependents.
- Your primary care physician and your women’s principal healthcare provider (OB/GYN) can be in separate sites as long as both physicians are within the participating network.

NOTE: PPO members do not need to pre-select a primary care physician.

If you are enrolling in **Delta Dental HMO:**

- You must obtain the facility number that corresponds with your provider name by visiting www.deltadentalil.com. Select Delta Care USA for the listing of the HMO dental providers.

STEP TWO – ENROLL

You are ready to enroll. If you are taking advantage of benefits enrollment:

- a) To make your benefit elections, login to hr4u.cps.edu.
- b) Click “**My Benefits.**”
- c) Click “**New Hire Benefits Enrollment**” under “**Quick Links**” on the left side of the page.
- d) Make your elections.
- e) After you have made your elections, click “**Submit**” to finalize your enrollment.

STEP THREE – AFTER YOU ENROLL

Document Submission: To complete your enrollment, you may need to submit additional documentation. A summary of required documentation is included on page 19 of this New Hire Guide. **Required documentation must be submitted within 31 days of your date of hire.**

Medical Options

CPS offers five health plan options:

- BlueCross BlueShield HMO
- UnitedHealthcare HMO
- BlueCross BlueShield PPO
- UnitedHealthcare PPO
- UnitedHealthcare PPO with Health Reimbursement Account (HRA)

There are three coverage levels available with each plan: employee only, employee + one, or family coverage. CPS shares in the cost of coverage for this benefit.

Chicago Lives Healthy Wellness Program

All CPS employees enrolled in a CPS health plan are automatically enrolled in the Chicago Lives Healthy Wellness Program. The wellness program offers employees and their covered spouses/domestic partners/civil union spouses free health screenings, access to a personalized online health and well-being portal, and free telephonic health coaching.

- Employees and covered spouses/domestic partners/civil union spouses who do not meet the minimum participation requirements will be assessed a **monthly \$50 non-participation fee per non-participant**
- You will be contacted after your medical plan enrollment information is processed with instructions for completing the first enrollment step, the Well-being Assessment (WBA)
- More information regarding ongoing requirements is available at www.chicagoliveshealthy.com/CPS.
- **Note:** New hires are not required to complete the biometric screening until the following plan year (in January and February after the initial year of hire)

The Differences between the HMO and the PPO plans

With the Health Maintenance Organization (HMO) Plans

- The premiums deducted from your paycheck are less expensive than those associated with the PPO plans.
- There are no deductibles; out-of-pocket expenses are kept at a minimum. You are only required to pay the appropriate co-pay associated with each service.
- You are required to select a physician from the plan's pre-approved list of healthcare providers and put that provider information on file with your insurance company.
- In the BCBS HMO, referrals are required from your primary care physician if you need to see a specialist.

With the Preferred Provider Option (PPO) Plans

- The premiums deducted from your paycheck are slightly higher than HMO premiums.
- There are deductibles, and you are required to pay co-pays.
- You are afforded more flexibility with selecting a physician; you will be able to see almost any doctor you choose. The PPO plans also have pre-approved lists of healthcare providers; however, coverage is also available when you see a provider who is not on that pre-approved list. When you see a pre-approved doctor, you'll save more money—but you won't be without coverage if you choose to see an "out-of-network" provider.
- You are not required to obtain a referral from your primary care physician to see a specialist; however, approval is required from Telligon for certain services such as MRIs, CAT scans, physical therapy, etc.

Medical Plan Options

CPS offers five health/medical plan options: BlueCross BlueShield HMO, UnitedHealthcare HMO, BlueCross BlueShield PPO, UnitedHealthcare PPO, and UnitedHealthcare PPO with Heath Reimbursement Account. Employee only, employee + 1, or family coverage is available. CPS shares in the cost of coverage for this benefit.

HMO Options: CPS offers two Health Maintenance Organization (HMO) options. HMOs require that you receive your medical services only through their network providers, except in emergencies. CPS offers BlueCross BlueShield HMO IL and UnitedHealthcare HMO.

BENEFIT HIGHLIGHTS FOR ELIGIBLE EXPENSES	BLUECROSS BLUESHIELD HMO	UNITEDHEALTHCARE HMO			
Annual Deductible	N/A	N/A			
Out-of Pocket Maximum	N/A	N/A			
Lifetime Maximum	Unlimited	Unlimited			
<u>Care in Physician's Office</u> <ul style="list-style-type: none"> General Office Visits (e.g., X-rays, allergy shots, and chemotherapy) Wellness/Preventative Care (e.g., routine physical check-ups for adults and children, well baby care, colonoscopies, mammograms, pap smears, PSA, physicals, and immunizations) 	100% after \$30 co-pay per visit 100% no co-pay	100% after \$30 co-pay per visit 100% no co-pay			
<u>In-Patient Hospital Services</u> <ul style="list-style-type: none"> Hospital (semi-private) room and board Doctor's visits (including specialists), X-rays, drugs, surgeon fees, and anesthesiologists. 	100% after \$200 co-pay per admission Covered in Full	100% after \$200 co-pay per admission Covered in Full			
<u>Out-Patient Hospital Care (including surgery)</u>	Covered in Full after \$175 co-pay per visit	Covered in Full after \$175 co-pay per visit			
<u>Maternity</u> <ul style="list-style-type: none"> Prenatal/Postnatal 	100% after \$30 co-pay per visit 100% after \$200 co-pay per admission	100% after \$30 co-pay per visit 100% after \$200 co-pay per admission			
<u>Covered Emergency Care</u> <ul style="list-style-type: none"> Emergency Care (If deemed an emergency) Ambulance 	100% after \$125 co-pay per visit 100%	100% after \$125 co-pay per visit 100%			
<u>Mental Health and Substance Abuse (unlimited visits)</u> <ul style="list-style-type: none"> In-patient Out-patient 	100% after \$200 co-pay per admission 100% after \$30 co-pay per visit	100% after \$200 co-pay per admission 100% after \$30 co-pay per visit			
<u>Therapy</u> <ul style="list-style-type: none"> Physical, occupational, and speech therapy for restoration of function (Limited to 60 visits per calendar year per therapy) Chiropractic care (Unlimited visits if medically necessary) 	100% for the number of visits which, in the judgment of the attending or consulting physicians, are sufficient for significant improvement 100% after \$30 co-pay per visit	100% for the number of visits which, in the judgment of the attending or consulting physicians, are sufficient for significant improvement 100% after \$30 co-pay per visit			
Care in Skilled Nursing Facility (up to 120 days per year if medically necessary)	100%	100%			
Prosthetic Devices and Medical Equipment	100%	100%			
Employee Contribution (% of Base Salary) Eligible Full-Time Employees	Employee Only:	1.3%	Employee Only:	2.0%	
	Employee +1:	1.5%	Employee +1:	2.2%	
	Family:	1.8% CTU/ Unite H.E.R.E.	2.3% All Others	Family:	2.5% CTU/ Unite H.E.R.E.
Employee Contribution (% of Base Salary) Eligible Part-Time Employees	Employee Only:	2.6%	Employee Only:	4.0%	
	Employee + 1:	3.0%	Employee + 1:	4.4%	
	Family:	3.6%	Family:	5.0%	

