



CITY COLLEGES OF CHICAGO

2019 RETIREMENT PROGRAM

for Administrator, Non-Bargained For and Local 1708

Local 1600 Effective 7/1/2019

Retirees (Employer Subsidized)



Medical Plans

The purpose of the City Colleges of Chicago's medical plans is to provide protection from catastrophic out-of-pocket medical expenses.

BlueAdvantage HMO Network

The BlueAdvantage HMO Plan offers you medical care from one of the largest HMO networks in Illinois. You select a contracting medical group and primary care physician (PCP) to provide your care and must obtain a referral from your PCP to see a specialist. You can select a different PCP for each family member or change your PCP within the same medical group at any time. In order to change to a new PCP in a different medical group, simply call (800) 892-2803 or visit www.bcbsil.com.

PPO Plan

The PPO Plan gives you freedom of choice and greater flexibility than the HMO Plan. You are not required to choose a primary care physician and do not need a referral to see a specialist. PPO members have access to care anywhere they live, work or travel, across the country and around the world.

When you use network providers, your benefits are paid at a higher level and your out-of-pocket expenses are lower due to the provider discounts negotiated by BlueCross and BlueShield. The plan requires payment of deductibles and coinsurance until you satisfy the out-of-pocket maximum each calendar year. To find a doctor in the network, use the Provider Finder® at www.bcbsil.com.

The plan will cover preventive services such as routine physical examinations. Vision and hearing discounts and online health and wellness resources to help you manage your health care are also available. For more info on the plan, call (800) 772-6895, or go to www.bcbsil.com.

Important Medicare Info for PPO and HMO Plan Members

A few months before you or your spouse turn 65-years-old, you must contact your local Social Security office to determine if you are eligible for Medicare Parts A and B. If you become eligible for Medicare Parts A and B, you must enroll in these coverages. Medicare then becomes your primary medical coverage and your CCC Plan becomes your secondary medical coverage.

If you are eligible for Medicare Part B coverage, you must enroll in this coverage and pay monthly premiums. If you do not enroll, please note the following:

- **You will not receive any benefits from the BlueAdvantage HMO Plan.** This plan excludes benefits provided under a federal government plan such as Medicare, whether or not the benefits are received.
- **You will only receive reduced benefits under the PPO Plan** since you are now eligible for Medicare benefits.

Once you receive your Medicare ID card, you must send a copy to the District Office of Human Resources, Benefits Division, to ensure correct payment of HMO or PPO plan benefits.

Included with your open enrollment guide is a "Notice of Creditable Coverage". This notice will enable you to enroll in a Medicare Part D prescription drug program at a later date without paying a higher premium for late enrollment.

Eligible Dependents

Individuals eligible for coverage under the City Colleges health insurance plans include:

- Legal spouse, Civil Union Spouse, or Domestic Partner
- Eligible child(ren) including biological, step-children, adopted children and children under the employee's legal guardianship up to age 26 (or until age 30 for military dependents).
- Physically or mentally handicapped children (regardless of age), who have been added prior to age 26.

Employees adding an Eligible Dependent during Open Enrollment or because of a qualifying event must provide documentation validating your dependent's status. These documents can include:

- Marriage Certificate
- Civil Union Certificate
- Birth Certificate
- Court Order

