City Colleges of Chicago
2015 Retiree Benefits Open Enrollment

November 10, 2014 – November 25, 2014

Mark Your Calendars! Enrollment Form is Due

NOVEMBER 25, 2014

Local 1600 Retirement Program
Early Retirees – Grandfathered
City Colleges of Chicago Open Enrollment

Open Enrollment is your opportunity to consider whether your current benefit enrollments are the right choices for you and your family and when you can make changes to your medical, dental and vision coverage. If you do not want to make medical, dental or vision changes, you do not need to do anything. Your current medical, dental and vision coverage will automatically be continued for calendar year 2015.

The plan rates are changing as of January 1, 2015. The HMO and PPO medical benefits you are eligible for will not change, effective January 1, 2015. You should carefully read the following information.

The premiums you pay for medical, dental and vision coverage are automatically deducted from your monthly SURS pension. If you are currently using the Direct Billing System, you will receive a letter detailing your monthly payment amount, in late December 2014.

Any changes you make during Open Enrollment will take effect on January 1, 2015. Decisions made during Open Enrollment are binding through December 31, 2015, unless you have a family status change, such as marriage or birth of a child. Dependents who become eligible during the year can be added to your coverage within 31 calendar days of the family status change. An Employee Dependent Eligibility Affidavit Form will be required if you add a dependent.

Eligible dependents include:
- Legal Spouse, Same Sex Domestic Partner, Civil Union Partner
- Unmarried children under age 26 (or until age 30 for military dependents)
  - Natural child, step child, legally adopted child, or child for whom you or your spouse has been approved the legal guardian

PLEASE NOTE THE FOLLOWING:

- If you want to keep your current medical, dental or vision coverage, you do not need to complete a new enrollment form. Your current coverages will automatically be continued for calendar year 2015 at the rates enclosed.
- You will need to complete a new enrollment form if you want to:
  - Change current medical coverage plan
  - Add or drop dependents from medical, dental, or vision coverage
  - Drop medical, dental, or vision coverage
- If you change medical plans or add dependents, you will receive new ID cards from the medical plan vendor. All dental enrollees will receive new ID cards from the new dental plan vendor, BlueCross BlueShield. New ID cards will be received on or about mid-January, 2015. You may contact the medical or dental plan vendor for verification of coverage or additional coverage info.

Enrollment form is due by November 25, 2014 to the:
District Office of Human Resources, Benefits Division
226 West Jackson Blvd., 12th Floor Chicago, IL 60606

What’s Available in 2015?

City Colleges of Chicago offers a suite of comprehensive, competitively priced and flexible benefits designed to meet the changing needs of our retirees and their families.

Medical Plans

The purpose of the City Colleges of Chicago’s medical plans is to provide protection from catastrophic out-of-pocket medical expenses.

BlueAdvantage HMO Network

The BlueAdvantage HMO Plan offers you medical care from one of the largest HMO networks in Illinois. You select a contracting medical group and primary care physician (PCP) to provide your care and must obtain a referral from your PCP to see a specialist. You can select a different PCP for each family member or change your PCP within the same medical group at any time. In order to change to a new PCP in a different medical group, simply call (800) 892-2803 or visit www.bcbsil.com.

HMO Illinois

The HMO Illinois Plan is only available to Local 1600 full-time employees who were employed as of September 12, 2012 and who would have been required to change doctors in the course of treatment as a result of the elimination of this plan.

PPO Plan

The PPO Plan gives you freedom of choice and greater flexibility than the HMO Plan. You are not required to choose a primary care physician and do not need a referral to see a specialist. PPO members have access to care anywhere they live, work or travel, across the country and around the world.

When you use network providers, your benefits are paid at a higher level and your out-of-pocket expenses are lower due to the provider discounts negotiated by BlueCross and BlueShield. The plan requires payment of deductibles and coinsurance until you satisfy the out-of-pocket limit each calendar year. To find a doctor in the network, use the Provider Finder® at www.bcbsil.com.

This plan does not cover preventive services such as routine physical exams and well child visits. Vision and hearing discounts and online health and wellness resources to help you manage your health care are also available. For more info about the plan, call (800) 772-6895, or go to www.bcbsil.com.