PPO Options: CPS offers three Preferred Provider Organization (PPO) options. PPOs do not require that you select a primary care physician. CPS offers BlueCross BlueShield PPO, UnitedHealthcare PPO, and UnitedHealthcare PPO with Health Reimbursement Account.

NOTE: PPO participants or their physicians **must** contact Telligen at 1-888-781-9458 for review and pre-certification of certain services and procedures, such as hospitalizations and for non-custodial care in a skilled nursing facility at least one day before an elective admission. Penalty for failure to pre-certify: 50% capped at \$1,000 per individual per event per confinement. For in-patient mental health or substance abuse admission and to receive in-network mental health coverage call United Behavioral Health at 1-800-711-6087.

BENEFIT HIGHLIGHTS FOR ELIGIBLE EXPENSES	BLUECROSS BLUESHIELD PPO		UNITEDHEALTHCARE PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$ 400 per person \$1,200 per family	\$ 800 per person \$ 2,400 per family	N/A	\$ 600 per person \$1,200 per family
Out-of-Pocket Maximum	\$2,400 per person \$4,800 per family	N/A	\$2,000 per person \$4,000 per family	N/A
Lifetime Maximum	Unlimited		Unlimited	
Care in Physician's Office				
<ul style="list-style-type: none"> General Office Visits (e.g., X-rays, allergy shots, and chemotherapy) 	100% after \$25 co-pay per visit	50% after deductible	100% after \$15 co-pay per visit	50% after deductible
<ul style="list-style-type: none"> Wellness/Preventative Care (e.g., routine physical check-ups for adults and children, well baby care, colonoscopies, mammograms, pap smears, PSA, physicals, and immunizations) 	100% - no co-pay, no deductible	50% after deductible	100% - no co-pay, no deductible	50% after deductible
In-Patient Hospital Services				
<ul style="list-style-type: none"> Hospital (semi-private) room and board Doctor's visits (including specialists), X-rays, drugs, surgeon fees, and anesthesiologists. 	80% after deductible	50% after deductible	80%	50% after deductible
Out-Patient Hospital Care (including surgery)	80% after deductible	50% after deductible	80%	50% after deductible
Maternity				
<ul style="list-style-type: none"> Prenatal/Postnatal 	100% after \$25 co-pay per visit	50% after deductible	100% after \$15 co-pay per visit	50% after deductible
<ul style="list-style-type: none"> Hospital Coverage (Mother and Newborn) 	80% after deductible	50% after deductible	80%	50% after deductible
Covered Emergency Care				
<ul style="list-style-type: none"> Emergency Care (If deemed an emergency) Ambulance 	100% after \$125 co-pay per visit	\$125 co-pay per visit additional out of network costs may apply	100% after \$125 co-pay per visit	\$125 co-pay per visit additional out of network costs may apply
Mental Health and Substance Abuse (unlimited visits)				
<ul style="list-style-type: none"> In-patient Out-patient 	80% after deductible	50% after deductible	80%	50% after deductible
Therapy				
<ul style="list-style-type: none"> Physical, Occupational and Speech Therapy for restoration of function (Limited to 60 visits per calendar year per therapy) Chiropractic care (Unlimited visits if medically necessary) 	100% after \$25 co-pay per visit	50% after deductible	100% after \$15 co-pay per visit	50% after deductible
Care in Skilled Nursing Facility (up to 120 days per year if medically necessary)	80% after deductible	50% after deductible	80%	50% after deductible
Prosthetic Devices and Medical Equipment	80% after deductible	50% after deductible	80%	50% after deductible
Employee Contribution (% of Base Salary) Eligible Full-Time Employees	Employee Only:	2.2%	Employee Only:	2.0%
	Employee +1:	2.5%	Employee +1:	2.2%
	Family:	2.8% CTU/ Unite H.E.R.E.	3.5% All Others	Family:
Employee Contribution (% of Base Salary) Eligible Part-Time Employees	Employee Only:	4.4%	Employee Only:	4.0%
	Employee + 1:	5.0%	Employee + 1:	4.4%
	Family:	5.6%	Family:	5.0%

UnitedHealthcare PPO w/ Health Reimbursement Account (HRA) is a medical option that provides you with a health reimbursement account. Under this option, CPS will contribute either (i) \$500 to the HRA if you enroll only yourself; or, (ii) \$1,000 if you enroll yourself and at least one other dependent. Those benefits that would otherwise be covered by the PPO will be paid first out of the HRA. After the HRA is exhausted, then you must satisfy your deductible. After the deductible has been met, CPS will pay 80% of in-network and 50% of out-of-network eligible expenses. If you do not exhaust your HRA, the unused amount will be rolled over for your use in the next calendar year.

