

ATU Locals 241 and 308
Part-Time Employees

Health Enrollment Plan

2019



Contact Information

HEALTH PLAN INFORMATION	PHONE AND WEBSITE
Cigna (24/7 Customer Service)	1-800-244-6224 www.cigna.com (general info) www.mycigna.com (personal info)
EAP/Behavioral Lifestyle Management Program	1-888-371-1125
24 Health Information Line	1-855-246-1873
CVS Caremark Prescription Drugs	1-800-cigna-24 1-866-285-8972 www.caremark.com
Chicago Transit Authority	PHONE, WEBSITE AND EMAIL
HR Benefit Services	1-312-681-2225, option “3” www.transitchicago.com/hrbenefits (web) benefits@transitchicago.com (email)

New Employee Contributions Effective Jan 1, 2019

PPO/OAP Option A	Single	Family
Bi-Weekly Contribution*	\$41.60	\$80.00
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
Bi-Weekly Contribution*	\$64.68	\$135.38
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

*For calendar year 2019, the CTA has agreed to waive up to \$270.40 per employee with single coverage or up to \$520.00 per employee with family coverage from your annual medical premium contributions. For PPO Option A single coverage, the biweekly contribution will be \$31.20 and family coverage will be \$60.00. For PPO Option B, single coverage will be \$54.28 and family coverage will be \$115.38.

IMPORTANT ENROLLMENT INFORMATION

Please read this Health Enrollment Plan booklet carefully. The only way to make your plan selections for the 2019 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 & 5 of this brochure).

UNLESS YOU CHOOSE TO MAKE CHANGES YOUR CURRENT COVERAGE WILL CONTINUE FOR 2019.

The changes you make during this open enrollment period will become effective Jan 1, 2019 and will remain in effect through December 31, 2019.

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.

Open Enrollment for 2019

During the period of Oct 29 through November 16, 2018, 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 plan;
- enroll eligible dependents; and
- waive your currently selected plans

Overview Of Benefit Plans

PPO Medical Plan (Cigna)

- 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
- Prescription Drug Co-Payments
- Emergency Room Co-Payment
- Wellness Coaches available through Lifestyle Management Program
- Inpatient and Outpatient mental health services
- For High Cost Services a pre-estimation is recommended

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 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 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 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.)
 - 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 16, 2018.**

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

The benefit provides employees only with an allowance for prescription eyeglasses. Employees only are entitled to \$300 for prescription eyeglasses or 75% of cost, whichever is less, every two years.

For PPO/OAP Participants

- The vision benefit is administered by Cigna. To receive reimbursement of your eyeglasses purchased from an out-of-network provider, 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 Healthy Rewards 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.

HEALTHCARE REFORM

CTA's preventive care coverage complies with the Patient Protection and Affordable Care Act (PPACA). Services designated as preventive care include periodic well visits, routine immunizations and certain designated screenings for symptom-free or disease-free individuals. Preventive care services also generally include additional immunization and screening services for symptom-free or disease-free individuals at increased risk for a particular disease.

The CTA plan will cover preventive care services with no patient cost-sharing as long as the services are provided by a network provider otherwise the service is not covered. This includes the full cost of preventive care services, including copay and coinsurance. covered 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)
- Mammograms (women)

More information on covered services can be found on www.healthcare.gov.

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

Employee Benefits Self-Service Open Enrollment (from any CTA computer) **October 29 through November 16, 2018**

On Site 24 Hrs/ 7 days. FOR TECHNICAL ISSUES CALL SELF-SERVICE HOTLINE 312-681-2225, Option 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 16, 2018.
 11. This service is available to you 24 hours a day, 7 days a week between October 29th and November 16, 2018.

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 2019. 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 16, 2018. 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 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 November 16, 2018. You may access Self-Service for Open Enrollment until 11:59 pm on November 16, 2018. As of 12:00 am, November 17, 2018, 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, 2019.

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 29 through November 16, 2018

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, press 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 16, 2018.
 15. This service is available to you 24 hours a day, 7 days a week between October 29th and November 16, 2018.

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 2019. 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, IL 60661-1465, no later than 4:30 pm on November 16, 2018. 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 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 November 16, 2018. You may access Self-Service for Open Enrollment until 11:59 pm on November 16, 2018. As of 12:00 am, November 17, 2018, the system will not accept any plan changes.

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

A. Jan 1, 2019.

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"

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; 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 (covered under 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 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); covered out-of-network subject to out-of-network deductible/co-insurance.
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	
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 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 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.

Chicago Transit Authority

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; 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)	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); covered out-of-network subject to out-of-network deductible/co-insurance.
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	
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

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. CVS Caremark and Chicago Transit Authority are confident you will find value with your new prescription benefit program.

	Retail	Mail (90 day supply)
Generic Medications Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	PPO 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.	

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 can choose to receive your long-term prescriptions at a CVS/pharmacy or from the CVS Caremark 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 CVS Caremark 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 CVS Caremark 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 www.caremark.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 CVS Caremark retail network.

Long-term medications are taken regularly for chronic conditions, such as high blood pressure, asthma, diabetes or high cholesterol. You will generally save money by using mail service for these prescriptions.

Choose **one** of four easy ways to get started:

1. Bring your prescription to a CVS/pharmacy location
2. Fill out and send in a mail service order form- print one at www.caremark.com
3. Use the FastStart® tool found on www.caremark.com
4. Call FastStart toll-free at 1-800-875-0867

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

*Actual quantity may vary depending on your plan.

PPO Schedule of Vision Coverage (employee only)

Coverage	Benefit	Frequency Period
Materials Allowance	\$300 or 75% of cost, whichever is less	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

- Log in to myCigna.com or call the Cigna toll-free number on the back of your ID card to find a network eye doctor.
- 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

Important Reminder

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 plans
- waive medical coverage
- 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 16, 2018.**

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 on your CTA medical plan.

In order to receive coverage for an eligible dependent, you must submit a certified birth certificate that lists you or your current spouse as a natural parent for that dependent, **by 4:30 p.m., November 16, 2018.** This requirement applies if the dependent is not currently enrolled under your health plan through CTA in the past.

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