IMPORTANT MEDICARE INFO FOR PPO AND HMO PLAN MEMBERS

A few months before you or your spouse turn 65-years-old, you must contact your local Social Security office to determine if you are eligible for Medicare Parts A and B. If you become eligible for Medicare Parts A and B, you must enroll in these coverages. Medicare then becomes your primary medical coverage and your CCC Plan becomes your secondary medical coverage.

If you are eligible for Medicare Part B coverage, you must enroll in this coverage and pay monthly premiums. If you do not enroll, please note the following:

- You will not receive any benefits from the BlueAdvantage HMO Plan. This plan excludes benefits provided under a federal government plan such as Medicare, whether or not the benefits are received.
- You will only receive reduced benefits under the PPO Plan since you are now eligible for Medicare benefits.

Once you receive your Medicare ID card, you must send a copy to the District Office of Human Resources, Benefits Division, to ensure correct payment of HMO or PPO plan benefits.

Included with your open enrollment guide is a “Notice of Creditable Coverage”. This notice will enable you to enroll in a Medicare Part D prescription drug program at a later date without paying a higher premium for late enrollment.
Dental and Vision Plans

The purpose of the City Colleges of Chicago’s dental and vision plans is to provide protection from large out-of-pocket dental and vision expenses, and to encourage preventive care.

Dental Plan
To see if your current dentist is in the BlueCross BlueShield Blue Care Dental network or to find a network dentist, search the Provider Locator at [www.bcbsil.com](http://www.bcbsil.com), or call (855) 557-5488. You may choose different dental providers for each family member.

Vision Plan
The Vision Service Plan (VSP) offers you flexibility in choosing which provider to use for your vision care. You may choose between a VSP provider or an out-of-network provider. Benefits are significantly higher if you select a VSP in-network provider. The plan benefits include examinations and lenses every 12 months, and frames every 24 months. There is an individual $10 copayment each calendar year for all covered services.

2015 Monthly Early Retirement Program Premiums

<table>
<thead>
<tr>
<th>Medical Plan Premiums</th>
<th>PPO Plan</th>
<th>BlueAdvantage HMO Plan</th>
<th>HMO Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single – Medicare</td>
<td>$89.01</td>
<td>$34.40</td>
<td>$37.86</td>
</tr>
<tr>
<td>Couple – Medicare</td>
<td>$178.02</td>
<td>$68.80</td>
<td>$75.73</td>
</tr>
<tr>
<td>Single – Non-Medicare</td>
<td>$122.91</td>
<td>$105.14</td>
<td>$115.72</td>
</tr>
<tr>
<td>Couple – Non-Medicare</td>
<td>$245.81</td>
<td>$302.80</td>
<td>$333.31</td>
</tr>
<tr>
<td>Couple – 1 Medicare &amp; 1 Non-Medicare</td>
<td>$211.92</td>
<td>$139.54</td>
<td>$147.82</td>
</tr>
<tr>
<td>Family – 1 Medicare &amp; 2+ Non-Medicare</td>
<td>$310.51</td>
<td>$302.80</td>
<td>$333.31</td>
</tr>
<tr>
<td>Family – 2 Medicare &amp; 1+ Non-Medicare</td>
<td>$276.62</td>
<td>$173.94</td>
<td>$191.46</td>
</tr>
<tr>
<td>Family – 3+ Non-Medicare</td>
<td>$344.41</td>
<td>$302.80</td>
<td>$333.31</td>
</tr>
</tbody>
</table>

These rates are effective through July 15, 2015. Per Local 1600 Collective Bargaining agreement, rates will increase to 15% cost share on July 16, 2014.

Dental and Vision Plan Premiums

<table>
<thead>
<tr>
<th>BCBS Blue Care Dental</th>
<th>Vision Service Plan (VSP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$4.71</td>
</tr>
<tr>
<td>Retiree + Spouse</td>
<td>$8.45</td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
<td>$8.81</td>
</tr>
<tr>
<td>Family</td>
<td>$13.13</td>
</tr>
</tbody>
</table>

Open Enrollment Meetings

Open Enrollment meetings are a good way to obtain information about your benefit coverage options. Representatives from Blue Cross and Blue Shield’s PPO and BlueAdvantage HMO medical plans, BCBS Blue Care Dental, VSP, CVS Caremark and your Human Resources Office will be on hand to explain various plan features, and to answer your specific questions regarding plan choices and coverage details. Enrollment form and other information on the different plans will be available at these meetings.