BENEFIT HIGHLIGHTS FOR ELIGIBLE EXPENSES	UNITEDHEALTHCARE W/ HEALTH REIMBURSEMENT ACCOUNT	
	IN-NETWORK	OUT-OF-NETWORK
Health Reimbursement Account (Employer Paid) (NOT APPLIED TOWARD DEDUCTIBLE NOR OUT-OF-POCKET MAXIMUM)	\$500 Employee Only \$1,000 Employee + 1 and Family	\$500 Employee Only \$1,000 Employee + 1 and Family
Annual Deductible	\$1,000 per person after HRA is exhausted \$2,000 per family after HRA is exhausted	\$2,000 per person after HRA is exhausted \$4,000 per person after HRA is exhausted
Out-of-Pocket Maximum	\$2,250 per person \$4,500 per family	\$11,500 per person \$34,000 per family
Lifetime Maximum	Unlimited	
Care in Physician's Office		
• General Office Visits (e.g., X-rays, allergy shots, and chemotherapy)	80% after deductible	50% after deductible
• Wellness/Preventative Care (e.g., routine physical check-ups for adults and children, well baby care, colonoscopies, mammograms, pap smears, PSA, physicals, and immunizations)	100% - no co-pay, no deductible	50% after deductible
In-Patient Hospital Services		
• Hospital (semi-private)room and board	80% after deductible	50% after deductible
• Doctor's visits (including specialists), X-rays, drugs, surgeon fees, and anesthesiologists.	80% after deductible	50% after deductible
Out-Patient Hospital Care (including surgery)	80% after deductible	50% after deductible
Maternity		
• Prenatal/Postnatal	80% after deductible	50% after deductible
• Hospital Coverage (Mother and Newborn)	80% after deductible	50% after deductible
Covered Emergency Care		
• Emergency Care (If deemed an emergency)	100% after \$125 co-pay per visit	\$125 co-pay per visit Additional out-of-network costs may apply
• Ambulance	100% after deductible	100% after deductible
Mental Health and Substance Abuse (unlimited visits)		
• In-patient	80% after deductible	50% after deductible
• Out-patient	80% after deductible	50% after deductible
Therapy		
• Physical, occupational, and speech therapy for restoration of function (Limited to 60 visits per calendar year per therapy)	80% after deductible	50% after deductible
• Chiropractic care (Unlimited visits if medically necessary)	80% after deductible	50% after deductible
Care in Skilled Nursing Facility (up to 120 days per year if medically necessary)	80% after deductible	50% after deductible
Prosthetic Devices and Medical Equipment	80% after deductible	50% after deductible
Employee Contribution (% of Base Salary) Eligible Full-Time Employees	Employee Only:	1.3%
	Employee +1:	1.5%
	Family:	1.8% CTU/Unite H.E.R.E. 2.3% All Others
Employee Contribution (% of Base Salary) Eligible Part-Time Employees	Employee Only:	2.6%
	Employee + 1:	3.0%
	Family:	3.6%

UHC PPO w/HRA Examples

Example: You enroll yourself and one dependent in this option. CPS contributes \$1,000 to your HRA. You and your dependent incur \$450 in eligible medical expenses during the 2013 calendar year. The \$450 is paid out of the HRA, leaving \$550 in your HRA. There is no out-of-pocket expense for you in 2013. In 2014 your HRA will have a beginning balance of \$1,550 for you to use in 2014.

Example: You enroll yourself and one dependent in this option. CPS contributes \$1,000 to your HRA. You and your dependent incur \$2,000 in eligible medical expenses during the year. The first \$1,000 of those eligible medical expenses is paid by the HRA. You pay the remainder. In 2014, your HRA will have a beginning balance of \$1,000 if you and your dependent continue in this option (i.e., will be replenished with \$1,000 each year).

Example: You enroll yourself and one dependent in this option. CPS contributes \$1,000 to your HRA. You and your dependent incur \$16,000 in in-network eligible medical expenses. The first \$1,000 of those medical expenses will be paid by the HRA. The second \$2,000 will be paid by you in order to meet the deductible. You will then pay 20% of the remainder until you pay an additional \$2,500 to reach your family annual out-of-pocket

Telligen Pre-Certification – Required for PPO Medical Options

Telligen manages the pre-certification process for CPS employees/dependents enrolled in the PPO health plans. Pre-certification is designed to help ensure that you receive quality medical care while discouraging unnecessary treatment.

To ensure that certain treatments and hospital stays are appropriate, you must obtain advance approval from the medical professionals at Telligen. You may call 24 hours a day, seven days a week at **888-781-9458**.

Telligen pre-certification is required for the following benefits:

- In-patient hospital care, including acute rehabilitation confinements and surgeries
- In-patient skilled nursing facility
- Organ transplants
- Air ambulance transportation
- Certain outpatient surgeries and procedures:
 - Blepharoplasty
 - Breast surgeries (reduction, reconstruction, except related to mastectomy, biopsy, and lesions)
 - CAT scans
 - MRI
 - Nasal surgery (rhinoplasty and septoplasty)
 - PET scans
 - Sclerotherapy and ligation, vein stripping
 - Sleep studies
- Hospice: in-patient and home
- Occupational therapy: home and outpatient treatment center
- Physical therapy: home and outpatient treatment center
- Speech therapy: home and outpatient treatment center
- Home nursing visits
- Private duty nursing
- Durable medical equipment and supplies. For example:
 - Hospital beds
 - Oxygen and oxygen-related equipment
 - Apnea monitors
 - Ventilators
 - Prosthetics
 - Other durable medical equipment that costs \$500 or more
- Infertility treatment

- Enteral formula (life sustaining tubal feeding)
- **All pregnancies (during the first three months or as soon as the pregnancy is confirmed *and* within two business days after admission for delivery.**

When to call: If you are in a PPO, in order to receive your maximum level of benefits, you must receive advance approval from Telligen. The services or procedures that require approval are listed above. You must call at least seven (7) days in advance for most services requiring pre-certification. You must call within two (2) business days after emergency treatment or in-patient admissions. All pregnancies must be pre-certified twice: during the first three (3) months or when the pregnancy is confirmed (if later) and again within two (2) business days after admission for delivery.

