

**CITY COLLEGES OF CHICAGO**

**2026 BENEFITS GUIDE**

**Full-TimeEmployee**

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Administrators, Non-Bargained For,  
Locals 1600, 1708, & 1220

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# Eligibility

You are eligible to participate in the CCC Benefits Programs outlined in this guide. If you enroll in the following CCC Benefits Programs, your legal dependents also are eligible to participate in these programs: medical, dental, vision, voluntary life and accidental death and dismemberment, and voluntary critical illness. If you are represented under a Collective Bargaining Agreement, please review your union contract as there may be differences from the benefits outlined in this booklet.

If you want your legal dependent(s) to participate in any of the CCC Benefits listed above, the dependents must meet the criteria for eligible dependents, and you must **attest on the online enrollment portal your dependents meet the requirements for eligibility**. If you are a new hire, you have 31 days from your first day of employment or if you experience a qualifying event during the calendar year, you have 31 days from the day a qualifying event occurs to submit your updated dependent coverage information. Otherwise, you will not be able to enroll your dependents in any of the CCC Benefits Programs that your legal dependents are eligible to participate due to your employment with CCC until the next Open Enrollment period.

## Eligible Dependents include:

- Legal Spouse, Civil Union Partnership, or Domestic Partner
- Eligible Child(ren) until age 26 (or until age 30 for military dependents)
- Natural Children
- Step-Children, child from Civil Union Partnership, or child from Domestic Partner
- Legally Adopted Children
- Children under Employee's Legal Guardianship; Adjudicated child
- Physically or mentally handicapped children (regardless of age), who have been added prior to age 26
- Disabled Veteran Child up to but not including age 30

**If you have a family status change before your next opportunity to enroll, you can enroll eligible dependents in the CCC health plans (medical, dental, and vision) within 31 days of the family status change. Below is the list of events that qualify as a change in family status:**

- Marriage
- Birth of a child
- Adoption of a child
- Covered employee becoming entitled to Medicare
- Divorce or legal separation of a covered employee
- Death of a covered employee, spouse, or dependent
- Loss of status as a dependent child under plan rules (Child turns age 26)
- Spouse or dependent loses health coverage
- Reduction of work hours for a covered employee (Example: Moving from full time to part time)

# CCC Employer-Subsidized Benefits Programs

## Medical Plans

The purpose of City Colleges of Chicago's medical plans through Blue Cross Blue Shield (BCBS) is to provide plan participants affordable protection from catastrophic out-of-pocket medical expenses. CCC pays approximately 85% of your monthly premium for medical plan coverage.

### BlueAdvantage HMO

The BlueAdvantage HMO Plan offers you medical care from one of the largest HMO networks in Illinois. You are required to 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. You will need a referral from your PCP to see a specialist.

**It is important to note that if you receive care from another source without prior authorization from the HMO, your services will not be covered.**

When a medical emergency occurs, call your PCP. Your medical group is available 24 hours a day, seven days a week to accept phone calls. If you are unable to call your PCP, go directly to the nearest hospital emergency room and notify your PCP as soon as possible. If you are admitted, someone must call your PCP immediately upon admission. Emergency care benefits are limited to the initial emergency treatment. To receive additional benefits, your PCP must provide or coordinate follow-up care.

To see if your current doctor is part of the BlueAdvantage HMO Plan network (Provider Finder®) or change to a new PCP in a different medical group, simply call (800) 892-2803 or visit [www.bcbsil.com](http://www.bcbsil.com).

### 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 maximum each calendar year. To find a doctor in the network, use the Provider Finder® at [www.bcbsil.com](http://www.bcbsil.com).

You must call the Medical Services Advisory (MSA) at BCBS at least one business day prior to a non-emergency hospital admission and within two business days of an emergency or maternity hospital admission. Otherwise, you will be charged an additional \$500 copay. The MSA is a unit of health care professionals who work closely with the Plan to coordinate your benefits to determine the most appropriate and cost-effective way to meet your healthcare needs.