Medical Benefit Highlights	HMO BlueAdvantage Plan	PPO Plan In-Network	PPO Plan Out-of-Network
Annual Deductible			
Individual	None	\$500	\$1,000
Family	None	\$900	\$3,000
Annual Out-of-Pocket Maximum			
Individual	\$1,500	\$2,500 (including deductible)	\$3,000 (including deductible)
Family	\$3,000	\$4,000 (including deductible)	\$9,000 (including deductible)
Lifetime Maximum Benefit (per person)			
	Unlimited	Unlimited	Unlimited
Preventive Care Services (No co-payment, deductible or co-insurance)			
	100%	100%	100%
Physician Services			
Office Visit, Primary Care Physician	100% (after \$25 copay)	80% (after \$10 copay)	70%
Office Visit, Specialist Physician	100% (after \$35 copay)	80% (after \$20 copay)	70%
Hospital Services*			
Inpatient or Outpatient	100% (after \$300 copay)**	80% (after \$100 copay)	70%
Emergency Room Visit	100% (after \$200 copay)	80% (after \$175 copay)	80% (after \$175 copay)
*PPO members must contact the Medical Services Advisory (MSA) at least 1 business day prior to a non-emergency hospital admission and within 2 business days of an emergency or maternity hospital admission; otherwise, an additional \$500 copay applies.			
**There is no copay for outpatient preventive endoscopic surgical procedures such as colonoscopies.			
Mental Health Services			
Inpatient	100% (after \$300 copay)	80%	70%
Outpatient	100% (after \$25 copay)	80%	70%
Chemical Dependency Services			
Inpatient	100% (after \$300 copay)	80%	70%
Outpatient	100% (after \$25 copay)	80%	70%
Other Covered Services (e.g., physical therapy, home health care)			
	100% (after \$25 copay/visit)	80%	70%
Prescription Drugs Retail (30 day supply)			
Generic Copay	\$20	\$10	Reimbursed at 75% of network rate minus \$10 copay
Brand Formulary Copay	\$30	\$20	Reimbursed at 75% of network rate minus \$20 copay
Brand Non-Formulary Copay	\$45*	\$40*	Reimbursed at 75% of network rate minus \$40 copay
Mail-Order (90 day supply)			
Generic Copay	\$40	\$20	Reimbursed at 75% of network rate minus \$20 copay
Brand Formulary Copay	\$60	\$40	Reimbursed at 75% of network rate minus \$40 copay
Brand Non-Formulary Copay	\$90*	\$80*	Reimbursed at 75% of network rate minus \$80 copay

*If you choose a non-formulary drug when a generic is available, you pay the cost difference between them in addition to the copay.

**This sheet only highlights the benefit plans.
For additional information, contact the District Office of Human Resources, Benefits Division.**

Dental and Vision Plans

The purpose of the City Colleges of Chicago's dental and vision plans is to provide protection from large out-of-pocket dental and vision expenses, and to encourage preventive care.

Dental Plan

To see if your current dentist is in the BlueCross BlueShield Blue Care Dental network or to find a network dentist, search the Provider Locator at www.bcbsil.com, or call (855) 557-5488. You may choose different dental providers for each family member.

Vision Plan

The Vision Service Plan (VSP) offers you flexibility in choosing which provider to use for your vision care. You may choose between a VSP provider or an out-of-network provider. Benefits are significantly higher if you select a VSP in-network provider. The plan benefits include examinations and lenses every 12 months, and frames every 24 months. There is an individual \$10 copayment each calendar year for all covered services.

Vision Benefit Highlights

Benefit	Description	Copay
Your Coverage with a VSP Doctor		
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	\$10 for exam and glasses
Prescription Glasses		
Frame	<ul style="list-style-type: none"> \$120 allowance for a wide selection of frames 20% off amount over your allowance Every 24 months 	Combined with Exam
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 	Combined with Exam
Lens Options	<ul style="list-style-type: none"> Tints/Photochromic lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 35-40% off other lens options Every 12 months 	\$0 \$50 \$80 - \$90 \$120 - \$160
Contacts <small>(Instead of Glasses)</small>	<ul style="list-style-type: none"> \$300 allowance for contacts and contact lens exam (fitting and evaluation) 15% off contact lens exam (fitting and evaluation) Every 12 months 	\$0
Additional Coverage	<ul style="list-style-type: none"> Diabetic Eyecare Plus Program 	
Extra Savings and Discounts	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. 	

Your Coverage with Other Providers

Visit vsp.com for details if you plan to see a provider other than a VSP doctor.