If you don't call: If you do not call for pre-certification as required or if you do not follow the program's recommendations, you will be responsible for 50% of eligible charges (capped at \$1,000 per individual per event per confinement). You will pay this penalty plus the co-insurance that applies. Also, benefits could be further reduced if it is determined that the treatment or admission is not medically necessary.

Three Examples of When to Call Telligen

Example 1

Physical Therapy (out-patient treatment center and home): Jennifer, a 32-year-old female and long-time runner, is experiencing heel pain during her workouts. Jennifer's physician has diagnosed her with Achilles tendonitis and has suggested anti-inflammatory medication and ten physical therapy visits to reduce the inflammation and help strengthen the tendon. Jennifer, her physician, a family member, or a friend must notify Telligen and receive approval prior to receiving physical therapy services.

Jennifer has completed her initial ten physical therapy sessions, but her physical therapist thinks she would benefit from an additional six sessions. Jennifer, her physician, physical therapist, family member, or friend must notify Telligen and receive approval prior to receiving the additional physical therapy services.

Example 2

Out-patient procedures: Caleb, a 7-year-old, has had numerous bouts of a sore throat and neck swelling over the past couple of years. During a recent examination, Caleb's physician found a lump in Caleb's neck. The lump was not viewable with a normal x-ray so his physician has suggested that Caleb have an MRI. Because Caleb is a minor his physician, the facility, or a family member (parent or legal guardian) must notify Telligen prior to the scheduled date of this out-patient procedure.

Example 3

In-patient Surgery and Hospital Admission: Francine, a 55-year-old with severe osteoarthritis, is scheduled to have knee replacement surgery. This surgery will require Francine to be in the hospital for several days. Francine, her physician, the facility, a family member, or friend will need to notify Telligen as soon as the admission date is scheduled to pre-certify this in-patient surgery and hospital admission.

Prescription Drug Program

The Chicago Public Schools' Prescription Drug Program offers you an easy and convenient way to purchase prescription drugs. Eligible drugs are part of the overall medical life time maximum. The program covers eligible drugs purchased:

- At a participating pharmacy
- At a non-participating pharmacy
- By mail-order

	RETAIL PROGRAM	MAIL SERVICE PROGRAM
When to Use Your Benefit	For immediate or short-term medicine needs	For maintenance or long-term medicine needs
Where	You can use your prescription benefit at more than 62,000 Caremark participating retail pharmacies nationwide, including over 20,000 independent community pharmacies. To locate a Caremark participating retail pharmacy in your area, go to www.caremark.com and use the "Find a Local Pharmacy" search or call Caremark Customer Care toll-free at 1-866-409-8523 .	Mail your original prescription along with the mail service order form to Caremark. Your medicines will be sent directly to your home.
Cost to You	<ul style="list-style-type: none"> ○ \$10 for each generic medicine ○ \$25 for each brand-name* medicine on the drug list ○ \$40 for each brand-name* medicine not on the drug list 	<ul style="list-style-type: none"> ○ \$15 for each generic medicine ○ \$40 for each brand-name* medicine on the drug list ○ \$60 for each brand-name* medicine not on the drug list
Day Supply Limit	30-day supply	90-day supply
Maintenance Medication Limit After 5th Fill:	On the 6th fill and subsequent fills it is 40% or the co-pay, whichever is greater.	No limit

NOTE: When a generic is available but the pharmacy dispenses the brand-name medicine for any reason you will pay the difference between the brand-name medicine and the generic plus the generic co-payment amount.

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 benefit ID card handy.

Non-Participating Pharmacy Feature: In most cases, you will not need to visit a non-participating pharmacy because there are over 62,000 participating pharmacies in the Caremark Retail Program. However, if you choose to go to a non-participating pharmacy, you will pay **100% of the prescription price**. You will then need to submit a paper claim form, along with the original prescription receipt(s) to Caremark for reimbursement of covered expenses at:

Caremark Claims Department
P.O. Box 686005
San Antonio, TX 78268-6005

NOTE: Covered prescriptions purchased at a non-participating pharmacy will be paid at 60% of the generic drug cost. The plan will also pay 60% of the generic drug cost if a brand-name drug is issued when a generic drug is available.

Covered Drugs: The following drugs are covered under the program:

- Federal legend drugs (drugs requiring a prescription)
- Compound prescriptions containing at least one legend ingredient
- Insulin
- Women's contraceptives and contraceptive devices (limits and exclusions apply)

- Specific supplements (i.e., folic acid, iron, and fluoride)
- Low-dosage aspirin
- Tobacco cessation (generic only)
- Infertility medications (with Prior-Authorization from Telligen)
- Disposable insulin syringes/needles and diabetic supplies
- Acne medication (with Prior-Authorization from Caremark for participants over the age of 24)
- Growth hormones (with Prior-Authorization from Caremark)

Drugs Not Covered: The following drugs are not covered under the program:

- Cosmetic drugs, such as Rogaine
- Drugs available without a prescription, except insulin (exceptions apply)
- Prescription drugs with an over-the-counter equivalent
- Drugs for the treatment of obesity, morbid obesity, or weight-reduction purposes
- Appetite suppressants
- Brand contraceptives (oral and injection) and contraceptive devices where a generic equivalent is available
- Medical supplies and equipment
- Drugs not prescribed by a provider acting within the scope of his or her license
- Experimental, investigational, or unproven drugs or therapies
- Drugs provided to you by the local, state, or federal government and any drug for which payment or benefits are provided by the local, state, or federal government (for example, Medicare)
- Prescription vitamins
- Oral or topical nail-fungal medication
- Replacement prescription drugs resulting from loss or theft

Dental Plan Options

Dental Options: CPS offers two dental plan options: Delta Dental HMO (DHMO) and Delta Dental PPO.

