Chicago Transit Authority

# Non-Bargained Full-Time Employees

# Health and Dental Enrollment Plan

2025

# Contact Information

| HEALTH PLAN INFORMATION | PHONE AND WEBSITE |
|---|---|
| **Cigna**<br>(24/7 Customer Service) | **1-800-244-6224**<br>cigna.com (general info)<br>mycigna.com (personal info) |
| **EAP/Behavioral** | **1-888-371-1125** |
| **Lifestyle Management Program** | **1-855-246-1873** |
| **24 Health Information Line** | **1-800-cigna-24** |
| **CVScaremark**<br>Prescription Drugs | **1-866-285-8972**<br>caremark.com |
| **DENTAL PLAN INFORMATION** | **PHONE AND WEBSITE** |
| **Cigna DPPO** | **1-800-244-6224**<br>cigna.com |
| **Cigna DHMO** | **1-800-244-6224**<br>cigna.com |
| **VISION PLAN INFORMATION** | **PHONE AND WEBSITE** |
| **Davis Vision by MetLife** | **1-833-EYE-LIFE**<br>metlife.com/mybenefits |
| **Chicago Transit Authority** | **PHONE, WEBSITE AND EMAIL** |
| **HR Benefit Services** | **1-312-681-2225, option "3"**<br>transitchicago.com/hrbenefits (web)<br>benefits@transitchicago.com (email) |

## New Employee Contributions Effective Jan 1, 2025

| PPO Option 2/OAP Network | Single | Family |
|---|---|---|
| **Biweekly Contribution*** | **$152.46** | **$290.00** |
| 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*** | **$140.92** | **$269.23** |
| 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** | | |
| Cigna DPPO | $0.00 | **$11.65** |
| Cigna DHMO | $0.00 | **$4.43** |
| **New Vision Plan** | **Single** | **Family** |
| **Biweekly Contribution** | | |
| MetLife | $0.00 | $1.24 |

*For calendar year 2025, based on your participation in the Wellness Program - MotivateMe, each activity has a monetary value attached to it and will be used to offset the cost of your health insurance premium increase.

# IMPORTANT AND NEW ENROLLMENT INFORMATION

**Please read this Health Enrollment Plan booklet carefully. The only way to make your plan selections for the 2025 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 4 and 5 of this brochure).**

**YOUR CURRENT COVERAGE WILL CONTINUE FOR 2025 IF YOU CHOOSE NOT TO MAKE ANY CHANGES. YOU MUST MAKE AN ANNUAL ELECTION TO ENROLL IN FSA OR OPT-OUT OF MEDICAL COVERAGE (proof of alternate coverage is required).**

**The changes you make during this open enrollment period will become effective January 1, 2025 and will remain in effect through December 31, 2025.**

**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.**

**CTA CARES Employee Assistance Program (EAP) offers confidential and free resources on a wide range of issues and services such as childcare, eldercare, legal matters, identity theft and more. Plus all employees and anyone living in their household can engage in 6 Free Counseling Sessions per year, per issue, to address grief, family matters, stress, depression or other behavioral health concerns. Contact EAP at 1-888-371-1125.**

**These are only highlights of CTA's benefit plans. For complete descriptions of covered services, see the plan descriptions/insurance certificates of coverage on the CTA Benefits website. If there are any differences between these highlights and the plan descriptions/ insurance certificates, the information in the plan descriptions/insurance certificates takes precedence.**

## Open Enrollment for 2025

**During the period of October 28 through November 15, 2024, the Chicago Transit Authority (CTA) will conduct open enrollment for health plans. Open enrollment is the only time of the year an employee can do the following, unless there is an eligible change in family status:**

- make changes to medical and dental plans
- enroll eligible dependents
- opt-out of currently selected plans
- enroll in vision plan for employees and dependents (see page 11)
- enroll in the healthcare and/or dependent care flexible spending account (FSA) program

## Overview Of Benefit Plans

- **New Employee Contributions (see page 1)**
- **Preventive Care covered at 100% (in-network), (covered out-of-network subject to out-of-network deductible/co-insurance)**
- **Plan Deductibles**
- **Annual Out-Of-Pocket Maximums**
- **Out-Of-Network office visit Co-Payment**
- **Prescription Drug Co-Payments through CVScaremark**
- **Emergency Room Co-Payment**
- **Wellness Coaches available through Lifestyle Management Program**
- **Inpatient and Outpatient mental health services**
- **For High Cost Services a pre-estimation of benefits is recommended**

## Supplemental Life Insurance

If you are not currently enrolled in Supplemental Term Life Insurance, you are eligible to elect coverage during this Open Enrollment period with evidence of insurability, restrictions may apply. Coverage is effective January 1, 2025. Enrollment and cost information is available at transitchicago.com/hrbenefits.

