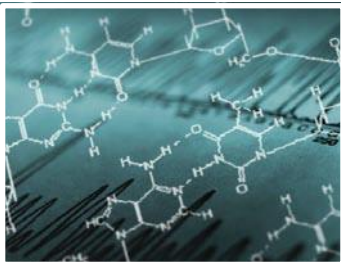


CHICAGO  
PUBLIC  
SCHOOLS

CPS

# Benefits Overview



## CPS NEW HIRE ENROLLMENT GUIDE

### ***Congratulations on your recent offer of employment with Chicago Public Schools!***

If you are eligible for benefits, you will be able to elect coverage for yourself, your spouse/dependents, or same sex domestic partner (civil union partner) on your first day of employment. To complete the enrollment process, you will need to provide an original certified birth certificate for your dependent children and/or an original certified marriage certificate for your spouse, if applicable, within 31 days following your date of hire. If you wish to add a same sex domestic partner, please contact the Benefits Employee Services Team (**773-553-HR4U**) to obtain information regarding the required documentation. Coverage goes into effect the **first day of the month** following the date of hire.

Please login to [HR4U.CPS.EDU](https://hr4u.cps.edu) to complete your benefits enrollment.

If you do not enroll for coverage within 31 days after your hire date, you will not be able to enroll until the next open enrollment period, which means your coverage would not take effect until January 1 of the following calendar year.

If you have any questions, call **773-553-HR4U (4748)**. One of our representatives will be happy to assist you.

Please read this Benefits Overview to understand the benefits that are available to you and for instructions on how to complete the enrollment process.

## **STEP ONE – PREPARE**

**Know your username and password.** Your username and password for benefits enrollment are the same as your CPS email username and password. To access your username and/or password, visit the CPS password management website at <https://password.cps.k12.il.us> or call 3-EXCL (773-553-3925) for help.

**Understand your benefits.** Read the information in this Benefits Overview. Helpful Hint: To prepare for online enrollment you may wish to make notes and have them handy when you are ready to enroll.

**Select your choices.** You may choose from five Medical Plans, two Dental Plans, an Enhanced Vision Plan, Life Insurance, Personal Accident, Long-term Disability, Group Legal, Group Financial, Flexible Spending Accounts.

**Select your Primary Care Physician.**

If you are enrolling in **Blue Cross HMO IL**:

- You must obtain the three-digit site code that corresponds with your primary care physician by visiting [www.bcbsil.com/providers/index.htm](http://www.bcbsil.com/providers/index.htm).
- You can select a separate site code for each of your eligible dependents.
- Your primary care physician and your women's principal health care provider (OB/GYN) must be in the same site.

If you are enrolling in **UnitedHealthcare Select EPO**:

- You must obtain the primary care physician code by visiting [www.myuhc.com](http://www.myuhc.com)  
Click **Find a physician**
- You can select a separate site code for each of your eligible dependents.
- Your primary care physician and your women's principal health care provider (OB/GYN) can be in separate sites as long as both physicians are within the participating network.

**PPO members do not need to pre-select a primary care physician.**

If you are enrolling in **Delta Dental HMO**:

- You must obtain the facility number that corresponds with your provider name by visiting [www.deltadentalil.com](http://www.deltadentalil.com). Select Delta Care USA for the listing of the HMO dental providers.

## **STEP TWO – ENROLL**

**You are ready to enroll.** If you are taking advantage of benefits enrollment:

- a) To make your benefit elections, login to [HR4U.CPS.EDU](http://HR4U.CPS.EDU).
- b) Click **"My Benefits."**
- c) Click **"New Hire Benefits Enrollment"** in the **"Quick Links."**
- d) Make your elections.
- e) After you have made your elections, to finalize your enrollment, click **"Submit."**

## **STEP THREE – AFTER YOU ENROLL**

**Document Submission:** To complete the enrollment, you may need to submit additional documentation. A summary of required documentation is included on page 19 of this New Hire Guide. **Required documentation must be submitted within 31 days of your date of hire.**

# **COMPARE YOUR CPS MEDICAL OPTIONS**

## ***Our Medical Plan Options***

CPS offers five quality health plan options to meet the needs of you and your family members:

- Blue Cross Blue Shield HMO
- UnitedHealthcare HMO
- Blue Cross Blue Shield PPO
- UnitedHealthcare PPO
- UnitedHealthcare PPO w/Heath Reimbursement Account

There are three coverage levels available with each plan: employee only, employee + one, or family coverage. CPS shares in the cost of coverage for this benefit.

## ***What are the differences between HMO and PPO plans?***

### ***With the Health Maintenance Organization plans (HMO):***

- The premiums deducted from your paycheck are less than those associated with the PPO plans.
- There are no deductibles; out-of-pocket expenses are kept at a minimum. You are only required to pay the appropriate co-pay associated with each service.
- You are required to select a physician from the plan's pre-approved list of healthcare providers.
- All decisions about your healthcare begin with your Primary Care Physician. If you need to see a specialist, you are required to contact your PCP first.

### ***With the Preferred Provider Option plans (PPO):***

- The premiums deducted from your paycheck are slightly higher than HMO premiums.
- You are responsible for paying deductibles and co-pays.
- You are afforded more flexibility in the selection of a physician.
- You will have lower costs if you select an "in-network" physician.
- You are not required to obtain a referral from your primary care to see a specialist; however, approval is required, by Telligen, for certain services such as: MRI's, CAT Scans, Physical Therapy, etc.