Delta Dental DHMO: The Dental HMO option is provided at no cost to you; CPS covers the **full** dental contribution deduction for all coverage levels if you are enrolled in the Dental HMO option. Under this option, you may select a dentist using a site code from the provider network sponsored by Delta Dental at www.deltadentalil.com.

Delta Dental PPO: If you opt to enroll in the PPO option, CPS will cover the cost of the employee only contribution; there is an additional cost for employee +1 or family coverage. Under this PPO dental option, you may use either an in-network or an out-of-network provider. The plan will pay a certain percentage of the PPO rate whether or not you use a network provider.

SERVICES	DELTA DENTAL HMO	DELTA DENTAL PPO	
		IN-NETWORK	OUT-OF-NETWORK
Preventive	100%	80% of PPO rate	80% of PPO rate
Basic	85–75%	80% of PPO rate	80% of PPO rate
Major	70–65%	50% of PPO rate	50% of PPO rate
Individual Maximums			
Deductible	None	None	\$100 annually
Benefit Limit	None	\$1,500 annually	
Employee Contributions			
Employee Only	None	None	
Employee +1	None	\$9.71 per pay period	
Family	None	\$20.56 per pay period	

Vision Plan Options

Basic Vision: If you are enrolled in one of Chicago Public Schools medical options, CPS provides you and your eligible family members with Basic Vision. Vision Service Plan is the provider. **You do not pay a premium for this coverage.**

Enhanced Vision: You may upgrade your Basic Vision Plan for a monthly premium and receive coverage for glasses and contacts and discounts on laser vision correction.

Basic Vision Plan

The **Basic Vision Plan** provides one eye exam per year for the \$15 co-pay. In addition, you will receive discounts on eyewear.

Enhanced Vision Plan

You may upgrade your **Basic Vision Plan** for a monthly premium and receive coverage for glasses and contacts and discounts on laser vision correction. See details below.

Exam covered in full with \$15 co-pay.....every 12 months

Lenses covered in full.....every 12 months

- Single vision, lined bifocal and lined trifocal lenses
- Polycarbonate lenses for dependent children

Frame.....every 24 months

- Frame of your choice covered up to \$150
- Plus 20% off any out-pocket costs

~AND~

Contact Lenses.....every 12 months

Your \$175 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts.

In addition, VSP has negotiated a benefit for wearers of certain types of contacts. If you qualify, the program includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or VSP.com.

Exam.....\$15.00

Prescription Glasses.....\$25.00

Contacts.....No co-pay applies

Glasses and Sunglasses

- Average 30% savings on additional lens options, such as scratch resistant and anti-reflective coatings and progressives
- 20% off additional prescription glasses and sunglasses, including lens options

Contacts

- 15% off cost of contact lens exam (fitting and evaluation)
- Available from any VSP doctor within 12 months of your last eye exam.

Laser Vision

You receive discounts for PRK, LASIK, and Custom LASIK using wave front technology. Discounts vary by location, but average 15–20% off the contracted laser center’s usual and customary price. Additionally, if the laser center is offering an even lower temporary promotional price, you’ll receive 5% off the promotional price.

Employee only.....\$7.40

Employee + One Dependent.....\$10.81

Family.....\$19.39

Mental Health Benefits

Mental Health and Substance Abuse: If you are enrolled in any HMO or PPO, Chicago Public Schools offers help for mental health or substance abuse problems. If you are in the UnitedHealthcare HMO or any PPO, the plan is administered by United Behavioral Health (UBH); please call **800-711-6087** for more information. If you are in BlueCross BlueShield HMO Illinois, please call **800-851-7498** for more information.

This benefit includes counseling and substance abuse recovery services that can help you effectively deal with stressful and challenging situations. You may call for such personal issues as:

<input type="radio"/> Depression	<input type="radio"/> Anxiety and Stress
<input type="radio"/> Alcohol Abuse	<input type="radio"/> Anger Management
<input type="radio"/> Drug Abuse	<input type="radio"/> Marital Problems
<input type="radio"/> Coping with Grief	<input type="radio"/> Domestic Violence
<input type="radio"/> Eating Disorders	<input type="radio"/> Medication Management
<input type="radio"/> Compulsive Spending	<input type="radio"/> Compulsive Gambling

Employee Assistance Program (EAP)

As part of the Mental Health Benefit CPS offers an Employee Assistance Program (EAP) designed to assist employees in coping with personal problems that may impact their lives, behavior, or performance. These personal issues may be related to alcoholism, family disintegration, finances, marital conflicts, job loss, substance abuse, or stress related to job security and school crises. The benefit provides short term counseling and referral services for employees and their household members. This benefit is paid for by CPS and all employees enrolled in medical are eligible to utilize the EAP. EAP services are provided in strict confidentiality. For additional information visit www.liveandworkwell.com or call 1-800-711-6087.

Flexible Spending Accounts (FSA)

Flex Spending Health: Allows you to set aside “pre-tax” dollars to pay for certain medical and dental expenses for you, your spouse, and/or dependent children who are not covered by your medical and dental plans. Your annual contribution must be between \$25 and \$2,500.