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Room</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truman</td>
<td>1145 W. Wilson Ave.</td>
<td>McKeon Lobby</td>
<td>11/03/2014</td>
<td>9:00am-11:00am</td>
</tr>
<tr>
<td>Wright</td>
<td>4300 N. Narragansett Ave.</td>
<td>Faculty Dining Area</td>
<td>10/30/2014</td>
<td>9:00am-11:00am</td>
</tr>
<tr>
<td>Olive-Harvey</td>
<td>10001 S. Woodlawn Ave.</td>
<td>Room 1205 Staff and Faculty Lounge</td>
<td>11/04/2014</td>
<td>9:00am-11:00am</td>
</tr>
<tr>
<td>Kennedy-King</td>
<td>6301 S. Halsted St.</td>
<td>U-156</td>
<td>11/03/2014</td>
<td>9:00am-11:00am</td>
</tr>
<tr>
<td>Daley</td>
<td>7500 S. Pulaski Rd.</td>
<td>Staff and Faculty Lounge</td>
<td>10/31/2014</td>
<td>9:00am-11:00am</td>
</tr>
<tr>
<td>Malcolm X</td>
<td>1900 W. Van Buren St.</td>
<td>Cultural Center, 1st Floor East</td>
<td>10/31/2014</td>
<td>9:00am-11:00am</td>
</tr>
<tr>
<td>District Office</td>
<td>226 W. Jackson Blvd.</td>
<td>2nd Floor</td>
<td>11/05/2014</td>
<td>9:00am-11:00am</td>
</tr>
<tr>
<td>Harold Washington</td>
<td>30 E. Lake St.</td>
<td>Room 102</td>
<td>10/29/2014</td>
<td>9:00am-11:00am</td>
</tr>
</tbody>
</table>
Local 1600 Retirement Program
Early Retirees – Grandfathered

Employee Benefits Contact Information
If you need assistance please contact the District Office of Human Resources, Benefits Division:

<table>
<thead>
<tr>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>(312) 553-2895</td>
<td>(312) 553-2701</td>
<td><a href="mailto:benefits@ccc.edu">benefits@ccc.edu</a></td>
<td>226 West Jackson Boulevard, 12th Floor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Chicago, Illinois 60606</td>
</tr>
</tbody>
</table>

Important Telephone Numbers
You can obtain the following information by contacting the medical, dental, prescription drug and vision plan vendors shown below:

- Verification of coverage under each plan
- Covered and non-covered services, deductibles, copays and maximum out-of-pocket limits
- Providers participating in each plan
- Additional medical and dental plan identification cards