## **Blue Cross Blue Shield/UnitedHealthcare HMO**

<b>BENEFIT HIGHLIGHTS FOR ELIGIBLE EXPENSES</b>	<b>BLUECROSS BLUESHIELD HMO</b>	<b>UNITEDHEALTHCARE SELECT EPO</b>
Annual Deductible	N/A	N/A
Out-of Pocket Maximum	N/A	N/A
Lifetime Maximum	Unlimited	Unlimited
<u>Care in Physician's Office</u> <ul style="list-style-type: none"> <li>General Office Visits (e.g., X-rays, Allergy Shots and Chemotherapy)</li> <li>Wellness (Preventative Screening): Routine Physical Check-ups for adults and children, Mammograms, Pap Smears, PSA, Physicals and Immunizations</li> </ul>	100% after \$30 co-pay/ per visit  \$30 co-pay	100% after \$30 co-pay per visit  \$30 co-pay
<u>In-Patient Hospital Services</u> <ul style="list-style-type: none"> <li>Hospital (semi-private) room and board</li> <li>Doctor's visits (including specialists), X-rays, drugs, surgeon fees and anesthesiologists.</li> </ul>	100% after \$200 co-pay/per admission  Covered in Full	100% after \$200 co-pay per admission  Covered in Full
<b>Out-Patient Hospital Care (Including Surgery)</b>	Covered in Full after \$175 co-pay/ per visit	Covered in Full after \$175 co-pay per visit
<u>Maternity</u> <ul style="list-style-type: none"> <li>Prenatal/Postnatal</li> <li>Hospital Coverage (Mother and Newborn)</li> </ul>	100% after \$30 co-pay per visit  100% after \$200 co-pay per admission	100% after \$30 co-pay per visit  100% after \$200 co-pay per admission
<u>Covered Emergency Care</u> <ul style="list-style-type: none"> <li>Emergency Care (If deemed an emergency)</li> <li>Ambulance</li> </ul>	100% after \$125 co-pay/per visit  100%	100% after \$125 co-pay per visit  100%
<u>Mental Health and Substance Abuse (unlimited visits)</u> <ul style="list-style-type: none"> <li>In-patient</li> <li>Out-patient</li> </ul>	100% after \$200 co-pay per admission  100% after \$30 co-pay/ per visit	100% after \$200 co-pay per admission  100% after \$30 co-pay per visit
<u>Therapy</u> <ul style="list-style-type: none"> <li>Physical, Occupational and Speech Therapy for restoration of function (Limited to 60 visits per calendar year/ per therapy)</li> <li>Chiropractic care (Unlimited visits if medically necessary)</li> </ul>	100% for the number of visits which, in the judgment of the attending or consulting physicians, are sufficient for significant improvement  100% after \$30 co-pay/ per visit	100% for the number of visits which, in the judgment of the attending or consulting physicians, are sufficient for significant improvement  100% after \$30 co-pay/ per visit
Care in Skilled Nursing Facility (up to 120 days/per year if medically necessary)	100%	100%
Prosthetic Devices and Medical Equipment	100%	100%
Employee Contribution (% of Base Salary) Eligible Full-Time employees	Employee Only: 1.3% Employee + 1: 1.5% Family: 1.8%	Employee Only 2.0% Employee + 1: 2.2% Family: 2.5%
Employee Contribution (% of Base Salary) Eligible Part-Time employees	Employee Only: 2.6% Employee + 1: 3.0% Family: 3.6%	Employee Only 4.0% Employee + 1: 4.4% Family: 5.0%

## **Blue Cross Blue Shield/UnitedHealthcare PPO**

PPO participants or their physicians must contact Telligen (Formerly Encompass) at 1-888-781-9458 for review and pre-certification of certain services and procedures such as hospitalizations and for non-custodial care in a skilled nursing facility at least one day before an elective admission. Penalty for failure to pre-certify: 50% capped at \$1000 per individual/per event/per confinement. For in-patient mental health or substance abuse admission, and to receive in-network mental health coverage, call United Behavioral Health at 800-711-6087.

<b>BENEFIT HIGHLIGHTS FOR ELIGIBLE EXPENSES</b>	<b>BLUECROSS BLUESHIELD PPO</b>		<b>UNITEDHEALTHCARE PPO</b>	
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Annual Deductible</b>	\$ 400 per person \$ 1,200 per family	\$ 800 per person \$ 2,400 per family	N/A \$ 1,200 per family	\$ 600 per person N/A
<b>Out-of Pocket Maximum</b>	\$2,400 per person \$4,800 per family	N/A	\$2,000 per person \$4,000 per family	N/A
<b>Lifetime Maximum</b>	Unlimited		Unlimited	
<b><u>Care in Physician's Office</u></b>				
• General Office Visits (e.g. X-rays, Allergy Shots and Chemotherapy)	100% after \$25 co-pay/per visit	50% after deductible	100% after \$15 co-pay/per visit	50% after deductible
• Wellness (Preventative Screening): Routine Physical Check-ups for adults and children, Mammograms, Pap Smears, PSA, Physicals and Immunizations	100% - no co-pay, no deductible	50% after deductible	100% - no co-pay, no deductible	50% after deductible
<b><u>In-Patient Hospital Services</u></b>				
• Hospital (semi-private) room and board	80% after deductible	50% after deductible	80%	50% after deductible
• Doctor's visits (including specialists), X-rays, drugs, surgeon fees and anesthesiologists.	80% after deductible	50% after deductible	80%	50% after deductible
<b>Out-Patient Hospital Care (Including Surgery)</b>	80% after deductible	50% after deductible	80%	50% after deductible
<b><u>Maternity</u></b>				
• Prenatal/Postnatal	100% after \$25 co-pay per visit	50% after deductible	100% after \$15 co-pay per visit	50% after deductible
• Hospital Coverage (Mother and Newborn)	80% after deductible	50% after deductible	80%	50% after deductible
<b><u>Covered Emergency Care</u></b>				
• Emergency Care (If deemed an emergency)	100% after \$125 co-pay/per visit	50% after \$125 co-pay/visit	100% after \$125 co-pay/per visit	50% after \$125 co-pay/visit
• Ambulance	100% after deductible	100% after deductible	100%	100% after deductible
<b><u>Mental Health and Substance Abuse</u> <u>(unlimited visits)</u></b>				
• In-patient	80% after deductible	50% after deductible	80%	50% after deductible
• Out-patient	80% after deductible	50% after deductible	80%	50% after deductible
<b><u>Therapy</u></b>				
• Physical, Occupational and Speech Therapy for restoration of function (Limited to 60 visits per calendar year/ per therapy)	100% after \$25 co-pay per visit	50% after deductible	100% after \$15 co-pay per visit	50% after deductible
• Chiropractic care (Unlimited visits if medically necessary)	80% after deductible	50% after deductible	80%	50% after deductible
<b>Care in Skilled Nursing Facility (up to 120 days/per year if medically necessary)</b>	80% after deductible	50% after deductible	80%	50% after deductible
<b>Prosthetic Devices and Medical Equipment</b>	80% after deductible	50% after deductible	80%	50% after deductible
<b>Employee Contribution (% of Base Salary) Eligible Full-Time employees</b>	<b>Employee Only: 2.2%</b> <b>Employee + 1: 2.5%</b> <b>Family: 2.8%</b>		<b>Employee Only 2.0%</b> <b>Employee + 1: 2.2%</b> <b>Family: 2.5%</b>	
<b>Employee Contribution (% of Base Salary) Eligible Part-Time employees</b>	<b>Employee Only: 4.4%</b> <b>Employee + 1: 5.0%</b> <b>Family: 5.6%</b>		<b>Employee Only 4.0%</b> <b>Employee + 1: 4.4%</b> <b>Family: 5.0%</b>	