Flex Spending Dependent Care: Allows you to set aside “pre-tax” dollars to pay for eligible day care expenses, such as costs for a babysitter, day camps or child care centers, for dependents under age 13 or tax dependents who are mentally or physically incapable of caring for themselves. Your annual contribution must be between \$25 and \$5,000.

NOTE: Expenses have to be incurred by December 31 each calendar year, and you will have until March 31 of the following year to submit the claims for those expenses. We recommend that you estimate your annual expenses for your medical and dental services, as well as dependent care, prior to enrollment in this plan. ***Any unused amounts in this account cannot be rolled over to the next calendar year and will be forfeited in accordance with IRS regulations.***

EXAMPLE

You have \$4,500 in planned medical expenses for 2013. You elect to contribute the annual maximum amount of \$2,500 for Flexible Spending Health. You will not be taxed on that \$2,500. (In other words, you fund your FSA on a pre-tax basis.) When you need to pay your co-pays for your health, you would utilize your consumer accounts debit card, issued by Benefit Express. For other eligible medical expenses you will submit a paper reimbursement form. If you are in the 20% tax bracket, by utilizing the tax-preferred nature of this program, you will save approximately \$500. Services totaling \$2,500 must be incurred by December 31 in order to be reimbursed, but claims may be submitted until March 31 of the following year.

Short-Term Disability

Short-Term Disability is an employer-paid benefit that will replace income lost during periods of disability resulting from injury, illness, or pregnancy. The replacement income will provide a percentage of salary coverage during the following timeframe:

- Days 1-30: 100% of salary
- Days 31-60: 80% of salary
- Days 61-90: 60% of salary

Please visit <https://hr4u.cps.edu> for more detailed information on this policy.

Long-Term Disability

The CPS employee benefits program provides a plan that continues part of your pay while you are away from work because of an extended illness or injury. The Long-Term Disability plan is designed to continue part of your income if you have a medically certified disability. You have an opportunity to purchase long-term disability (LTD) insurance with two options: a 90-day waiting period or a 180-day waiting period. Your monthly LTD benefit would be 60% of your monthly earnings, reduced by other income. **Evidence of Insurability** is required to increase your coverage from the 180-day to the 90-day option or to enroll for the first time. The program is insured through The Standard Insurance Company. The employee pays the full premium, which is calculated based on age and annual salary.

Basic Life – Provided Free to the Employee

CPS provides basic life insurance coverage of **\$25,000** per eligible employee. This benefit is provided to you at no cost.

Optional Life

You may elect to purchase additional Optional Term Life Insurance in amounts equal to one to four times your annual salary, up to \$750,000. Spouse/Dependent Term Life coverage is also available for your spouse and eligible dependents. To enroll your spouse/dependents in spouse/dependent life, you must first elect optional term life coverage. The amount available for spousal coverage is **\$50,000** and for dependent coverage is **\$10,000**. You must elect coverage for **Optional Term Life** equal to or more than \$25,000 before electing spouse coverage.

If you elect to increase your insurance by more than one times your annual salary in a year, you will need to provide **Evidence of Insurability**. New hires can select up to the lesser of three times their covered annual earnings or \$500,000 without providing **Evidence of Insurability** satisfactory to The Standard Insurance Company. This program is insured through The Standard Insurance Company. The employee pays the full premium, which is calculated based on age and annual salary.

Personal Accident Insurance

You may elect to purchase Personal Accident Insurance (PAI) that matches your Optional Term Life Insurance as well as Spouse/Dependent Personal Accident that matches your Spouse/Dependent Life coverage. To enroll your spouse/dependents in spouse/dependent in PAI, you must first elect optional term life coverage. The amount available for spousal coverage is **\$50,000** and for dependent coverage is **\$10,000**. You must elect coverage for **Optional Term Life** equal to or more than \$25,000 before electing PAI spouse coverage.

Group Legal Services

The Group Legal Services insurance plan is a voluntary plan that provides you with certain paid-in-full legal benefits when you use a network attorney through ***The ARAG Group***. ARAG offers the following legal benefits:

- A nationwide network of experienced attorneys who can help you address a wide range of legal matters – such as contractor disputes, debt collection defense or Will preparation.
- Online educational tools and resources that educate you on your legal issue and what steps to take.
- Legally-valid, state-specific documents that can be easily created online to help you prevent or address more common legal situations (i.e. Automobile Bill of Sale and Child Authorization Form).

The premium is \$7.22 per pay period. For more information, please call **800-247-4184** or visit www.ARAGlegalcenter.com and enter access code **10323cps**.

Bright Start College Savings

Oppenheimer Funds offers parents an easy and convenient way to invest in their children’s college funds through payroll deductions. For more information and enrollment instructions call **800-655-4853** or visit www.brightstartsavings.com.

Tobacco Usage Attestation

Employees that elect medical coverage are ***required*** to report tobacco usage status in the Tobacco Usage Attestation form located in the employee self service portal (located directly below the medical plan edit button). Even if you do not use tobacco you must select the option that states “no tobacco use” in the attestation page. Tobacco users will incur a payroll deduction in the amount of \$150 per year for employees that earn less than \$30,000 and \$250 per year for employees that earn more than \$30,000 per year. This additional contribution is used to help offset additional costs imposed on the health plan due to tobacco use related health conditions. This policy is necessary to help preserve quality health benefits for all CPS employees.

CPS Supplemental Retirement Plans: 403(b) and 457 Savings Programs

These programs are established under Section 403(b) and 457 of the Internal Revenue Code and are available to employees of tax-exempt organizations, such as public schools. This is one of the best ways to save money for your retirement years and one of the few methods available today to defer current income taxes. You decide what percentage of your gross annual earnings you wish to contribute for your retirement needs. Your contributions are deducted from your pay before federal income taxes are withheld.

These tax-deferred compensation programs offer different investment styles so participants can create a well-diversified investment strategy. Participants can choose from a menu of multiple investment styles, each of which are diversified and have materially different expected risk and return characteristics. The program provides participants the ability to diversify their individual accounts based on their own investment objectives.