<table>
<thead>
<tr>
<th>Plan</th>
<th>Group Number</th>
<th>Customer Service Number</th>
<th>Address</th>
<th>Web Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>BlueCross BlueShield</td>
<td>B09939 OR B09940</td>
<td>Medical: (800) 892-2803, Prescription: (800)423-1973</td>
<td>PO Box 805107 Chicago, IL 60680</td>
<td><a href="http://www.bcbsil.com">www.bcbsil.com</a></td>
</tr>
<tr>
<td>BlueCross BlueShield HMO</td>
<td>H09937 OR H09938</td>
<td>Medical: (800) 892-2803, Prescription: (800)423-1973</td>
<td>PO Box 805107 Chicago, IL 60680</td>
<td><a href="http://www.bcbsil.com">www.bcbsil.com</a></td>
</tr>
<tr>
<td>BlueCross BlueShield PPO</td>
<td>P35156 OR P35153</td>
<td>(800) 772-6895</td>
<td>PO Box 805107 Chicago, IL 60680</td>
<td><a href="http://www.bcbsil.com">www.bcbsil.com</a></td>
</tr>
<tr>
<td>CVS Caremark PPO Prescription</td>
<td>CRXCC</td>
<td>(877) 542-0285</td>
<td>PO Box 94467 Palatine, IL 60094</td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
</tr>
<tr>
<td>BCBS Blue Care Dental</td>
<td>774326</td>
<td>(855) 557-5488</td>
<td>Claims Processing PO Box 23059 Belleville, IL 62223-0059</td>
<td><a href="http://www.bcbsil.com">www.bcbsil.com</a></td>
</tr>
<tr>
<td>Vision Service Plan (VSP)</td>
<td>12-00-1733-0001</td>
<td>(800) 877-7195</td>
<td>P.O. Box 997100 Sacramento, CA 95899</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
</tr>
<tr>
<td>Medical Benefit Highlights</td>
<td>HMO BlueAdvantage</td>
<td>HMO Illinois</td>
<td>PPO Plan In-Network</td>
<td>PPO Plan Out-of-Network</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------</td>
<td>-------------</td>
<td>---------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>None</td>
<td>None</td>
<td>$300</td>
<td>$1,000</td>
</tr>
<tr>
<td>Family</td>
<td>None</td>
<td>None</td>
<td>$900</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$2,000 (including deductible)</td>
<td>$3,000 (including deductible)</td>
</tr>
<tr>
<td>Family</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$4,000 (including deductible)</td>
<td>$9,000 (including deductible)</td>
</tr>
<tr>
<td><strong>Lifetime Maximum Benefit</strong> (per person)</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>(No co-payment, deductible or co-insurance)</td>
<td>100%</td>
<td>100%</td>
<td>85% (for select lab tests &amp; x-rays only)</td>
</tr>
<tr>
<td><strong>Physician Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visit, Primary Care Physician</td>
<td>100% (after $25 copay)</td>
<td>100% (after $10 copay)</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td>Office Visit, Specialist Physician</td>
<td>100% (after $35 copay)</td>
<td>100% (after $15 copay)</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Hospital Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient or Outpatient</td>
<td>100% (after $300 copay)**</td>
<td>100% (after $300 copay)**</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>100% (after $200 copay)</td>
<td>100% (after $100 copay)</td>
<td>85% (after $100 copay)</td>
<td>70% (after $100 copay)</td>
</tr>
<tr>
<td><strong>Mental Health Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>100% (after $300 copay)</td>
<td>100% (after $300 copay)</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>100% (after $25 copay)</td>
<td>100% (after $10 copay)</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Chemical Dependency Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>100% (after $300 copay)</td>
<td>100% (after $300 copay)</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>100% (after $25 copay)</td>
<td>100% (after $10 copay)</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Other Covered Services</strong> (e.g., physical therapy, home health care)</td>
<td>100% (after $25 copay/visit)</td>
<td>100% (after $15 copay/visit)</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Prescription Drugs Retail</strong> (30 day supply)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Copay</td>
<td>$20</td>
<td>$10</td>
<td>$10</td>
<td></td>
</tr>
<tr>
<td>Brand Formulary Copay</td>
<td>$30</td>
<td>$20</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Brand Non-Formulary Copay</td>
<td>$45*</td>
<td>$40*</td>
<td>$40*</td>
<td></td>
</tr>
<tr>
<td><strong>Mail-Order</strong> (90 day supply)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Copay</td>
<td>$40</td>
<td>$20</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Brand Formulary Copay</td>
<td>$60</td>
<td>$40</td>
<td>$40</td>
<td></td>
</tr>
<tr>
<td>Brand Non-Formulary Copay</td>
<td>$90*</td>
<td>$80*</td>
<td>$80*</td>
<td></td>
</tr>
</tbody>
</table>

*PPO members must contact the Medical Services Advisory (MSA) at least 1 business day prior to a non-emergency hospital admission and within 2 business days of an emergency or maternity hospital admission; otherwise, an additional $500 copay applies.

**There is no copay for outpatient preventive endoscopic surgical procedures such as colonoscopies.

*If you choose a non-formulary drug when a generic is available, you pay the cost difference between them in addition to the copay.

This sheet only highlights the benefit plans. For additional information, contact the District Office of Human Resources, Benefits Division.
### Dental Benefit Highlights

The following is a listing of common services available through your BlueCare Dental PPO plan. The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider. This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information.