## **UnitedHealthcare PPO w/ Health Reimbursement Account (“HRA”)**

Under this option, CPS will contribute either (i) \$500 to the HRA if you enroll only yourself; or, (ii) \$1,000 if you enroll yourself and at least one other dependent. Those benefits that would otherwise be covered by the PPO will be paid first out of the HRA. After the HRA is exhausted, then you must satisfy your deductible. After the deductible has been met, CPS will pay 80% in network and 50% out of network, of eligible expenses. If you do not exhaust your HRA, the unused amount will be rolled over for your use in the next calendar year

<b>BENEFIT HIGHLIGHTS FOR ELIGIBLE EXPENSES</b>	<b>UNITEDHEALTHCARE W/HEALTH REIMBURSEMENT ACCOUNT</b>	
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Health Reimbursement Account (Employer Paid) (NOT APPLIED TOWARDS DEDUCTIBLE NOR OUT-OF-POCKET MAXIMUM)</b>	\$500 Employee Only \$1,000 Employee + 1 and Family	\$500 Employee Only \$1,000 Employee + 1 and Family
<b>Annual Deductible</b>	\$1,000 per person after HRA is exhausted \$2,000 per family after HRA is exhausted	\$2,000 per person after HRA is exhausted \$4,000 per person after HRA is exhausted
<b>Out-of Pocket Maximum</b>	\$2,250 per person \$4,500 per family	\$11,500 per person \$34,000 per Family
<b>Lifetime Maximum</b>	Unlimited	
<b><u>Care in Physician’s Office</u></b>		
• General Office Visits (e.g. X-rays, Allergy Shots and Chemotherapy)	80% after deductible	50% after deductible
• Wellness (Preventative Screening): Routine Physical Check-ups for adults and children, Mammograms, Pap Smears, PSA, Physicals and Immunizations	100% - no co-pay, no deductible	50% after deductible
<b><u>In-Patient Hospital Services</u></b>		
• Hospital (semi-private)room and board	80% after deductible	50% after deductible
• Doctor’s visits (including specialists), X-rays, drugs, surgeon fees and anesthesiologists.	80% after deductible	50% after deductible
<b>Out-Patient Hospital Care (Including Surgery)</b>	80% after deductible	50% after deductible
<b><u>Maternity</u></b>		
• Prenatal/Postnatal	80% after deductible	50% after deductible
• Hospital Coverage (Mother and Newborn)	80% after deductible	50% after deductible
<b><u>Covered Emergency Care</u></b>		
• Emergency Care (If deemed an emergency)	100% after \$100 co-pay/per visit	50% after \$100 co-pay/visit
• Ambulance	100% after deductible	100% after deductible
<b><u>Mental Health and Substance Abuse</u> <u>(unlimited visits)</u></b>		
• In-patient	80% after deductible	50% after deductible
• Out-patient	80% after deductible	50% after deductible
<b><u>Therapy</u></b>		
• Physical, Occupational and Speech Therapy for restoration of function (Limited to 60 visits per calendar year/ per therapy)	80% after deductible	50% after deductible
• Chiropractic care (Unlimited visits if medically necessary)	80% after deductible	50% after deductible
<b>Care in Skilled Nursing Facility (up to 120 days/per year if medically necessary)</b>	80% after deductible	50% after deductible
<b>Prosthetic Devices and Medical Equipment</b>	80% after deductible	50% after deductible
<b>Employee Contribution (% of Base Salary) Eligible Full-Time employees</b>	<b>Employee Only: 1.3%</b> <b>Employee + 1: 1.5%</b> <b>Family: 1.8%</b>	
<b>Employee Contribution (% of Base Salary) Eligible Part-Time employees</b>	<b>Employee Only: 2.6%</b> <b>Employee + 1: 3.0%</b> <b>Family: 3.6%</b>	

**Example:** You enroll yourself and one dependent in this option. CPS contributes \$1,000 to your HRA. You and your dependent incur \$450 in eligible medical expenses during the 2012 calendar year. The \$450 is paid out of the HRA, leaving \$550 in your HRA. There is no out-of-pocket expense for you in 2012. In 2013 your HRA will have a beginning balance of \$1,550 for you to use in 2013.

**Example:** You enroll yourself and one dependent in this option. CPS contributes \$1,000 to your HRA. You and your dependent incur \$2,000 in eligible medical expenses during the year. The first \$1,000 of those eligible medical expenses is paid by the HRA. You pay the remainder. In 2013, your HRA will have a beginning balance of \$1,000 if you and your dependent continue in this option (i.e., will be replenished with \$1000 each year).

**Example:** You enroll yourself and one dependent in this option. CPS contributes \$1,000 to your HRA. You and your dependent incur \$16,000 in-network eligible medical expenses. The first \$1,000 of those medical expenses will be paid by the HRA. The second \$2,000 will be paid by you in order to meet the deductible. You will then pay 20% of the remainder until you pay an additional \$2,500, to reach your family annual out-of-pocket maximum. The remainder will then be paid by the Plan at 100%.