You may start your account with as little as \$10 per pay period. The contribution limits for 403(b) and 457 retirement plans are \$17,500 for 2013 if you are under age 50. If you are 50 years old or older, you are entitled to an “age 50 catch-up” contribution of \$5,500 for a total contribution of \$23,000.

If you have at least 15 years of service with CPS, you may be eligible to contribute up to an additional \$3,000 of pensionable earnings into the 403(b) each year under a special “catch-up” provision. Please check with Great West to determine eligibility.

Great West is the record keeper and fund provider for the CPS Supplemental Retirement Plans. For union represented employees, you will continue to have a choice of VALIC, ING, MetLife, or Great West.

Differences between 403(b) and 457 Plans

There are two types of Supplemental Retirement Plans: 403(b) and 457. The key difference between the 403(b) and the 457 plan is the age in which you are allowed to take distributions. Under the 403(b) option, you are not allowed to withdraw funds without penalty until you have reached age 59½. If you withdraw funds prior to age 59½, you will be subject to a 10 percent penalty in addition to the income tax you will pay on the disbursement.

Under the 457 option, you may take penalty-free disbursements prior to age 59½ once you retire or when your employment with CPS ends. However, you are not allowed to withdraw funds prior to separation from CPS.

Under both plans, you are required to begin taking disbursements at age 70½, and disbursements are subject to income tax.

Enrolling in the 403(b)/457 saving plan

To begin saving for your retirement through payroll deductions, visit www.cpsretirementplans.com or call (877) 649-4338. New hires will receive a PIN number in the mail that must be entered in order to create an account online, specify deduction amounts, and select an investment fund(s).

Planning Worksheet for Online Benefits Enrollment

ELECTIONS MUST BE MADE ONLINE

EMPLOYEE ID No.: _____

MEDICAL CHOICES: **EMPLOYEE ONLY EMPLOYEE+ONE FAMILY**

BlueCross BlueShield of Illinois PPO

UnitedHealthcare PPO

UnitedHealthcare PPO with health reimbursement account (HRA)

BlueCross Blue Shield HMO IL

Primary Care Physician 3-digit Group/IPA#: _____
(required for HMOs)

UnitedHealthcare HMO

Primary Care Physician Code: _____
(required for HMOs)

DENTAL CHOICES: **EMPLOYEE ONLY EMPLOYEE+ONE FAMILY**

Delta Dental of Illinois PPO

Delta Dental HMO

Primary Care Facility Number Site: _____ (required for HMOs)

VISION BENEFITS: **EMPLOYEE ONLY EMPLOYEE+ONE FAMILY**

Basic Vision Plan (Automatic, if you are enrolled in one of the medical plans)

Enhanced Vision Plan (Must be enrolled in a medical plan)

LONG-TERM DISABILITY INSURANCE:

90-Day Wait Option

180-Day Wait Option

FLEXIBLE SPENDING ACCOUNTS:

Flexible Spending—Health.....Annual Contribution Amount

Flexible Spending—Dependent Care.....Annual Contribution Amount

LIFE AND PERSONAL ACCIDENT INSURANCE (PAI) **1X 2X 3X 4X**

Optional Term Life

PAI

Spouse Life (\$50,000)

PAI – Spouse

Dependent Life (\$10,000)

Dependent PAI only (\$10,000)

GROUP LEGAL SERVICES

(ARAG Group)

Dependents

In the space below, list your eligible dependents that you wish to enroll under your health coverage.

Dependent Name	Relationship	Date of Birth	Social Security	Medical Election	Dental Election

There Are Many Benefits to Starting Early . . .

- **Easier access to online computer systems.** Employees who wait until the last few days, or even the last week, may encounter delays.
- **Calmer, more thoughtful, process.** If you start your benefits enrollment early, you will have ample opportunity to consider all your options, and to see if your doctor is in your plan.
- **Easier access to Employee Services Team (773) 553-HR4U.** For best service, allow yourself ample time to call the hotline, because at times phones may be busy. One of our representatives will be happy to assist you.
- **More time to deliver your documents after you've made your selections. Remember, if you choose to add a spouse, dependent, civil union or same sex domestic partner to your benefits, proper documentation must be submitted to complete processing.**

Computer Systems Requirements for Enrollment

Overview: Benefits enrollment is computer based only. Paper or telephone submissions are not accepted. Most modern computers purchased in the last seven or eight years, with internet access will work just fine, whether at CPS public schools, at the public library, or in your own home.

Details: Benefits enrollment works with a Windows, Macintosh, or even a Linux computer. Windows computers should be equipped with Windows 98, 2000, or XP and one of the following browsers:

- Internet Explorer 6 or later
- Netscape 7 or Later
- Firefox 1.0 or later
- Google chrome 1.0.154 or later

Macintosh computers should be running Mac OS X and one of the following browsers:

- Safari 1.2, 2.0, or later
- Firefox 1.0 or later
- Camino 1.0 or later
- Netscape 7.0 or later
- Google chrome 1.0.154 or later

Linux computers should have one of the following browsers:

- Netscape 7.0 or later
- Firefox 1.0 or later

Documentation Requirements

Great News! You can fax or scan your documentation!

CPS employees have the ability to scan and fax in their documentation 24 hours, 7 days a week. This is a convenient and secure method of submitting your documentation without having to make a special trip downtown!