## Flexible Spending Account

If you wish to participate in the Healthcare and/or Dependent Care Flexible Spending Account (FSA) program, you must enroll in the program **EVERY** year during the Open Enrollment period. A FSA account allows you to set aside pretax dollars to pay for eligible healthcare and/or dependent care expenses. Visit transitchicago.com/hrbenefits for more information.

## Marketplace Exchange

There may be other coverage options for you and your family. You can buy coverage through the Health Insurance Marketplace and you can obtain information about it at **healthcare.gov.**

# Dental Plans

### Cigna Dental PPO Plan

Annual Coverage Maximum is $3,000 per calendar year per person. Cigna administers the Dental PPO plan.
Your Dentist may use a Universal Claim Form for all claims. For services that will cost more than $200 a pre-estimation of benefits is recommended.

### Cigna Dental HMO Plan

Cigna DHMO is the only Dental HMO choice. Please use the Cigna website to obtain a current list of providers.

# Opt-Out Provision

You may choose not to enroll in the CTA healthcare plans. If you provide proof of alternate insurance coverage to the HR Benefit Services Department, 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. Failure to provide proof of alternate insurance coverage to the HR Benefit Services Department will result in no reimbursement payment. You will, however, no longer be enrolled in the CTA healthcare plans.

If a change occurs with your alternate health coverage, 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 healthcare plans.

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

# Adding/Deleting Dependents

- **Two CTA employees cannot cover each other on their benefits. Each must carry their own separate coverage (This applies to ALL CTA benefits)**

**You must enter the eligible dependent information in self service**

- 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.)
  - Social Security numbers of every family member covered.

**If you are adding or deleting dependents, all required documents must be submitted to the HR Benefit Services Department** on or before November 15, 2024.**

# VISION PLAN

This benefit provides employees and their eligible dependents with comprehensive vision coverage. In-network coverage includes a no cost annual eye exam, and eye glasses or contacts (up to $300) every 24 months.

Additional coverage for designer frames, specialty lens packages and out-of-network services are available.

Enrollment is required.

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

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

# Employee Benefits Self-Service Open Enrollment

(from any CTA computer)

## October 28 through November 15, 2024

### 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.
4. You will see your current covered dependents. To make corrections to your dependent information, contact HR Benefit Services at 312-681-2225, option 3. To add a dependent, click the "Add Dependents" button. Enter the required information on the following screen, then click "Apply." Repeat steps to enroll additional dependents. NOTE: Eligible dependents will not be enrolled until HR Benefit Services receives required documentation.
5. To view your current coverage, click the "Next" button, you will see "WELCOME TO EMPLOYEE SELF-SERVICE ONLINE."
6. If you are ok with your current enrollment and do not want to make any changes, log out of the system. If you want to make changes, click on the "Update Benefits" button.
7. To change health/dental plans or any other plans, click in the check box next to the Plan/Option of your choice. Make sure you scroll down to the bottom of the page to see all of your plans/options. Once you have made all of your enrollment choices, click the "Next" button.
8. You will see Dependent Information for your current enrolled dependents and dependents you added. If you added a dependent(s), check the "Cover" box for the dependent (s) you added. To drop a dependent, uncheck the "Cover" box for the dependent you want to drop. If you do not have any changes, click the "Next" button.
9. Benefits Confirmation page is now displayed. To keep a copy of the Confirmation Page, click on "Printable Page" go to "File" at the top of the screen, scroll down to "Send" scroll over to "Page By E-mail" and enter your email address and click "Send." Click on the red "X" in the upper right-hand corner to close the window. Click "Finish."
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 15, 2024.
11. This service is available to you 24 hours a day, 7 days a week between October 28 and November 15, 2024.

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

A. Yes. If you don't make a change your current coverage will continue for 2025. You must make an annual election to opt-out of medical coverage-documentation is required. See page 2.