Medical Benefits			
Medical Benefit Highlights	HMO BlueAdvantage Plan	PPO Plan In-Network	PPO Plan Out-of-Network
<b>Annual Deductible</b>			
Individual	None	\$500	\$1,000
Family	None	\$900	\$3,000
<b>Annual Out-of-Pocket Limit</b>			
Individual	\$1,500	\$2,500 (including deductible)	\$3,000 (including deductible)
Family	\$3,000	\$4,000 (including deductible)	\$9,000 (including deductible)
<b>Lifetime Maximum Benefit</b> (per person)	Unlimited	Unlimited	
<b>Preventive Care Services</b> (No co-payment, deductible or co-insurance)	100%	100%	
<b>Physician Services</b>			
Office Visit – Primary Care Physician	100% (after \$25 copay)	80% (after \$10 copay)	70%
Office Visit – Specialist Physician	100% (after \$35 copay)	80% (after \$20 copay)	
<b>Hospital Services*</b>			
Inpatient or Outpatient	100% (after \$300 copay)**	80% (after \$100 copay)	70% (after \$100 copay)
Emergency Room Visit	100% (after \$200 copay)	80% (after \$175 copay)	80% (after \$175 copay)
*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.			
<b>Mental Health Services</b>			
Inpatient	100% (after \$300 copay)	80%	70%
Outpatient	100% (after \$25 copay)	80% (after \$10 copay)	70%
<b>Chemical Dependency Services</b>			
Inpatient	100% (after \$300 copay)	80%	70%
Outpatient	100% (after \$25 copay)	80%	70%
<b>Other Covered Services</b> (e.g., physical therapy, home health care)	100% (after \$25 copay/visit)	80%	70%
<b>Prescription Drugs Retail</b> (30 day supply)			
Generic Copay	\$20	\$10	Reimbursed at 75% of network rate minus \$10 copay
Brand Formulary Copay	\$30	\$20	Reimbursed at 75% of network rate minus \$20 copay
Brand Non-Formulary Copay	\$45*	\$40*	Reimbursed at 75% of network rate minus \$40 copay
<b>Mail-Order</b> (90 day supply)			
Generic Copay	\$40	\$20	Reimbursed at 75% of network rate minus \$20 copay
Brand Formulary Copay	\$60	\$40	Reimbursed at 75% of network rate minus \$40 copay
Brand Non-Formulary Copay	\$90*	\$80*	Reimbursed at 75% of network rate minus \$80 copay

\*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 Plan

The purpose of City Colleges of Chicago's dental plan is to provide affordable protection from large out-of-pocket dental expenses and encourage preventive care. CCC pays approximately 85% of your monthly cost for dental plan coverage. You may go to the dentist of your choice or to a provider in the BCBS Blue Care dental network. 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.

Program Basics	Contracting Provider*	Non-Contracting Provider*
Benefit Period Maximum	\$1,500 per calendar year	
Deductible	\$10 per person per calendar year	
Applies to all covered dental services, except for Oral Exams, Cleanings, and X-Rays		
Dependent Coverage	Up to age 26	
Services	Contracting Provider*	Non-Contracting Provider*
Diagnostic & Preventive Services		
Dental exams	100% of Maximum Allowance No Deductible	100% of Usual and Customary No Deductible
Cleanings (2 visits per calendar year)		
X-rays		
Miscellaneous Services		
Fluoride treatment	100% of Maximum Allowance No Deductible	100% of Usual and Customary No Deductible
Space maintainers		
Sealants for children up to age 19		
Emergency Care (Relief of pain)		
Restorative Services		
Routine fillings (amalgams and resins)	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Pin retention		
Simple extractions		
General Services		
Intravenous sedation	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
General anesthesia		
Reline/rebase of dentures		
Repair of bridges and dentures		
Endodontic Services		
Root canals	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Pulp caps		
Apicoectomy/apexification		
Periodontic Services		
Scaling and root planing	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Gingivectomy/gingivoplasty		
Osseous surgery		
Oral Surgery Services		
Surgical extractions, including complete bony impactions	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Alveoloplasty		
Vestibuloplasty		
Crowns, Veneers, Inlays/Onlays Services		
Dental implants	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Crowns, including stainless steel inlays/onlays		
Repairs and replacement of Veneers after 60 months		
Prefabricated posts and cores		
Repair and recementation of crown, inlays/onlays		
Prosthodontic Services		
Bridges, dentures	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Addition of tooth or clasp		
Orthodontics		
Coverage for adults and for eligible dependent children to age 26	50% Orthodontia – Separate Lifetime Maximum of \$2,000 for Adults and Children	50% Orthodontia – Separate Lifetime Maximum of \$2,000 for Adults and Children

\* 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.