To submit your documentation, click to access your personalized Scanning Cover Sheet

https://cpsatworkprod.cps.k12.il.us/psp/cpshrprd/EMPLOYEE/HRMS/c/CPS_IPM_FAX_MENU.CPS_SS_IPM_FAX_CMP.GBL, complete and submit it with your documents either by fax to 773-553-4DOC or by scan to benefitdocuments@cps.edu. **Your documentation must be submitted within 31 days following your date of hire in order to complete processing.**

Benefit Participant Being Added	Document(s) Needed
Spouse	An original certified Marriage Certificate
Dependent (0–26 yrs.)	An original certified Birth Certificate (with parental information)
Unmarried Military Dependent Children who are Residents of Illinois (Age 26–30) <i>(Benefits terminate at the end of the month in which the 30th birthday occurs)</i>	An original certified Birth Certificate AND A notarized Employee Certification Form AND Military discharge paperwork (DD2-14)
Adopted Children	If the child is your adopted child and the birth certificate has not yet been amended to name you and other adoptive parent as the child’s parents, then the letter issued by the governmental agency placing the child in your home will suffice for documentation, until such reasonable time as the amended birth certificate can be issued.
Legal Dependents (Court Appointed)	You do not need to prove your relationship to the child’s parents if you are the child’s legal guardian. You must provide a copy of the guardianship appointment certified by the clerk of the court in which the appointment occurred.
Civil Union Partner	An original certified Civil Union certificate
Domestic Partner	<p>Proof of domestic partnership is required. To determine if your Partner qualifies for enrollment, the following eligibility requirements must be met:</p> <ul style="list-style-type: none"> ○ You must be enrolled in a CPS sponsored medical or dental plan; ○ You must submit a completed Affidavit of Domestic Partnership and meet the eligibility requirement for a Domestic Partner. ○ You must submit certified Birth Certificates and copies of your Illinois driver’s licenses or State of Illinois Identification Cards for both you and your partner. <p>Your affidavit needs to meet the minimum requirements listed below:</p> <ul style="list-style-type: none"> ○ You and your partner are each other’s sole domestic partner, responsible for each other’s common welfare; ○ Neither you nor your Partner are married (if you or your partner were previously married proof of dissolution of marriage is required) ○ You and your Partner are not related by blood closer than would bar marriage in the State of Illinois; ○ You and your Partner are at least 18 years of age, are the same sex and reside at the same residence; <p style="text-align: center;">AND</p> <p>At least two of the following four conditions must apply:</p> <ul style="list-style-type: none"> ○ You and your partner have been residing together for at least twelve (12) months prior to filing the Affidavit of Domestic Partnership. ○ You and your partner have common or joint ownership of a residence. ○ You and your partner have at least two of the following arrangements: <ul style="list-style-type: none"> ▪ Joint ownership of a motor vehicle; ▪ Joint credit account; ▪ Joint checking account; ▪ Lease for residence identifying both you and your Partner as tenants. ○ You declare your partner as a primary beneficiary in your will.

FRAUDULENT ACTS

It is a fraudulent act to provide documentation to establish the eligibility of a person who is not eligible for coverage or if you fail to notify Chicago Public Schools that a formerly eligible person is no longer eligible within 31 days of the date on which that person becomes ineligible. Suspected acts of fraud will be reported to the Office of the Inspector General and are grounds for termination. The employee will also be held responsible for any PPO claims or HMO premiums paid on behalf of an ineligible person.

All required documents can be faxed or scanned to (773) 553-4DOC or benefitdocuments@cps.edu.

Documents may also be walked in or mailed to:

Chicago Public Schools

Talent Office

The Benefits Employee Services Team

320 N. Elizabeth St., 1st Floor

Chicago, IL 60607

Mail Run # 38

BENEFITS PROVIDER CONTACT INFORMATION

The CPS Benefits Employee Services Team is your primary resource for benefits questions. If you have questions about claims, doctors, or hospital locations, you may contact one of our providers.

Provider/Group Number	Phone Number	Address	Website
BlueCross/BlueShield HMO (Medical: H12709)	1-866-248-3092	P.O. Box 1364 Chicago, IL 60690	www.bcbsil.com/members
BlueCross/BlueShield PPO (Medical: P12709)	1-800-331-8032	P.O. Box 2352 Chicago, IL 60690	www.bcbsil.com/members
UnitedHealthcare (Medical) HMO (EPO): 705789 PPO: 705706 PPO w/ HRA: 705708	1-800-905-4619	P.O. Box 30555 Salt Lake City, UT 84130-0555	www.myuhc.com
Delta Dental HMO/PPO: 10083	1-800-323-1743	P.O. Box 5402 Lisle, IL 60532-5402	www.deltadentalil.com
Caremark (Prescription Carrier: CPSRX)	1-866-409-8523	P.O. Box 686005 San Antonio, TX 78268-6005	www.caremark.com
VSP (Vision Service Plan)	1-800-877-7195	3333 Quality Drive Rancho Cordova, CA 95670	www.vsp.com
Telligen (Utilization Management)	1-888-781-9458	6000 Westown Parkway West Des Moines, IA 50266-7771	http://Telligen.Qualitrac.com
United Behavioral Health/Optum (Mental Health & Substance Abuse)	1-800-711-6087	9700 Bissonnet Suite 2300/2500 Houston, TX 77036	www.liveandworkwell.com
The Standard (Life: 648354 and Disability)	1-800-368-1135; 1-847-517-9458	920 SW Sixth Avenue PSB9A Portland, OR 97204	www.standard.com
Benefit Express (Flexible Spending Accounts)	1-877-837-5017	220 W. Campus Dr. Suite 203 Arlington Heights, IL 60004	www.CPSFSA.com
ARAG (Group Legal Services)	1-800-247-4184		www.araggroup.com
Bright Start (College Savings Program)	1-800-655-4853		www.brightstartsavings.com
Great-West Retirement Services (Annuity)	1-877-649-4338		www.cpsretirementplans.com
VALIC (Annuity)	1-800-892-5558 Ext. 88815		www.valic.com
ING (Annuity)	1-800-873-9150		www.ingretirementplans.com
MetLife (Mutual Fund)	1-800-543-2520		www.mlr.metlife.com