Medical Program Highlights

- Nationwide network access through Cigna Open Access Plus.
- 100% Preventive Care benefit (Covered out-of-network subject to out-of-network deductible/co-insurance).
- Live 24/7 customer service: 1-800-Cigna-24.
- myCigna Mobile app allows you to organize and access your important health information on the go.
- Visit mycigna.com to locate your health care professional, hospital or participating laboratory.
- MDLIVE connects you with a board-certified doctor via secure video chat or phone, and can be a cost-effective alternative to address a wide range of minor conditions. This cost effective approach also allows for preventative physicals (wellness screenings), prescriptions, and behavioral health needs.
- To reduce out-of-pocket expense, visit a convenience care clinic or urgent care center instead of the emergency room.
- You can get quality service and reduce your costs, if you use a national lab such as Quest Diagnostics or LabCorp.
- Lifestyle Management Programs (LMP) can help with Weight, Tobacco or Stress Management at no cost to you. Use the program online, over the the phone or both.
- Case Management and Chronic Condition Management.
- 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.
- Two CTA employees cannot cover each other on their benefits. Each must carry their own separate coverage (This applies to ALL CTA benefits).

Important Information

How to view Benefit Elections

From inside CTA:

• eLink

From outside CTA:

- transitchicago.com/hrbenefits
- Benefits/Employee Self-Service

Visit our website, transitchicago.com/hrbenefits

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.

Contact Information

HEALTH PLAN INFORMATION PHONE AND/OR WEBSITE 1-800-244-6224 Cigna (24/7 Customer Service) www.cigna.com (general info) www.mycigna.com (personal info) EAP/Behavioral 1-888-371-1125 Lifestyle Management Program 1-855-246-1873 24hr Health Information Line 1-800-Cigna-24 CVS/caremark 1-866-285-8972 Prescription Drugs www.caremark.com DENTAL PLAN INFORMATION PHONE AND/OR WEBSITE Cigna DPPO 1-800-244-6224 www.cigna.com Cigna DHMO 1-800-244-6224 www.cigna.com CHICAGO TRANSIT AUTHORITY PHONE OR WEBSITE, AND EMAIL **HR Benefit Services** 1-312-681-2225, option "3" 1-312-275-8722 (fax) www.transitchicago.com/hrbenefits (web)

benefits@transitchicago.com (email)

2023 Benefit Information

Health and Dental Reference Guide

Bargained-For Employees
Not Represented by the ATU Locals



Medical provider: Cigna

Pharmacy provider: CVS/caremark

Dental provider: Cigna

Open Enrollment is the only time of 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



Summary of Medical Benefits

Plan Type	Full-Time PPO 2	Full-Time PPO 3	
Employee Bi-Weekly Contributions based on monthly negotiated rates with employee unions	\$131.66/Single \$250.00/Family	\$120.12/Single \$229.23/Family	
Deductibles	In Network \$350/Single \$700/Family Out of Network \$1,000/Single \$2,000/Family	In Network \$500/Single \$1,000/Family Out of Network \$1,500/Single \$3,000/Family	
Co-Insurance	90% / 70% In Network after deductible has been met/Out of Network	80% / 60% In Network after deductible has been met/Out of Network	
Annual Out-of-Pocket Maximum	In Network \$1,350/Single \$2,700/Family Out of Network \$3,000/Single \$6,000/Family	In Network \$3,000/Single \$6,000/Family Out of Network \$4,500/Single \$9,000/Family	

Deductible: The amount of eligible charges you pay out-of-pocket before insurance payments begin.

Co-Insurance: CTA and employees share in the cost of health care charges. The percentage of the charges for eligible services for which you pay-out-of pocket once the deductible has been met.

Annual Out-of-Pocket Maximum: The most you will pay out-of-pocket in a calendar year. Then the plan begins to pay at 100%. Includes co-payments and deductibles in accordance with the mandates of the Affordable Care Act.

Summary of Pharmacy Benefits

Pharmacy	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 2 \$5 for a generic prescription PPO 3 \$10 for a generic prescription	PPO 2 \$10 for a generic prescription PPO 3 \$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 2 \$15 for a preferred brand-name prescription PPO 3 \$25 for a preferred brand-name prescription	PPO 2 \$30 for a preferred brand-name prescription PPO 3 \$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 2 \$35 for a non-preferred brand-name prescription PPO 3 \$45 for a non-preferred brand-name prescription	PPO 2 \$70 for a non-preferred brand-name prescription PPO 3 \$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.		
Retail Network	The CVS Caremark Retail Network includes more than 67,000 participating pharmacies nationwide including 7,400 CVS/pharmacy locations and other chain pharmacies.		
Specialty Rx	Certain specialty drugs filled through CVS specialty pharmacy are billed through its 3rd party vendor, Prudent Rx, which requires member registration but results in a \$0 co-pay.		

Summary of Dental Benefits

Dental Plans (FOR FULL TIME EMPLOYEES AND DEPENDENTS ONLY)

Dental PPO Plan

Annual coverage maximum \$3,000 per calendar year per person.

For services that will cost more than \$200, a pre-estimate is recommended.

Dental HMO Plan

Visit the Cigna website for a list of dental providers.

Dental Plans	Single	Family
Biweekly Contribution		
Cigna DPPO	\$0.00	\$11.02
Cigna DHMO	\$0.00	\$4.43

Summary of Vision Benefits

Vision Benefits

(For all Employees regardless of health benefit elections)

The benefit provides employees only with an allowance for prescription eye glasses. 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 eyeglass purchase 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. All other employees please contact the HR Benefit Services team for questions at 1-312-681-2225, press "3".
- You also have access to discounted vision services through Cigna Healthy Rewards. This discount program is available to you and your covered family members.