## Prescription Drug Program

The Chicago Public Schools' Prescription Drug Program offers you an easy and convenient way to purchase prescription drugs. Eligible drugs are part of the overall medical life time maximum. The program covers eligible drugs purchased:

- at a participating pharmacy;
- at a non-participating pharmacy; or
- by mail-order.

	RETAIL PROGRAM	MAIL SERVICE PROGRAM
<b>When to Use Your Benefit</b>	For immediate or short-term medicine needs	For maintenance or long-term medicine needs
<b>Where</b>	<p>You can use your prescription benefit at more than 62,000 Caremark participating retail pharmacies nationwide, including over 20,000 independent community pharmacies.</p> <p>To locate a Caremark participating retail pharmacy in your area, go to <a href="http://www.caremark.com">www.caremark.com</a> and use the "Find a Local Pharmacy" search or call Caremark Customer Care toll-free at <b>1-866-409-8523</b>.</p>	Simply mail your original prescription along with the mail service order form to Caremark. Your medicines will be sent directly to your home.
<b>Cost to You</b>	<ul style="list-style-type: none"> <li>○ \$10 for each generic medicine.</li> <li>○ \$25 for each brand-name* medicine on the drug list.</li> <li>○ \$40 for each brand-name* medicine not on the drug list.</li> </ul>	<ul style="list-style-type: none"> <li>○ \$15 for each generic medicine.</li> <li>○ \$40 for each brand-name* medicine on the drug list.</li> <li>○ \$60 for each brand-name* medicine not on the drug list.</li> </ul>
<b>Day Supply Limit</b>	30-day supply	90-day supply
<b>Maintenance Medication Limit After 5th fill:</b>	On the 6th fill and subsequent fills it is 40% or the co-pay, whichever is greater.	No limit

**Please Note:** When a generic is available, but the pharmacy dispenses the brand-name medicine for any reason, you will pay the difference between the brand-name medicine and the generic medicine plus the generic co-payment amount.

**Web Services:** Register at [www.caremark.com](http://www.caremark.com) to access tools that can help you save money and manage your prescription benefit. To register, have your benefit ID card handy.

**Non-participating Pharmacy Feature:** In most cases, you will not need to visit a non- participating pharmacy because there are over 62,000 participating pharmacies in the CVS Caremark Retail Program. However, if you choose to go to a nonparticipating pharmacy, you will pay **100 % of the prescription price**. You will then need to submit a paper claim form, along with the original prescription receipt(s) to Caremark for reimbursement of covered expenses at:

**Caremark Claims Department  
P.O. Box 68600  
San Antonio, Texas 78268-6005**

**Please Note:** Covered prescriptions purchased at a non-participating pharmacy will be paid at 60% of the generic drug cost. The plan will also pay 60% of the generic drug cost if a brand-name drug is issued when a generic drug is available.

**Covered Drugs:** The following drugs are covered under the program:

- Federal legend drugs (drugs requiring a prescription)
- Compound prescriptions containing at least one legend ingredient
- Insulin
- Infertility medications (with prior-authorization from Telligen)
- Disposable insulin syringes/needles and diabetic supplies
- Acne medication (with prior-authorization from Caremark for participants over the age of 24)
- Growth hormones (with prior-authorization from Caremark)

**Drugs Not Covered:** The following drugs are not covered under the program:

- Cosmetic drugs, such as Rogaine
- Drugs available without a prescription, except insulin
- Prescription drugs with an over-the-counter equivalent
- Drugs for the treatment of obesity, morbid obesity or weight reduction purposes
- Appetite suppressants
- Brand contraceptives (oral and injection) and contraceptive devices
- Medical supplies and equipment
- Drugs not prescribed by a provider acting within the scope of his or her license
- Experimental, investigational or unproven drugs or therapies
- Drugs provided to you by the local, state or federal government and any drug for which payment or benefits are provided by the local, state or federal government (for example, Medicare)
- Prescription vitamins
- Oral or topical Nail-fungal medication
- Replacement prescription drugs resulting from loss or theft

## Dental Plan Options

**Dental Options:** CPS offers two Dental Plan options – PPO and Dental HMO (DHMO):

**Delta Dental DHMO:** Dental HMO option is provided at no cost to you; CPS covers the full dental contribution deduction, for all coverage levels, if you are enrolled in the Dental HMO option. Under this option, you may select a dentist using a site code from the provider network sponsored by Delta Dental at [www.deltadentalil.com](http://www.deltadentalil.com).

**Delta Dental PPO:** If you opt to enroll in the PPO option, CPS will cover the cost of the Employee Only contribution; there is an additional cost for Employee +1 or Family coverage.

Under this PPO dental option, you can use either an in-network or an out-of-network provider. The plan will pay a certain percentage of the PPO rate whether or not you use a network provider.

SERVICES	DELTA DENTAL HMO	DELTA DENTAL PPO	
		IN-NETWORK	OUT-OF-NETWORK
Preventive	100%	80% of PPO rate	80% of PPO rate
Basic	85-75%	80% of PPO rate	80% of PPO rate
Major	70-65%	50% of PPO rate	50% of PPO rate
Individual Maximums			
Deductible	None	None	\$100 annually
Benefit Limit	None	\$1,500 annually	
<b>Employee Contributions</b>			
Employee Only	None	None	
Employee +1	None	\$9.71 per pay period	
Family	None	\$20.56 per pay period	

## Vision Plan Options

**Basic Vision:** If you are enrolled in one of Chicago Public Schools medical options, CPS provides you and your eligible family members with Basic Vision. Vision Service Plan is the provider. **You do not pay a premium for this coverage.**

**Enhanced Vision:** You can upgrade your Basic Vision Plan for a monthly premium and receive coverage for glasses, contacts and discounts on laser vision correction.