For more info, visit [bcbsil.com](http://bcbsil.com) or contact Customers Service Center, toll free at (855) 557-5488, Monday through Friday, 8 a.m. to 6 p.m.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

## Vision Plan

The purpose of City Colleges of Chicago's vision plan is to provide affordable protection from large out-of-pocket vision expenses and encourage preventive care. CCC pays approximately 85% of your monthly cost for vision plan coverage. The Blue Cross Blue Shield (BCBS) Vision Care offers you flexibility in choosing your vision provider. You may choose between a BCBS provider or an out-of-network provider. Benefits are better if you select a BCBS 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.

Benefit	Description	Copay
<b>Your Coverage with a BCBS Vision Doctor</b>		
<b>Exams</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every 12 months</li> <li>Exam with dilation as necessary</li> <li>Retinal Imaging</li> </ul>	\$10 Up to \$39
<b>Prescription Glasses</b>		
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$120 allowance for any available frame at provider location</li> <li>20% off balance over \$120</li> <li>Every 24 months</li> </ul>	\$0
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, bifocal, trifocal, and lenticular lenses</li> <li>Standard progressive lens</li> <li>Every 12 months</li> </ul>	\$0
<b>Lens Options</b>	<ul style="list-style-type: none"> <li>Ultraviolet coating</li> <li>Tint (solid and gradient) lenses</li> <li>Scratch resistant coating</li> <li>Polycarbonate lenses – adults</li> <li>Polycarbonate lenses – kids under 19</li> <li>Polarized lenses</li> <li>Every 12 months</li> </ul>	\$15 \$0 \$15 \$40 \$0 20% off retail
<b>Contacts</b> (in lieu of spectacle lenses)	<ul style="list-style-type: none"> <li>Conventional</li> <li>Disposable</li> <li>Medically necessary</li> </ul>	\$0 copay, \$300 allowance, 15% off balance \$0 copay, \$300 allowance, + balance over \$300 \$0 copay, paid-in-full
<b>Additional Coverage</b>	<ul style="list-style-type: none"> <li>Diabetic Eyecare Plus Program</li> </ul>	
<b>Glasses and Sunglasses</b>		
<ul style="list-style-type: none"> <li>40% off complete pair of prescription eyeglasses, 20% off non-prescription sunglasses, and 15% off conventional contact lenses once funded benefit has been used.</li> </ul>		
<b>Extra Savings and Discounts</b>		
<b>Laser Vision Correction</b>		
<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price.</li> </ul>		

### Your Coverage with Other Providers

Visit [member.eyemedvisioncare.com/bcbsil](http://member.eyemedvisioncare.com/bcbsil) or call 1.855.362.5539 for details if you plan to see a provider other than a BCBS doctor.

Exam – Up to \$35  
 Frame – Up to \$40  
 Single Vision Lenses – Up to \$30  
 Lined Bifocal Lenses – Up to \$40

Lined Trifocal Lenses – Up to \$50  
 Progressive Lenses – Up to \$40  
 Contacts – Up to \$105  
 Tints – Up to \$8



## 2026 Semi-Monthly Rates (24 Pay Periods\*)

	Employee Per Pay Period Contribution	Employee Monthly Contribution	CCC Monthly Contribution	Total Cost
<b>Medical PPO</b>				
Employee Only	\$ 91.21	\$ 182.43	\$ 1,237.82	\$ 1,420.25
Employee + Spouse	\$ 166.33	\$ 332.67	\$ 2,233.58	\$ 2,566.25
Employee + Child(ren)	\$ 149.61	\$ 299.22	\$ 1,978.92	\$ 2,278.14
Family	\$ 229.82	\$ 459.64	\$ 3,040.79	\$ 3,500.43
<b>Blue Advantage HMO</b>				
Employee Only	\$ 57.22	\$ 114.43	\$ 648.44	\$ 762.87
Employee + Spouse	\$ 134.97	\$ 269.94	\$ 1,529.64	\$ 1,799.58
Employee + Child(ren)	\$ 129.55	\$ 259.10	\$ 1,468.24	1,727.34
Family	\$ 200.07	\$ 400.14	\$ 2,267.43	\$ 2,667.57
<b>Dental DNO</b>				
Employee Only	\$ 3.74	\$ 7.49	\$ 42.42	\$ 49.90
Employee + Spouse	\$ 7.23	\$ 14.46	\$ 81.96	\$ 96.42
Employee + Child(ren)	\$ 6.94	\$ 13.88	\$ 78.67	\$ 92.55
Family	\$ 10.74	\$ 21.47	\$ 121.69	\$ 143.16
<b>Vision</b>				
Employee Only	\$ 0.60	\$ 1.19	\$ 6.74	\$ 7.94
Employee + Spouse	\$ 1.19	\$ 2.38	\$ 13.49	\$ 15.87
Employee + Child(ren)	\$ 1.27	\$ 2.55	\$ 14.44	\$ 16.99
Family	\$ 2.04	\$ 4.07	\$ 23.07	\$ 27.14