Exam – Up to \$35
 Frame – Up to \$40
 Single Vision Lenses – Up to \$30
 Lined Bifocal Lenses – Up to \$40

Lined Trifocal Lenses – Up to \$50
 Progressive Lenses – Up to \$50
 Contacts – Up to \$105
 Tints – Up to \$5

VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

Dental Benefit Highlights

The following is a listing of common services available through your BlueCare Dental PPO plan.

The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information.

Program Basics	Contracting Provider*	Non-Contracting Provider*
Benefit Period Maximum		\$1,500 per calendar year
Deductible Applies to all covered dental services, except for Oral Exams, Cleanings, and X-Rays		\$10 per person per calendar year
Dependent Coverage		Up to age 26
Services	Contracting Provider*	Non-Contracting Provider*
Diagnostic & Preventive Services Dental exams Cleanings X-rays	100% of Maximum Allowance No Deductible	100% of Usual and Customary No Deductible
Miscellaneous Services Fluoride treatment Space maintainers Emergency Care (Relief of pain)	100% of Maximum Allowance No Deductible	100% of Usual and Customary No Deductible
Restorative Services Routine fillings (amalgams and resins) Pin retention Simple extractions	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
General Services Intravenous sedation General anesthesia Reline/rebase of dentures Repair of bridges and dentures	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Endodontic Services Root canals Pulp caps Apicoectomy/apexification	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Periodontic Services Scaling and root planing Gingivectomy/gingivoplasty Osseous surgery	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Oral Surgery Services Surgical extractions, including complete bony impactions Alveoloplasty Vestibuloplasty	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Crowns, Inlays/Onlays Services Crowns, including stainless steel inlays/onlays Prefabricated posts and cores Repair and recementation of crown, inlays/onlays	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Prosthodontic Services Bridges, dentures Addition of tooth or clasp	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Orthodontics Coverage for eligible adult and dependent children to age 26	50% Orthodontia Lifetime Maximum of \$2,000	50% Orthodontia Lifetime Maximum of \$2,000

* Schedule of Maximum Allowances

Contracting providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. Non-contracting providers do not accept the Schedule of Maximum Allowances as payment in full. For services received from a non-contracting provider, member will be liable for the difference between the dentist's charge and covered benefits.

2019 Monthly Retiree Health Costs

MEDICAL						
	PPO			Blue Advantage HMO		
	Retiree Contribution	CCC Contribution	Total Cost	Retiree Contribution	CCC Contribution	Total Cost
Medicare						
Single	\$ 118.45	\$ 671.21	\$ 789.66	\$ 41.10	\$ 232.89	\$ 273.99
Couple (Employee + Spouse OR Dependent)	\$ 246.60	\$ 1,397.40	\$ 1,644.00	\$ 132.41	\$ 750.32	\$ 882.73
Non-Medicare						
Single	\$ 135.91	\$ 770.18	\$ 906.09	\$ 125.61	\$ 711.80	\$ 837.41
Couple (Employee + Spouse OR Dependent)	\$ 285.42	\$ 1,617.40	\$ 1,902.82	\$ 303.99	\$ 1,722.63	\$ 2,026.62
Family 3+	\$ 430.38	\$ 2,438.81	\$ 2,869.19	\$ 451.35	\$ 2,557.66	\$ 3,009.01
Medicare & Non-Medicare Combination						
Couple 1 Medicare & 1 Non-Medicare (Employee + Spouse OR Dependent)	\$ 254.36	\$ 1,441.39	\$ 1,695.75	\$ 166.71	\$ 944.69	\$ 1,111.40
Family 1 Medicare & 2+ Non-Medicare	\$ 403.84	\$ 2,288.44	\$ 2,692.28	\$ 173.51	\$ 983.21	\$ 1,156.72
Family 2 Medicare & 1+ Non-Medicare	\$ 382.51	\$ 2,167.58	\$ 2,550.09	\$ 207.81	\$ 1,177.58	\$ 1,385.39

Dental Plan	Retiree Contribution	CCC Contribution	Total Cost
Single	\$ 5.69	\$ 32.22	\$ 37.90
Couple + Spouse	\$ 10.99	\$ 62.25	\$ 73.24
Single + Dependents	\$ 10.55	\$ 59.76	\$ 70.30
Family	\$ 16.31	\$ 92.43	\$ 108.74