### Basic Vision Plan

The **Basic Vision Plan** provides you one eye exam per year for \$15 co-pay. In addition, you will receive discounts on eyewear.

### Enhanced Vision Plan

You can upgrade your **Basic Vision Plan** for a monthly premium and receive coverage for glasses, contacts and discounts on laser vision correction. See details below.

**Exam covered in full w/ \$15.00 co-pay.....every 12 months**

**Lenses covered in full.....every 12 months**

- *Single vision, lined bifocal and lined trifocal lenses.*
- *Polycarbonate lenses for dependent children*

**Frame.....every 24 months**

- *Frame of your choice covered up to \$150.*
- *Plus 20% off any out-pocket costs.*

~AND~

**Contact Lenses.....every 12 months**

Your \$175 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts

In addition, VSP has negotiated a benefit for wearers of certain types of contacts. If you qualify, the program includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or VSP.com

**Exam.....\$15.00**

**Prescription Glasses.....\$25.00**

**Contacts.....No co-pay applies**

### **Glasses and Sunglasses**

- *Average 30% savings on additional lens options such as scratch resistant and anti-reflective coatings and progressives*
- *20% off additional prescription glasses and sunglasses, including lens options*

### **Contacts**

- *15% off cost of contact lens exam (fitting and evaluation)*
- *Available from any VSP doctor within 12 months of your last eye exam*

### **Laser Vision**

You receive discounts for PRK, LASIK and Custom LASIK using wave front technology. Discounts vary by location, but average 15-20% off the contracted laser center's usual and customary price. Additionally, if the laser center is offering an even lower temporary promotional price, you'll receive 5% off the promotional price.

**Employee only.....\$7.40**

**Employee + One Dependent.....\$10.81**

**Family.....\$19.39**

## Mental Health Benefits

**Mental Health and Substance Abuse:** If you are enrolled in any HMO or PPO medical plans, Chicago Public Schools offers help for mental health or substance abuse problems. If you are in the UnitedHealthcare HMO or any PPO, the plan is administered by United Behavioral Health (UBH), please contact **800-711-6087**. If you are in BlueCross BlueShield HMO Illinois, please contact **800-851-7498**.

This benefit includes counseling and substance abuse recovery services that can help you effectively deal with stressful and challenging situations. You may call for such personal issues as:

○ Depression	○ Anxiety and Stress
○ Alcohol Abuse	○ Anger Management
○ Drug Abuse	○ Marital Problems
○ Coping with Grief	○ Domestic Violence
○ Eating Disorders	○ Medication Management
○ Compulsive Spending	○ Compulsive Gambling

## Flexible Spending Accounts

**Flex Spending Health:** Allows you to set aside “pre-tax” dollars to pay for certain medical and dental expenses for you, your spouse and/or dependent children who are not covered by your medical and dental plans. Your annual contribution must be between \$25.00 and \$3,000.00.

**Flex Spending Dependent Care:** Allows you to set aside “pre-tax” dollars to pay for eligible day care expenses, such as costs for a babysitter, day camps or child care centers, for dependents under age 13 or tax dependents who are mentally or physically incapable of caring for themselves. Your annual contribution must be between \$25.00 and \$5,000.00.

**PLEASE NOTE:** Expenses have to be incurred by Dec. 31 each calendar year and you will have until March 31 of the following year to submit the claims for those expenses. We recommend that you estimate your annual expenses for your medical and dental services, as well as dependent care, prior to enrollment in this plan. Any unused amounts in this account cannot be rolled over to the next calendar year and will be forfeited in accordance with IRS regulations.

The following is an example of how to take advantage of tax savings and increase your take home pay:

WITHOUT AN FSA PLAN		WITH AN FSA PLAN	
Annual Salary	\$ 35,000	Annual Salary	\$ 35,000
Federal Income Tax (15%)	- 5,250	Medical Reimbursement	- 3,000
State Income Tax (3%)	- 1,050	Dependent Reimbursement	- 5,000
Net Income	\$ 28,700	Taxable Income	\$ 27,000
Medical Expenses	- 3,000	Federal Income Tax (15%)	- 4,025
Dependent Care Expenses	- 5,000	State Income Tax (3%)	- 810
Spendable Income	\$ 20,700	Spendable Income	\$ 22,165
Savings = \$1,465!			

## ***Long-Term Disability Insurance***

The CPS employee benefits program provides a plan that continues part of your pay while you are away from work because of an extended illness or injury. The Long-Term Disability plan is designed to continue part of your income, if you have a medically certified disability. You have an opportunity to purchase long-term disability (LTD) insurance with two options a 90-day waiting period or a 180-day waiting period. Your monthly LTD benefit would be 60% of your monthly earnings, reduced by other income. **Evidence of Insurability** is required to increase your coverage from the 180-day to 90-day option or to enroll for the first time. The program is insured through The Standard Insurance Company. The employee pays the full premium, which is calculated based upon age and annual salary.

## ***Life and Personal Accident Insurance***

CPS provides basic life insurance coverage of **\$25,000** per eligible employee. This benefit is provided to you at no cost. You may elect to purchase:

- Additional Optional Term Life Insurance in amounts equal to one to four times your annual salary, up to \$750,000.
- Spouse/Dependent Term Life coverage for your spouse and eligible dependents.
- Personal Accident Insurance that matches your Optional Term Life Insurance as well as Spouse/Dependent Personal Accident that matches your Spouse/Dependent Life coverage.

To enroll your spouse/dependents in spouse/dependent life or to enroll in PAI, you must first elect optional term life coverage. The amount available for spousal coverage is **\$50,000** and for dependent coverage is **\$10,000**. You must elect coverage for **Optional Term Life** equal to or more than \$25,000 before electing spouse coverage.

If you elect to increase your insurance by more than one times your annual salary in a year, you will need to provide **Evidence of Insurability**. New hires can select up to the lesser of three times their covered annual earnings or \$500,000 without providing **Evidence of Insurability** satisfactory to The Standard Insurance Company.

