

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
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
24hr Health Information Line	1-855-246-1873
CVS/caremark Prescription Drugs	1-800-Cigna-24 1-866-285-8972 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
VISION PLAN INFORMATION	PHONE AND/OR WEBSITE
MetLife	1-800-GET-MET8 www.metlife.com/insurance/vision-insurance
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

ATU Locals 241 and 308



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

transitchicago.com/hrbenefits



Summary of Medical Benefits

Plan Type	Full-Time PPO 2	Full-Time Part-Time 308 PPO 3	Part-Time PPO Option A	Part-Time PPO Option B
Employee Bi-Weekly Contributions <small>based on monthly negotiated rates with employee unions</small>	\$116.06/Single \$220.00/Family	\$104.52/Single \$199.23/Family	\$60.32/Single \$116.00/Family	\$83.40/Single \$171.38/Family
Deductibles	<u>In Network</u> \$350/Single \$700/Family <u>Out of Network</u> \$1,000/Single \$2,000/Family	<u>In Network</u> \$500/Single \$1,000/Family <u>Out of Network</u> \$1,500/Single \$3,000/Family	<u>In Network</u> \$2,000/Single \$4,000/Family <u>Out of Network</u> \$4,000/Single \$8,000/Family	<u>In Network</u> \$500/Single \$1,000/Family <u>Out of Network</u> \$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	80%* / 60% In Network after deductible has been met / Out of Network	70%* / 50% In Network after deductible has been met / Out of Network
Annual Out-of-Pocket Maximum	<u>In Network</u> \$1,350/Single \$2,700/Family <u>Out of Network</u> \$3,000/Single \$6,000/Family	<u>In Network</u> \$3,000/Single \$6,000/Family <u>Out of Network</u> \$4,500/Single \$9,000/Family	<u>In Network</u> \$5,000/Single \$10,000/Family <u>Out of Network</u> \$9,000/Single \$15,500/Family	<u>In Network</u> \$2,500/Single \$5,000/Family <u>Out of Network</u> \$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.

In 2023 you are eligible to participate voluntarily in CTA's wellness program known as MotivateMe. If you participate, CTA will not collect the 2023 increase in your health insurance premium - you will pay the same premium paid in 2022, **so long as you participate**. Compliance with the voluntary MotivateMe program and the health plan you elect will determine the amount of the annual health care increase not collected. For PPO2 or PPO3, the annual health care increase will be up to \$270.40 for an employee electing single coverage or up to \$520.00 for family coverage. For PPOA or PPOB, the annual health care increase will be up to \$216.32 for an employee electing single coverage or up to \$416.00 for family coverage.

Effective January 1, 2023, Flaggers and Trackworkers are eligible for PPO3, either single or family coverage. Customer Service Assistants are eligible for PPO3, PPOA or PPOB, either single or family coverage.

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/PPO A \$10 for a generic prescription PPO 3/PPO B \$10 for a generic prescription	PPO 2/PPO A \$20 for a generic prescription PPO 3/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 2/PPO A \$20 for a preferred brand-name prescription PPO 3/PPO B \$20 for a preferred brand-name prescription	PPO 2/PPO A \$40 for a preferred brand-name prescription PPO 3/PPO B \$40 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/PPO A \$40 for a non-preferred brand-name prescription PPO 3/PPO B \$40 for a non-preferred brand-name prescription	PPO 2/PPO A \$80 for a non-preferred brand-name prescription PPO 3/PPO B \$80 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

New 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.

Vision Plans	Single	Family
Biweekly Contribution		
MetLife	\$0.53	\$1.24