<table>
<thead>
<tr>
<th>Program Basics</th>
<th>Contracting Provider*</th>
<th>Non-Contracting Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Period Maximum</td>
<td>$1,500 per calendar year</td>
<td></td>
</tr>
</tbody>
</table>

**Deductible**
- Applies to all covered dental services, except for Oral Exams, Cleanings, and X-Rays
- $10 per person per calendar year

<table>
<thead>
<tr>
<th>Dependent Coverage</th>
<th>Contracting Provider*</th>
<th>Non-Contracting Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to age 26</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
<th>Contracting Provider*</th>
<th>Non-Contracting Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic &amp; Preventive Services</strong>&lt;br&gt;Dental exams&lt;br&gt;Cleanings&lt;br&gt;X-rays</td>
<td>100% of Maximum Allowance No Deductible</td>
<td>100% of Usual and Customary No Deductible</td>
</tr>
<tr>
<td><strong>Miscellaneous Services</strong>&lt;br&gt;Fluoride treatment&lt;br&gt;Space maintainers&lt;br&gt;Emergency Care (Relief of pain)</td>
<td>100% of Maximum Allowance No Deductible</td>
<td>100% of Usual and Customary No Deductible</td>
</tr>
<tr>
<td><strong>Restorative Services</strong>&lt;br&gt;Routine fillings (amalgams and resins)&lt;br&gt;Pin retention&lt;br&gt;Simple extractions</td>
<td>80% of Maximum Allowance After Deductible</td>
<td>80% of Usual and Customary After Deductible</td>
</tr>
<tr>
<td><strong>General Services</strong>&lt;br&gt;Intravenous sedation&lt;br&gt;General anesthesia&lt;br&gt;Reline/rebase of dentures&lt;br&gt;Repair of bridges and dentures</td>
<td>80% of Maximum Allowance After Deductible</td>
<td>80% of Usual and Customary After Deductible</td>
</tr>
<tr>
<td><strong>Endodontic Services</strong>&lt;br&gt;Root canals&lt;br&gt;Pulp caps&lt;br&gt;Apicoectomy/apexification</td>
<td>80% of Maximum Allowance After Deductible</td>
<td>80% of Usual and Customary After Deductible</td>
</tr>
<tr>
<td><strong>Periodontic Services</strong>&lt;br&gt;Scaling and root planing&lt;br&gt;Gingivectomy/gingivoplasty&lt;br&gt;Osseous surgery</td>
<td>80% of Maximum Allowance After Deductible</td>
<td>80% of Usual and Customary After Deductible</td>
</tr>
<tr>
<td><strong>Oral Surgery Services</strong>&lt;br&gt;Surgical extractions, including complete bony impactions&lt;br&gt;Alveoloplasty&lt;br&gt;Vestibuloplasty</td>
<td>80% of Maximum Allowance After Deductible</td>
<td>80% of Usual and Customary After Deductible</td>
</tr>
<tr>
<td><strong>Crowns, Inlays/Onlays Services</strong>&lt;br&gt;Crowns, including stainless steel inlays/onlays&lt;br&gt;Prefabricated posts and cores&lt;br&gt;Repair and recementation of crown, inlays/onlays</td>
<td>80% of Maximum Allowance After Deductible</td>
<td>80% of Usual and Customary After Deductible</td>
</tr>
<tr>
<td><strong>Prosthodontic Services</strong>&lt;br&gt;Bridges, dentures and implants&lt;br&gt;Addition of tooth or clasp</td>
<td>80% of Maximum Allowance After Deductible</td>
<td>80% of Usual and Customary After Deductible</td>
</tr>
<tr>
<td><strong>Orthodontics</strong>&lt;br&gt;Coverage for eligible dependent children to age 26</td>
<td>50% Orthodontia Lifetime Maximum of $2,000</td>
<td>50% Orthodontia Lifetime Maximum of $2,000</td>
</tr>
</tbody>
</table>

* Schedule of Maximum Allowances

Contracting providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. Non-contracting providers do not accept the Schedule of Maximum Allowances as payment in full. For services received from a non-contracting provider, member will be liable for the difference between the dentist’s charge and covered benefits.