Additionally, if you are adding your spouse for the first time and you are not a new hire or in a new marriage, **Evidence of Insurability is required**. If you elect to increase your insurance by only one times your base salary in a given year during open enrollment, **Evidence of Insurability** will not be required. This program is insured through The Standard Insurance Company. The employee pays the full premium which is calculated based upon age and annual salary.

## ***Group Legal Services***

The Group Legal services insurance plan is a voluntary plan that provides you with certain paid-in-full legal benefits when you use a network attorney through **The ARAG Group**. The plan also pays attorney's fees for covered matters, up to the plan limits, if you use an attorney outside of the network. The premium is \$7.22 per pay period. For more information, call **800-247-4184**.

## ***Bright Start College Savings***

**Oppenheimer Funds** offers parents an easy and convenient way to invest in their children's college funds through payroll deductions. For more information and enrollment instructions call **800-655-4853** or visit [www.brightstartsavings.com](http://www.brightstartsavings.com).

## ***CPS Supplemental Retirement Plans (Your 403(b) and 457 Programs)***

You may enroll for these plans at any time in the year by contacting Great-West directly at 1-877-649-4338. These programs are established under Section 403(b) and 457 of the Internal Revenue Code and are available to employees of tax-exempt organizations, such as public schools. This is one of the best ways to save money for your retirement years and one of the few methods available today to defer current income taxes. You decide what percentage of your gross annual earnings you wish to contribute for your retirement needs. Your contributions are deducted from your payroll before federal income taxes are withheld.

These tax deferred compensation programs offer different investment styles so participants can create a well-diversified investment strategy. Participants can choose from a menu of multiple investment styles, each of which are diversified and have materially different expected risk and return characteristics. The program provides participants the ability to diversify their individual accounts based on their own investment objectives.

You may start your account with as little as \$10 per pay period. The contribution limits for 403(b) and 457 retirement plans are \$17,000 for 2012 if you are under age 50. If you are 50 yrs old or above, you are entitled to an "age 50 catch-up" contribution of \$5,500 for a total contribution of \$22,500.

The contribution amount and the "age 50 catch-up" contribution amount are separately adjusted for inflation in \$500 increments after 2012. If you have at least 15 years of service with CPS, you may be eligible to contribute up to an additional \$3,000 of pensionable earnings into the 403(b) each year under a special "catch-up" provision. Please check with your service provider to determine eligibility.

Great-West is your record keeper and fund provider as of Dec. 1, 2010. We've made this change so you can take advantage of a new, modernized plan that is easy to use and has the tools and resources you need to help plan for a successful retirement. For union represented employees, you will continue to have a choice of VALIC, ING, MetLife, or Great-West.

## ***Telligen (Formerly Encompass)***

Telligen manages the pre-certification process for CPS employees/dependents enrolled in the PPO health plans. Pre-certification is designed to help ensure that you receive quality medical care while discouraging unnecessary treatment. **To ensure that certain treatments and hospital stays are appropriate, you must obtain advance approval from the medical professionals at Telligen.** You may call 24 hours a day, seven days a week at **888-781-9458**.

Telligen pre-certification is required for the following benefits:

- Inpatient hospital care, including acute rehabilitation confinements and surgeries
- Inpatient skilled nursing facility
- Organ transplants
- Air ambulance transportation
- Certain outpatient surgeries and procedures:
  - Blepharoplasty
  - Breast surgeries (reduction, reconstruction, except related to mastectomy, biopsy and lesions)
  - CAT scans
  - MRI
  - Nasal surgery (rhinoplasty and septoplasty)
  - PET scans
  - Sclerotherapy and Ligation, Vein Stripping
  - Sleep Studies
- Hospice: inpatient and home
- Occupational therapy: home and outpatient treatment center
- Physical therapy: home and outpatient treatment center
- Speech therapy: home and outpatient treatment center
- Home nursing visits
- Private duty nursing
- Durable medical equipment and supplies. For example:
  - Hospital beds
  - Oxygen and oxygen related equipment
  - Apnea monitors
  - Ventilators
  - Prosthetics
  - Other durable medical equipment that costs \$500 or more
- Infertility treatment
- Enteral formula (life sustaining tubal feeding)
- **All pregnancies (during the first three months or as soon as the pregnancy is confirmed and within two business days after admission for delivery.**

**When to call:** If you are in a PPO, in order to receive your maximum level of benefits you must get advance approval from Telligen. The services or procedures that require approval are listed above. You must call at least seven (7) days in advance for most services requiring pre-certification. You must call within two (2) business days after emergency treatment or inpatient admissions. All pregnancies must be pre-certified twice, during the first three (3) months or when the pregnancy is confirmed (if later) and again within two (2) business days after admission for delivery.

**Here are three examples of when to call Telligen:**

#### **Example 1**

***Physical Therapy (outpatient treatment center and home):*** Jennifer, a 32-year-old female and long-time runner, is experiencing heel pain during her workouts. Jennifer's physician has diagnosed her with Achilles tendonitis and has suggested anti-inflammatory medication and ten physical therapy visits to reduce the inflammation and help strengthen the tendon. Jennifer, her physician, a family member or a friend must notify Telligen and receive approval prior to receiving physical therapy services.

Jennifer has completed her initial ten physical therapy sessions but her physical therapist thinks she would benefit from an additional six sessions. Jennifer, her physician, physical therapist, family member or friend must notify Telligen and receive approval prior to receiving the additional physical therapy services.

#### **Example 2**

***Outpatient procedures:*** Caleb, a 7-year-old, has had numerous bouts of a sore throat and neck swelling over the past couple of years. During a recent examination, Caleb's physician found a lump in Caleb's neck. The lump was not viewable with a normal x-ray so his physician has suggested that Caleb have an MRI. Because Caleb is a minor his physician, the facility, or a family member parent or legal guardian must notify Telligen prior to the scheduled date of this outpatient procedure.