## 2026 Rates Local 1600 Middle College (Deductions Over 10 Months\*)

	Employee Per Pay Period Contribution	Employee Monthly Contribution	CCC Monthly Contribution	Total Cost
<b>Medical PPO</b>				
Employee Only	\$ 109.46	\$ 218.92	\$ 1,485.38	\$ 1,704.30
Employee + Spouse	\$ 199.60	\$ 399.20	\$ 2,680.30	\$ 3,079.50
Employee + Child(ren)	\$ 179.53	\$ 359.06	\$ 2,374.71	\$ 2,733.77
Family	\$ 275.79	\$ 551.57	\$ 3,648.94	\$ 4,200.52
<b>Blue Advantage HMO</b>				
Employee Only	\$ 68.66	\$ 137.32	\$ 778.13	\$ 915.44
Employee + Spouse	\$ 161.96	\$ 323.92	\$ 1,835.57	\$ 2,159.50
Employee + Child(ren)	\$ 155.46	\$ 310.92	\$ 1,761.89	\$ 2,071.81
Family	\$ 240.08	\$ 480.16	\$ 2,720.92	\$ 3,201.08
<b>Dental DNO</b>				
Employee Only	\$ 4.49	\$ 8.98	\$ 50.90	\$ 59.88
Employee + Spouse	\$ 8.68	\$ 17.36	\$ 98.35	\$ 115.70
Employee + Child(ren)	\$ 8.33	\$ 16.66	\$ 94.40	\$ 111.06
Family	\$ 12.88	\$ 25.77	\$ 146.02	\$ 171.79
<b>Vision</b>				
Employee Only	\$ 0.71	\$ 1.43	\$ 8.09	\$ 9.52
Employee + Spouse	\$ 1.43	\$ 2.86	\$ 16.19	\$ 19.04
Employee + Child(ren)	\$ 1.53	\$ 3.06	\$ 17.33	\$ 20.38
Family	\$ 2.44	\$ 4.89	\$ 27.68	\$ 32.57

## 2026 Rates Local 1600 Faculty (Deductions Over 9 Months\*)

	Employee Per Pay Period Contribution	Employee Monthly Contribution	CCC Monthly Contribution	Total Cost
<b>Medical PPO</b>				
Employee Only	\$121.62	\$243.24	\$1,650.43	\$1,893.67
Employee + Spouse	\$221.78	\$443.56	\$2,978.11	\$3,421.67
Employee + Child(ren)	\$199.48	\$398.96	\$2,638.56	\$3,037.52
Family	\$306.43	\$612.86	\$4,054.38	\$4,667.24
<b>Blue Advantage HMO</b>				
Employee Only	\$76.29	\$152.57	\$ 864.59	\$1,017.16
Employee + Spouse	\$179.96	\$359.92	\$2,039.52	\$2,399.44
Employee + Child(ren)	\$172.73	\$345.47	\$1,957.65	\$2,303.12
Family	\$266.76	\$533.51	\$3,023.25	\$3,556.76
<b>Dental DNO</b>				
Employee Only	\$4.99	\$9.98	\$56.55	\$66.53
Employee + Spouse	\$9.64	\$19.28	\$109.28	\$128.56
Employee + Child(ren)	\$9.26	\$18.51	\$104.89	\$123.40
Family	\$14.32	\$28.63	\$162.25	\$190.88
<b>Vision</b>				
Employee Only	\$ 0.79	\$ 1.59	\$ 8.99	\$ 10.58
Employee + Spouse	\$ 1.59	\$ 3.17	\$ 17.99	\$ 21.16
Employee + Child(ren)	\$ 1.70	\$ 3.40	\$ 19.25	\$ 22.65
Family	\$ 2.71	\$ 5.43	\$ 30.76	\$ 36.19

# CCC Employer-Paid Benefit Programs

## Basic Life Insurance (Employer-paid)

As an employee of CCC, you are provided with an employer-paid life insurance benefit. The benefit payable to your beneficiary, in the event of your death, is two (2) times your salary up to a maximum benefit of:

- Non-Bargained For and Local 1220 – \$ 70,000
- Local 1600 – \$ 100,000
- Local 1708 – \$ 80,000
- Administrators – \$ 180,000

You should designate your beneficiary in PeopleSoft Self-Service to ensure that your benefit is paid to the beneficiary of your choice in the event of your death.