**Rev. 11/2013**

For more info visit [bcbsil.com/ccc](http://bcbsil.com/ccc) or contact Customers Service Center, toll free, at (855) 557-5488, Monday – Friday, 8 a.m. to 6 p.m. Central Time.
## Vision Benefit Highlights

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your Coverage with a VSP Doctor</strong></td>
<td></td>
<td></td>
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<tr>
<td>WellVision Exam</td>
<td>• Focuses on your eyes and overall wellness</td>
<td>$10 for exam and glasses</td>
</tr>
<tr>
<td></td>
<td>• Every 12 months</td>
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| **Prescription Glasses**        |                                                                             |                        |
| Frame                          | • $120 allowance for a wide selection of frames                             | Combined with Exam     |
|                                 | • 20% off amount over your allowance                                         |                        |
|                                 | • Every 24 months                                                           |                        |
| Lenses                          | • Single vision, lined bifocal, and lined trifocal lenses                   | Combined with Exam     |
|                                 | • Polycarbonate lenses for dependent children                               |                        |
|                                 | • Every 12 months                                                           |                        |
| Lens Options                    | • Tints/Photochromic lenses-Transitions                                     | $0                     |
|                                 | • Standard progressive lenses                                               | $50                    |
|                                 | • Premium progressive lenses                                                | $80 - $90              |
|                                 | • Custom progressive lenses                                                 | $120 - $160            |
|                                 | • Average 35-40% off other lens options                                     |                        |
|                                 | • Every 12 months                                                           |                        |
| Contacts (Instead of Glasses)   | • $300 allowance for contacts and contact lens exam (fitting and evaluation) | $0                     |
|                                 | • 15% off contact lens exam (fitting and evaluation)                         |                        |
|                                 | • Every 12 months                                                           |                        |

**Additional Coverage**
- Diabetic Eyecare Plus Program

**Glasses and Sunglasses**
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.

**Extra Savings and Discounts**
- Glasses and Sunglasses
- Laser Vision Correction
  - Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

**Your Coverage with Other Providers**
Visit [vsp.com](http://vsp.com) for details if you plan to see a provider other than a VSP doctor.

<table>
<thead>
<tr>
<th>Exam – Up to $35</th>
<th>Lined Trifocal Lenses – Up to $50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frame – Up to $40</td>
<td>Progressive Lenses – Up to $50</td>
</tr>
<tr>
<td>Single Vision Lenses – Up to $30</td>
<td>Contacts – Up to $105</td>
</tr>
<tr>
<td>Lined Bifocal Lenses – Up to $40</td>
<td>Tints – Up to $5</td>
</tr>
</tbody>
</table>

VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail.
Legally Required Annual Notices for Medical Plan Participants

The following notices are being provided to you as required by federal law. Your City Colleges of Chicago (CCC) medical plan is in compliance with these mandates and provides coverage for these benefits.

If you have questions about these notices, please contact BlueCross BlueShield as shown below:

- PPO Plan: Call (800) 772-6895 or go to www.bcbsil.com
- HMO BlueAdvantage Plan: Call (800) 892-2803 or go to www.bcbsil.com

The Newborns’ and Mothers’ Health Protection Act (NMHPA)
Group health plans and health insurers may not, under federal law, restrict benefits for hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or 96 hours following a cesarean section. However, federal law does not prohibit the attending provider, after consulting with the mother, from discharging the mother or newborn earlier than the applicable 48 or 96 hours. Federal law also does not require the attending provider to obtain the plan’s authorization for length of hospital stays that do not exceed the applicable 48 or 96 hours. An attending provider does not include a plan, hospital, managed care organization or other issuer.

Women’s Health and Cancer Rights Act (WHCRA)
Federal and State of Illinois legislation require group health plans and health insurers to provide coverage for reconstructive surgery following a mastectomy. Specifically, these laws state that health plans that cover mastectomies must also provide coverage in a manner determined in consultation with the attending physician and patient for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment for physical complications for all stages of mastectomy, including lymphedemas (swelling of the lymph glands)
The CCC medical plan pays for other health expenses in addition to Medicare Part B coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. CCC has determined that the prescription drug coverage offered by your CCC medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?
The CCC medical plan pays for other health expenses in addition to prescription drugs. Therefore, if you enroll in Medicare Part D, your current CCC medical plan coverage will continue and will coordinate with Medicare Part D prescription drug coverage.

If you drop your current prescription drug coverage—by dropping your CCC medical plan—and instead enroll in Medicare Part D, you may enroll back into the CCC medical plan during an annual open enrollment period.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CCC and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. If you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

2. CCC has determined that the prescription drug coverage offered by your CCC medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When will you pay a higher premium (penalty) to join a Medicare drug plan?
You should also know that if you drop or lose your current coverage with CCC and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For more information about this notice or your current prescription drug coverage:
Contact our office for further information at the number shown below.

NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through CCC changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage:
More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).