#### **Example 3**

***Inpatient Surgery and Hospital Admission:*** Francine, a 55- year-old with severe osteoarthritis, is scheduled to have knee replacement. This surgery will require Francine to be in the hospital for several days. Francine, her physician, the facility, a family member or friend will need to notify Telligen as soon as the admission date is scheduled to pre-certify this inpatient surgery and hospital admission.

**If you don't call:** If you do not call for pre-certification as required or if you do not follow the program's recommendations, you will be responsible for 50% of eligible charges (capped at \$1000 per individual/per event/per confinement). You will pay this penalty plus the co-insurance that applies. Also, benefits could be further reduced if it is determined that the treatment or admission is not medically necessary.

## Planning Worksheet for Online Benefits Enrollment

*ELECTIONS MUST BE MADE ONLINE*

**EMPLOYEE ID No.:** \_\_\_\_\_

**MEDICAL CHOICES:**

**EMPLOYEE ONLY      EMPLOYEE+ONE      FAMILY**

The BlueCross BlueShield of Illinois PPO ☐ ☐ ☐

UnitedHealthcare PPO ☐ ☐ ☐

UnitedHealthcare PPO with a health reimbursement account ("HRA") ☐ ☐ ☐

BCBS HMO IL ☐ ☐ ☐

Primary Care Physician Site Code: \_\_\_\_\_  
(required for HMOs)

UHC HMO ☐ ☐ ☐

Primary Care Physician Code: \_\_\_\_\_  
(required for HMOs)

**DENTAL CHOICES:**

**EMPLOYEE ONLY      EMPLOYEE+ONE      FAMILY**

Delta Dental of Illinois PPO ☐ ☐ ☐

Delta Dental HMO ☐ ☐ ☐

Primary Care Facility Number Site: \_\_\_\_\_ (required for HMOs)

**VISION BENEFITS:**

**EMPLOYEE ONLY      EMPLOYEE+ONE      FAMILY**

Basic Vision Plan (Automatic, if you are enrolled in one of the Medical Plans)

Enhanced Vision Plan (Must be enrolled in a medical plan) ☐ ☐ ☐

**LONG-TERM DISABILITY INSURANCE:**

90-Day Wait Option ☐

180-Day Wait Option ☐

**FLEXIBLE SPENDING ACCOUNTS:**

Flexible Spending-Health.....Annual Contribution Amount

Flexible Spending-Dependent Care.....Annual Contribution Amount


**LIFE AND PERSONAL ACCIDENT INSURANCE (PAI):**

**1X      2X      3X      4X**

Optional Term Life ☐ ☐ ☐ ☐

PAI ☐ ☐ ☐ ☐

Spouse Life (\$50,000) ☐

PAI – Spouse ☐

Dependent Life (\$10,000) ☐

Dependent PAI only (\$10,000) ☐

**GROUP LEGAL SERVICES:**

(ARAG Group) ☐

## Dependents

In this space below, list your eligible dependents that you wish to enroll under your health coverage.

Dependent Name	Relationship	Date of Birth	Social Security	Medical Election	Dental Election

### There are many Benefits of Starting Early

- **Easier access to online computer systems.** Employees who wait until the last few days, or even the last week may encounter delays.
- **Calmer more thoughtful process.** If you start your benefits enrollment early, you will have ample opportunity to consider all your options, and to see if your doctor is in your plan.
- **Easier access to Employee Services Team, 773-553-HR4U.** For best service, allow yourself ample time to call the hotline, because at times phones may be busy. One of our representatives will be happy to assist you.
- **More time to deliver your documents after you've made your selections.** Remember, if you choose to add a spouse, dependent, civil union or same sex domestic partner to your benefits, proper documentation must be submitted by December 2, 2011, in order to complete processing.

### Computer Systems Requirements for Enrollment

**Overview:** Benefits enrollment is computer based only. Paper or telephone submissions are not accepted. Most modern computers purchased in the last seven or eight years, with internet access will work just fine, whether at CPS public schools, at the public library, or in your own home.

**Details:** Benefits enrollment works with a Windows, Macintosh or even a Linux computer. Windows computers should be equipped with Windows 98, 2000 or XP and one of the following browsers:

- Internet Explorer 6 or later
- Netscape 7 or Later
- Firefox 1.0 or later
- Google chrome 1.0.154 or later

Macintosh computers should be running Mac OS X, and one of the following browsers:

- Safari 1.2, or 2.0 or later
- Firefox 1.0 or later
- Camino 1.0 or later
- Netscape 7.0 or later
- Google chrome 1.0.154 or later

Linux computers should have one of the following browsers:

- Netscape 7.0 or later
- Firefox 1.0 or later

## **Benefits Partner Contact Information**

Your CPS Talent Office is the primary resource to address any of your benefit questions or concerns. Contact us at 773-553-HR4U, or email us at [employeeservices@cps.k12.il.us](mailto:employeeservices@cps.k12.il.us) for assistance. For questions regarding claims, doctors or hospital locations, please contact one of our providers listed below.

