

Medical Program Highlights

- Nationwide network access through Cigna Open Access Plus PPO2 and PPO3 plans.
- Cigna Local Plus offers lower employee premiums through a more focused provider network. Employees considering Local Plus should confirm that their providers participate in the network before enrolling.
- 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 phone - or both.
- Case Management and Chronic Condition Management resources are available to help you manage ongoing health needs.
- Outside of open enrollment, you have 31 days from an eligible change in family status (new marriage, new civil union, new birth, adoption, or involuntary loss of alternate coverage) to enroll or renew eligible dependents to your CTA healthcare plans.
- ctaCARES promotes employee well-being through wellness initiatives and access to the Employee Assistance Program (EAP), which provides free, confidential resources for childcare, eldercare, legal matters, identity theft, and more.

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

Cigna (24/7 Customer Service)	1-800-244-6224 cigna.com (general info) 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
CVScaremark	1-866-285-8972
Prescription Drugs	caremark.com

DENTAL PLAN INFORMATION

Cigna DPPO	1-800-244-6224
Cigna DHMO	cigna.com

VISION PLAN INFORMATION

Davis Vision by MetLife	1-833-EYE-LIFE metlife.com/mybenefits
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FLEXIBLE SPENDING ACCOUNT

Wex	866-451-3399 wexinc.com
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CHICAGO TRANSIT AUTHORITY

HR Benefit Services	1-312-681-2225, option "3" 1-312-275-8722 (fax) transitchicago.com/hrbenefits (web) benefits@transitchicago.com (email)
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2027 Benefit Information

Health and Dental Reference Guide

Non-Bargained



Medical provider: Cigna
Pharmacy provider: CVScaremark
Dental provider: Cigna
Vision provider: Davis Vision by MetLife

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 and delete dependents
- opt-out of currently selected plans

Two CTA employees cannot cover each other on their benefits. Each must carry their own separate coverage. (This applies to ALL CTA benefits.)

transitchicago.com/hrbenefits



Summary of Medical Benefits

Plan Type	Full-Time PPO 2	Full-Time PPO 3	Full-Time Local Plus
Employee Bi-Weekly Contributions*	\$173.26/Single \$330.00/Family	\$161.72/Single \$309.23/Family	\$121.60/Single 231.80/ Family
Deductibles	<u>In Network</u> \$350/Single \$700/Family	<u>In Network</u> \$500/Single \$1,000/Family	<u>In Network</u> \$350/Single \$700/Family
	<u>Out of Network</u> \$1,000/Single \$2,000/Family	<u>Out of Network</u> \$1,500/Single \$3,000/Family	<u>Out of Network</u> \$1,000/Single \$2,000/Family
Co-Insurance	90% / 70%	80% / 60%	90% / 70%
	In Network after deductible has been met/Out of Network	In Network after deductible has been met/Out of Network	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>In Network</u> \$3,000/Single \$6,000/Family	<u>In Network</u> \$1,350/Single \$2,700/Family
	<u>Out of Network</u> \$3,000/Single \$6,000/Family	<u>Out of Network</u> \$4,500/Single \$9,000/Family	<u>Out of Network</u> \$3,000/Single \$6,000/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.

* For the calendar year 2027 based on your voluntary participation in the Wellness Program, Well-Being Solutions, each activity has a monetary value attached to it and will be used to offset the cost of your health insurance premium increases.

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 \$10 for a generic prescription	PPO 2 \$20 for a generic prescription
	PPO 3 \$10 for a generic prescription	PPO 3 \$20 for a generic prescription
	Local Plus \$10 for a generic prescription	Local Plus \$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 \$20 for a preferred brand-name prescription	PPO 2 \$40 for a preferred brand-name prescription
	PPO 3 \$20 for a preferred brand-name prescription	PPO 3 \$40 for a preferred brand-name prescription
	Local Plus \$20 for a preferred brand-name prescription	Local Plus \$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 \$40 for a non-preferred brand-name prescription	PPO 2 \$80 for a non-preferred brand-name prescription
	PPO 3 \$40 for a non-preferred brand-name prescription	PPO 3 \$80 for a non-preferred brand-name prescription
	Local Plus \$40 for a non-preferred brand-name prescription	Local Plus \$80 for a non-preferred brand-name prescription
Refill Limit	None	None
Web Services	Register at 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 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 network 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
Bi-Weekly Contribution		
Cigna DPPO	\$0.00	\$12.32
Cigna DHMO	\$0.00	\$4.65

Summary of Vision Benefits

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
Bi-Weekly Contribution		
MetLife	\$0.00	\$1.24