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

A. Yes. You must also submit the proper certified documentation to HR Benefit Services by fax at 312-275-8722 or by mail at 567 West Lake Street, Chicago, IL 60661-1465, no later than 4:30 pm on November 15, 2024. If you do not submit the proper certified documentation, the dependent(s) will not be covered under your health and/or dental plan.

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

A. Yes, this is an annual election. 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 HR Benefit Services by fax at 312-275-8722 or by mail at 567 West Lake Street, Chicago, IL 60661-1465, no later than 4:30 pm on November 15, 2024. If you do not submit the documentation, you will not be enrolled in CTA medical and will not be eligible for the opt-out payment. Your current dental election 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 15, 2024. You may access Self-Service for Open Enrollment until 11:59 pm on November 15, 2024. As of 12:00 am, November 16, 2024, 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, 2025.

**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, Option "3"**

# Employee Benefits Internet Self-Service Open Enrollment

(from any personal computer)

## October 28 through November 15, 2024

### On Site 24 Hrs/ 7 days. FOR TECHNICAL ISSUES CALL SELF-SERVICE HOTLINE 681-2225, Option 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.
8. You will see your current covered dependents. To make corrections to your dependent information, contact HR Benefit Services at 312-681-2225, option 3. To add a dependent, click the "Add Dependents" button. Enter the required information on the following screen, then click "Apply." Repeat steps to enroll additional dependents. NOTE: Eligible dependents will not be enrolled until HR Benefit Services receives required documentation.
9. To view your current coverage, click the "Next" button, you will see "WELCOME TO EMPLOYEE SELF-SERVICE ONLINE."
10. If you are ok with your current enrollment and do not want to make any changes, log out of the system. If you want to make changes, click on the "Update Benefits" button.
11. To change health/dental plans or any other plans, click in the check box next to the Plan/Option of your choice. Make sure you scroll down to the bottom of the page to see all of your plans/options. Once you have made all of your enrollment choices, click the "Next" button.
12. You will see Dependent Information for your current enrolled dependents and dependents you added. If you added a dependent(s), check the "Cover" box for the dependent (s) you added. To drop a dependent, uncheck the "Cover" box for the dependent you want to drop. If you do not have any changes, click the "Next" button.
13. Benefits Confirmation page is now displayed. To keep a copy of the Confirmation Page, click on "Printable Page" go to "File" at the top of the screen, scroll down to "Send" scroll over to "Page By E-mail" and enter your email address and click "Send." Click on the red "X" in the upper right-hand corner to close the window. Click "Finish."
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 November 15, 2024.
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**Q. When is the last day to change my plan using CTA Employee Self-Service?**

A. Open Enrollment ends on November 15, 2024. You may access Self-Service for Open Enrollment until 11:59 pm on November 15, 2024. As of 12:00 am, November 16, 2024, 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, 2025.

**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, Option "3"

# 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; covered out-of-network subject to out-of-network deductible/co-insurance. |
| Physical Examinations (preventive) | 100% if PPO/OAP network; covered out-of-network subject to out-of-network deductible/co-insurance. |
| Health Screening Tests (preventive) | 100% if PPO/OAP network (if required by PPACA); covered out-of-network subject to out-of-network deductible/co-insurance. |
| 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.* |
| Immunizations (preventive) | 100% if PPO/OAP network (if required by PPACA); covered out-of-network subject to out-of-network deductible/co-insurance. |
| Prescription Drugs | Retail pharmacy and mail order are available through CVScaremark at 1-866-285-8972. Co-payment plan is as follows: $10 generic drugs, $20 brand name drugs on the formulary list (if no generic); $40 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.** |
| Resulting From Injury | 90% after deductible if PPO/OAP network; otherwise 70% of usual and customary charges. |
| Ambulance | 90% after deductible. |
| **MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICES** | |
| 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; covered out-of-network subject to out-of-network deductible/co-insurance. |
| Physical Examinations (preventive) | 100% if PPO/OAP network; covered out-of-network subject to out-of-network deductible/co-insurance. |
| Health Screening Tests (preventive) | 100% if PPO/OAP network (if required by PPACA); covered out-of-network subject to out-of-network deductible/co-insurance. |
| 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.* |
| Immunizations (preventive) | 100% if PPO/OAP network (if required by PPACA); covered out-of-network subject to out-of-network deductible/co-insurance. |
| Prescription Drugs | Retail pharmacy and mail order are available through CVScaremark at 1-866-285-8972. Co-payment plan is as follows: $10 generic drugs, $20 brand name drugs on the formulary list (if no generic); $40 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** | |
| 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 at 1-800-244-6224 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.