<b>Benefit Partner</b>	<b>Phone Number</b>	<b>Address</b>	<b>Website</b>
<b>Medical</b>			
Blue Cross/Blue Shield HMO	1-866-248-3092	PO Box 1364 Chicago, IL 60690	<a href="http://www.bcbsil.com/members">www.bcbsil.com/members</a>
Blue Cross/Blue Shield PPO	1-800-331-8032	PO Box 2352 Chicago, IL 60690	<a href="http://www.bcbsil.com/members">www.bcbsil.com/members</a>
United Healthcare HMO (EPO), PPO, and PPO w/HRA	1-800-905-4619	PO Box 30555 Salt Lake City, UT 84130-0555	<a href="http://www.myuhc.com">www.myuhc.com</a>
Telligen (formerly Encompass)	1-888-781-9438	6000 Westown Parkway West Des Moines, IA 50266-7771	<a href="http://Telligen.Qualitrac.com">http://Telligen.Qualitrac.com</a>
<b>Dental</b>			
Delta Dental HMO/PPO	1-800-323-1743	PO Box 5402 Lisle, IL 60532-5402	<a href="http://www.deltadental.il.com">www.deltadental.il.com</a>
<b>Prescription</b>			
Caremark	1-866-409-8523	PO Box 686005 San Antonio, TX 78268-6005	<a href="http://www.caremark.com">www.caremark.com</a>
<b>Vision</b>			
Vision Service Plan	1-800-877-7195	3333 Quality Drive Rancho Cordova, CA 95670	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Mental Health &amp; Substance Abuse</b>			
United Behavioral Health	1-800-711-6087	9700 Bissonnet Suite 2300/2500 Houston, TX 77036	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a>
<b>Life and Disability</b>			
The Standard	1-800-368-1135; 1-847-517-9458	920 SW Sixth Avenue PSB9A Portland, OR 97204 OR 300 N. Martingale #460 Schaumburg, IL 60173	<a href="http://www.standard.com">www.standard.com</a>
<b>Flexible Spending Accounts</b>			
Benefits Express	1-877-837-5017	220 W. Campus Dr., # 203 Arlington Heights, IL 60004	<a href="http://www.CPSFSA.com">www.CPSFSA.com</a>
<b>Legal Services</b>			
ARAG	1-800-247-4184		<a href="http://www.araggroup.com">www.araggroup.com</a>
<b>College Savings</b>			
Bright Start	1-800-655-4853		<a href="http://www.brightstartsavings.com">www.brightstartsavings.com</a>
<b>Retirement Plan Providers</b>			
Great West Retirement Services	1-877-649-4338		<a href="http://www.cpsretirementplans.com">www.cpsretirementplans.com</a>
AIG Valic	1-800-892-5558 Ext. 88815		<a href="http://www.aigvalic.com">www.aigvalic.com</a>
ING	1-800-873-9150		<a href="http://www.ingretirementplans.com">www.ingretirementplans.com</a>
Met Life	1-800-543-2520		<a href="http://www.mlr.metlife.com">www.mlr.metlife.com</a>

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# **Documentation Requirements**

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## **Documentation Requirements**

As a new hire, your benefit plan allows you to add your spouse, dependent(s), same sex domestic partner or civil union partner. Documentation is typically required in these instances. The charts below provide you with the documentation that is required to add a benefit participant. We have made the process easier. Now you may email or fax your documents to us 24 hours, 7 days a week. This is a new, convenient and secure method of submitting your documentation without having to make a special trip downtown!

To submit your documentation, click here to access your personalized [Benefits Document Scanning Form](#) (make sure you click on the “print” button at the bottom of the page to print). Simply complete and submit the Cover Sheet with your documents either by fax to 773-553-4DOC or by email to [benefitdocuments@cps.k12.il.us](mailto:benefitdocuments@cps.k12.il.us).

<b><i>Benefit Participant being added</i></b>	<b><i>Document(s) Needed</i></b>
<b>Spouse</b>	An original certified Marriage Certificate
<b>Dependent (0-26 yrs.)</b>	An original certified Birth Certificate (with parental information)
<b>Unmarried Military Dependent Children who are Residents of Illinois (Age 26-30)</b>  <b><i>Benefits terminate at the end of the month in which the 30th birthday occurs</i></b>	An original certified Birth Certificate and A notarized Employee Certification Form and Military discharge paperwork (DD2-14)
<b>Adopted Children</b>	If the child is your adopted child and the birth certificate has not yet been amended to name you and other adoptive parent as the child’s parents, then the letter issued by the governmental agency placing the child in your home will suffice for documentation, until such reasonable time as the amended birth certificate can be issued.
<b>Legal Dependents (Court Appointed)</b>	<b>You must provide a copy of the guardianship appointment certified by the clerk of the court in which the appointment occurred.</b> However, you do not need to prove your relationship to the child’s parents

<b><i>Benefit Participant being added</i></b>	<b><i>Document(s) Needed</i></b>
<b>Domestic Partner</b>	<p>Proof of domestic partnership is required. To determine if your Partner qualifies for enrollment, the following eligibility requirements must be met:</p> <ul style="list-style-type: none"> <li>○ You must be enrolled in a CPS sponsored medical or dental plan</li> <li>○ You must submit a completed Affidavit of Domestic Partnership and meet the eligibility requirement for a Domestic Partner</li> <li>○ You must submit certified Birth Certificates and copies of your Illinois driver's licenses or State of Illinois Identification Cards for both you and your partner</li> </ul> <p>Your affidavit needs to meet the minimum requirements listed below:</p> <ul style="list-style-type: none"> <li>○ You and your partner are each other's sole domestic partner, responsible for each other's common welfare</li> <li>○ Neither you nor your Partner are married (if you or your partner were previously married proof of dissolution of marriage is required)</li> <li>○ You and your Partner are not related by blood closer than would bar marriage in the State of Illinois</li> <li>○ You and your Partner are at least 18 years of age, are the same sex and reside at the same residence</li> </ul> <p>and</p> <p>At least two of the following four conditions must apply:</p> <ul style="list-style-type: none"> <li>○ You and your partner have been residing together for at least twelve (12) months prior to filing the Affidavit of Domestic Partnership.</li> <li>○ You and your partner have common or joint ownership of a residence.</li> <li>○ You and your partner have at least two of the following arrangements: <ul style="list-style-type: none"> <li>▪ Joint ownership of a motor vehicle</li> <li>▪ Joint credit account</li> <li>▪ Joint checking account</li> <li>▪ Lease for residence identifying both you and your Partner as tenants</li> </ul> </li> <li>○ You declare your partner as a primary beneficiary in your will.</li> </ul>
<b>Civil Union Partner</b>	An original certified Civil Union certificate

## **FRAUDULENT ACTS**

CPS provides this benefit plan for its eligible employees and their eligible dependents. Providing documentation to add a person who is not eligible for coverage or failure to notify CPS that a person you are covering has become ineligible for benefits within 31 days of an event (e.g., divorce, dependent reaching age 26) is a terminable offense. Suspected acts of fraud will be reported to the Office of the Inspector General. In these instances, the employee may be terminated and held responsible for any claims the plan has paid on behalf of an ineligible person.