

Part-Time Employees

Health Enrollment Plan

2014

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



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

Contact Information

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

New Employee Contributions Effective Jan 1, 2014

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

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

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

IMPORTANT AND NEW ENROLLMENT INFORMATION

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

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

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

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

Open Enrollment for Jan 1, 2014

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

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

Overview Of Benefit Plans

PPO Medical Plan (Cigna)

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

Marketplace Exchange

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

Adding/Deleting Dependents

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

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

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

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

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

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

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

For PPO/OAP Participants

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

Waive Coverage Provision

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

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

Human Resources

PPO/OAP Medical Plan Option A Highlight Sheet

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

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

*Annual deductible applies to all services except preventive.

PPO/OAP Medical Plan Option B Highlight Sheet

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

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

*Annual deductible applies to all services except preventive.

Your Caremark Prescription Benefit Program

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

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

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

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

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

To learn more, visit www.caremark.com or call the number on your Prescription Card.

*Actual quantity may vary depending on your plan.

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

PPO Schedule of Vision Coverage

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

Definitions:

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

Materials: prescription eye glasses.

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

In-Network Coverage Includes:

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

Vision Network Savings Program:

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

What's Not Covered:

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

How to use your Cigna Vision Benefits

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

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

To get a Cigna Vision claim form:

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

Employee Benefits Self Service Open Enrollment

(from any CTA computer)

Nov 4th through Nov 22, 2013

Effective Jan 1, 2014

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

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

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

You should now see your current enrollments.

4. If you are ok with your current enrollments and do not want to make any changes, please log out of the system.
5. If you wish to make changes, click on the “**Update Benefits**” button.
6. To change health plan or any other plans, click in the check box next to the Plan/Option of your choice.

Please make sure you scroll down to the bottom of the page to see all of your plans/options.

7. Once you have made all of your enrollment choices, click the “**Next**” button.
8. The next page is for Beneficiaries info. If you do not have any changes, click the “**Next**” button.
9. Benefits Confirmation page is now displayed. Please print a copy for your records.
10. If you need to make changes/corrections, return to the overview page and start over. You may access Employee Self Service for Open Enrollment until 11:59 pm on Nov 22, 2013.

Q. Why use it?

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

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

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

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

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

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

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

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

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

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

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

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

- A.
- Jan 1, 2014.

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

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

FOR BENEFIT ISSUES CALL THE HUMAN RESOURCES HOTLINE 312-681-2225, press “3”

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

November 4 through November 22, 2013

Effective January 1, 2014

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

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

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

You should now see your current enrollments.

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

Q. Why use it?

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

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

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

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

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

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

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

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

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

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

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

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

- A. January 1, 2014

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

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

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

Healthcare Election Form

Part-Time Employees

CHICAGO TRANSIT AUTHORITY

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

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

Check all that apply:

☐

Adding Dependent

☐

Deleting Dependent

☐

Waive Coverage

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

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

transitchicago.com

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

(see page 8 & 9 for instructions) .

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

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

☐ Waiving Medical Coverage

Opting out of Insurance Plans for plan Year:

I elect not to enroll in the insurance plans provided by the Chicago Transit Authority.

Signature

Date

Important Reminder

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

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

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

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

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