# Your CVScaremark Prescription Benefit Program

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

| | Retail | Mail (90 day supply) |
|---|---|---|
| **Generic Medications**<br>Ask your doctor or other prescriber if there is a generic available, as these generally cost less. | PPO 2<br>**$10** for a generic prescription<br><br>PPO 3<br>**$10** for a generic prescription | PPO 2<br>**$20** for a generic prescription<br><br>PPO 3<br>**$20** for a generic prescription |
| **Preferred Brand-Name Medications**<br>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<br>**$20** for a preferred brand-name prescription<br><br>PPO 3<br>**$20** for a preferred brand-name prescription | PPO 2<br>**$40** for a preferred brand-name prescription<br><br>PPO 3<br>**$40** for a preferred brand-name prescription |
| **Non-Preferred Brand-Name Medications**<br>You will pay the most for medications not on your plan's preferred drug list. | PPO 2<br>**$40** for a non-preferred brand-name prescription<br><br>PPO 3<br>**$40** for a non-preferred brand-name prescription | PPO 2<br>**$80** for a non-preferred brand-name prescription<br><br>PPO 3<br>**$80** for a non-preferred brand-name prescription |
| **Refill Limit** | None | None |
| **Web Services** | Register at cvscaremark.com to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Information ready. | |
| **Customer Care** | Visit caremark.com or call toll-free at 1-866-285-8972. | |
| **Specialty Rx** | Certain specialty drugs filled through the CVS specialty pharmacy are billed through its 3rd party vendor, Prudent Rx, which requires member registration but results in a **$0** co-pay. | |

Please Note: Your copayment goes towards your annual out-of-pocket maximum.

## Tips to help you save money on your prescriptions:

- **Ask for generics first.** Generic drugs can cost up to 80 percent less than brand name drugs.
- **Remember the preferred drug list.** If a generic drug isn't available, ask your doctor to prescribe a drug on your plan's preferred drug list, if appropriate. You will pay more for a brand name medication not on the preferred list.
- **Order 90 day supplies of long-term medications** to save money. You must receive your long-term prescriptions at a CVS pharmacy or from CVScaremark Mail Service Pharmacy.
- **Fill short-term prescriptions at a network pharmacy.** You will generally pay more for short-term (30 days or fewer) prescriptions that are filled outside the CVScaremark Retail Pharmacy Network.

# Your Prescription Benefit Plan

## Where To Fill Your Prescription

Choosing where to fill your prescription depends on whether you are ordering a short-term or long-term medication:

**Short-term medications** are generally taken for a limited amount of time and have a limited amount of refills, such as an antibiotic. You can fill prescriptions for these medications at any pharmacy in the CVScaremark retail network.

- Choose from more than 67,000 network pharmacies nationwide, including independent pharmacies, chain pharmacies and 7,400 CVS/pharmacy locations.
- Find a participating pharmacy at cvscaremark.com.

**Tip:** To avoid filling out claims paperwork, bring your medical/pharmacy card with you when you pick up your prescription, and use a pharmacy in the CVScaremark retail network.

**Long-term medications** are taken regularly for chronic conditions, such as high blood pressure, asthma, diabetes or high cholesterol. CVScaremark Maintanence Choice is a pharmacy plan feature that  save on 90-day long-term prescriptions (drugs you use continuously for an extended period). With Maintenance Choice, you can avoid paying more for your long-term prescriptions. You must have your 90-day supplies filled through mail service or at a CVS pharmacy. With Maintanence Choice, you receive up to a 90-day supply of your long-term medications at a lower cost than if you filled three 30-day prescriptions at a retail pharmacy.

The plan will allow you to fill a maximum of two 30-day fills of long-term medications outside of a CVS pharmacy. After that, you will be required to have 90-day supplies filled through mail service or at a CVS pharmacy. Acute medications (medical conditions that require a short duration of treatment) can still be filled at any network pharmacy. If you're impacted by this change, you'll get more information directly from CVScaremark.

## 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 CVScaremark 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

*Actual quantity may vary depending on your plan.