Vision Plan	Retiree Contribution	CCC Contribution	Total Cost
Single	\$ 1.05	\$ 5.93	\$ 6.98
Couple + Spouse	\$ 2.09	\$ 11.86	\$ 13.95
Single + Dependents	\$ 2.24	\$ 12.69	\$ 14.93
Family	\$ 3.58	\$ 20.29	\$ 23.87

Legally Required Annual Notices for Medical Plan Participants

The following notices are being provided to you as required by federal law. Your City Colleges of Chicago (CCC) medical plan is in compliance with these mandates and provides coverage for these benefits.

If you have questions about these notices, please contact BlueCross BlueShield as shown below:

- PPO Plan: Call (800) 772-6895 or go to www.bcbsil.com
- HMO BlueAdvantage Plan: Call (800) 892-2803 or go to www.bcbsil.com

The Newborns' and Mothers' Health Protection Act (NMHPA)

Group health plans and health insurers may not, under federal law, restrict benefits for hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or 96 hours following a cesarean section. However, federal law does not prohibit the attending provider, after consulting with the mother, from discharging the mother or newborn earlier than the applicable 48 or 96 hours. Federal law also does not require the attending provider to obtain the plan's authorization for length of hospital stays that do not exceed the applicable 48 or 96 hours. An attending provider does not include a plan, hospital, managed care organization or other issuer.

Women's Health and Cancer Rights Act (WHCRA)

Federal and State of Illinois legislation require group health plans and health insurers to provide coverage for reconstructive surgery following a mastectomy. Specifically, these laws state that health plans that cover mastectomies must also provide coverage in a manner determined in consultation with the attending physician and patient for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment for physical complications for all stages of mastectomy, including lymphedemas (swelling of the lymph glands)

Important Telephone Numbers

You can obtain the following information by contacting the medical, dental, prescription drug and vision plan vendors shown below:

- Verification of coverage under each plan
- Covered and non-covered services, deductibles, copays and maximum out-of-pocket limits
- Providers participating in each plan
- Additional medical and dental plan identification cards

Plan	Group Number	Customer Service Number	Address	Web Address
BlueCross BlueShield BlueAdvantage HMO	B09939 OR B09940	Medical: (800) 892-2803 Prescription: (800)423-1973	PO Box 805107 Chicago, IL 60680	www.bcbsil.com
BlueCross BlueShield PPO Medical	P35156 OR P35153	(800) 772-6895	PO Box 805107 Chicago, IL 60680	www.bcbsil.com
CVS Caremark PPO Prescription	CRXCC	(877) 542-0285	PO Box 94467 Palatine, IL 60094	www.caremark.com
BCBS Blue Care Dental	774326	(855) 557-5488	Claims Processing PO Box 23059 Belleville, IL 62223-0059	www.bcbsil.com
Vision Service Plan (VSP)	12-00-1733-0001	(800) 877-7195	P.O. Box 997100 Sacramento, CA 95899	www.vsp.com

2018 Creditable Coverage Notice

Important Notice from City Colleges of Chicago (CCC) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CCC and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. CCC has determined that the prescription drug coverage offered by your CCC medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

The CCC medical plan pays for other health expenses in addition to prescription drugs. Therefore, if you enroll in Medicare Part D, your current CCC medical plan coverage will continue and will coordinate with Medicare Part D prescription drug coverage.

If you drop your current prescription drug coverage—by dropping your CCC medical plan—and instead enroll in Medicare Part D, you may enroll back into the CCC medical plan during an annual open enrollment period.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with CCC and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For more information about this notice or your current prescription drug coverage:

Contact our office for further information at the number shown below. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through CCC changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 20, 2018

Name of Entity/Sender: City Colleges of Chicago

Contact–Position/Office: District Office of Human Resources, Benefits Division

Address: 3901 S. State Street, Chicago, IL 60609

Phone Number: (312) 553-2895