# Dental Plan Comparison Sheet

## General Information

**Cigna DHMO :** 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).

**Cigna DPPO :** 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.

| BENEFITS / Procedures | Cigna DHMO | Cigna DPPO |
|---|---|---|
| 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 |

# VISION COVERAGE

## Vision Plan

This benefit provides employees and their eligible dependents with comprehensive vision coverage. In-network coverage includes a no cost annual eye exam, and eye glasses or contacts (up to $300) every 24 months.

Additional coverage for designer frames, specialty lens packages and out-of-network services are available.

## Enrollment in vision required.

| Service Type | Frequency (Once Every) | In-Network Benefit | Out-of-Network Reimbursement |
|---|---|---|---|
| Eye Examination with Dilation (as necessary) | 12 Months | $0 Copay | Up to $45 |
| Spectacle Lenses | 24 Months | $0 Copay | See Spectacle Lenses |
| Frame | 24 Months | $0 Copay | See Frame |
| Contact Lenses (in lieu of eyeglasses) | 24 Months | $0 Copay | See Contact Lenses |
| **Eyeglass Benefit - Frame** | | | |
| Frame Allowance (Retail): | | Up to $300<br>Plus a 20% discount on any overage ** | Up to $70 |
| Exclusive Collection Frame (in lieu of Allowance) Fashion / Designer / Premier *** | | Covered / Covered / Covered | |
| **Eyeglass Benefit - Spectacle Lenses**** | | | |
| Clear plastic lenses in any Rx (Single Vision / Bifocal / Trifocal / Lenticular) | | Covered | Up to $30 / $50 / $65 / $100 |
| Digital Single Vision (Intermediate) | | $30 | |
| Tinting of Plastic Lenses (Solid / Gradient) | | Covered | |
| Scratch-Resistant Coating | | Covered | |
| Polycarbonate Lenses (Children **** / Adults) | | $0/$30 | |
| Ultraviolet Coating | | $12 | |
| Blue Light Filtering | | $15 | |
| Anti-Reflective (AR) Coating (Standard/Premium/Ultra/Ultimate) | | $35/$48/$60/$85 | |
| Progressive Lenses (Standard/Premium/Ultra/Ultimate) | | $50/$90/$140/$175 | Up to $50 (In lieu of bifocal reimbursement) |
| High-Index Lenses (1.67/1.74) | | $55/$120 | |
| Polarized Lenses | | $75 | |
| Plastic Photochromic Lenses | | $65 | |
| **Contact Lens Benefit** (in lieu of eyeglasses) | | | |
| Contact Lenses Materials Allowance (Retail) | | Up to $300 + 15% off balance** | Up to $105 |
| - Evaluation, Fitting & Follow-Up Care for Standard Lens Types | | 15% Discount ** | |
| - Evaluation, Fitting & Follow-Up Care for Specialty Lens Types | | 15% Discount ** | |
| Necessary Contact Lenses (with prior approval)<br>- Materials, Fitting & Evaluation | | Covered | Up to $210 |

** Additional discounts not applicable at Walmart, Sam's Club, or Costco locations or where limited by law or manufacturer restrictions.
*** Collection is available at most participating independent provider offices. Collection is subject to change.
**** Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.
******** Spectacle lens options may not be available at all locations.

# 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. This includes the full cost of preventive care services, including copay and coinsurance. Covered out-of-network subject to out-of-network deductible/co-insurance.

## 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 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.

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. Annual preventive care visits – (wellness visits) are covered without coinsurance or deductible when using an in-network provider.

| Date | Example: 1/1/25 | / / | / / | / / |
|---|---|---|---|---|
| | 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.

# Important Reminder

**Open enrollment is the only time of the year an employee can do the following, unless you have an eligible change in family status:**

- 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 November 15, 2024; and
- enroll eligible dependents.

**Please note:** If you are adding or deleting dependents, all required documents must be submitted to the HR Benefit Services Department **on or before November 15, 2024.**

**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 or remove dependents to your CTA medical and/or dental plans.**

In order to receive coverage for an eligible dependent child, you must submit a certified birth certificate that lists you or your current spouse as a natural parent for that dependent, **by 4:30 pm, November 15, 2024.** This requirement applies if the dependent is not currently enrolled under your health plan through CTA.

For detailed dependent eligibility requirements, log on to transitchicago.com/hrbenefits.