# CCC Employer-Paid Benefit Programs

## Employee Assistance Program (EAP)

City Colleges of Chicago offers a free Employee Assistance Program (EAP) to all employees and their families. EAP services include consultation and support for everyday challenges of life that may affect your health, family life, or desire to excel at work. Below is a summary of services available:

### Employee Assistance

- Toll-free telephone assessments and consultations
- Work and Life Services – Childcare and Eldercare, Financial, Legal and Identity Theft Prevention and Recovery
- Valuable Member Website

### Consultation and Support

- 3 or 5 telephonic or web-video consultations per incident, per person, with a licensed clinician. EAP Services Available 24/7 through website or toll-free line.

Website: [www.guidanceresources.com](http://www.guidanceresources.com)

Company Web ID: DISRES

Toll-free Line: 1-800-311-4327

- Research-based well-being assessment
- Assessments for depression and alcohol/substance abuse
- Articles and tools for health and wellness
- Work-life resource and referral directory, online tools (interactive tools for taxes, personal finance, retirement, etc.)
- Articles and tips on a wide range of behavioral and emotional health issues, including anger management, grief and loss and family and relationships
- “Member Matters” – monthly e-newsletter
- Ask Our Expert
- Interactive e-learning versions of many of our popular training programs

**To learn more about the Employee Assistance Program offered through ComPsych, please refer to the EAP section of the Benefits Department Website.**

# CCC Employer-Paid Benefit Programs

## Home & Auto Reimbursement

City Colleges of Chicago is pleased to offer a reimbursement program for employees who have automobile or homeowners/renters' insurance policies with Travelers or Geico. This benefit is designed to help offset the costs of these essential insurance policies. The reimbursement program is available once a year to full-time active employees. Submissions made more than once in a 12-month period will be denied. Within one month of submission, employees will receive reimbursement through their paychecks.

- **Automobile Insurance:** \$200 per year for Geico or Travelers insurance policies
- **Homeowners/Renters Insurance:** \$100 per year for Geico or Travelers insurance policies

To receive your reimbursement, go to the [Auto and Home Reimbursement](#) and click on the [Auto & Home Application](#) link. You will need to submit the following:

- Declarations Page of your policy
- Proof of payment

Please note that you will need to be logged into the CCC network either on location or remotely to use this link. If you are unable to connect to the CCC network, please reach out to [benefits@ccc.edu](mailto:benefits@ccc.edu) for further assistance.

Take advantage of this valuable benefit and submit your documentation today to receive your reimbursement for your Travelers/Geico insurance policies. For any additional questions or assistance, please contact the Benefits Department.

# CCC Voluntary Employee-Paid Benefit Programs

## Voluntary Life and Accidental Death and Dismemberment Insurance (Employee-paid)

### Voluntary Life and AD&D

Optional Life and Voluntary AD&D insurance can protect in the event of an unexpected death and your family will be thoroughly protected financially.

You can purchase this plan for yourself, your spouse, and dependent children. Optional Life must be elected for yourself in order to cover your spouse and/or children. Coverage is 100% employee paid. The cost, based on your age, will be divided by the number of pay periods between your first date of full-time hire and the plan year end. The premiums will be deducted on an after-tax basis in equal amounts each pay period. Note: Premiums may increase on January 1 when your age places you in a different age band.

### Amount of Coverage:

**Voluntary Life and AD&D for Employee:** you can elect an amount between \$25,000 and \$750,000, in \$25,000 increments, not to exceed 5 times your basic annual earnings. Guaranteed issue amount is the lesser of 3 times your basic annual earnings or \$250,000.

**Spousal Life and AD&D:** you can elect an amount between \$10,000 and \$250,000, in \$10,000 increments. Your spouse's optional life amount may not exceed 100% of your coverage amount. Guaranteed issue amount is limited to \$100,000.

**Child Life and AD&D:** for one flat rate, you can elect coverage at \$10,000 or \$25,000 for all of your minor dependents. Your child's optional life may not exceed 50% of your coverage amount. Coverage can begin at 14 days and may continue to age 26.

Under the following circumstances, one may be required by the insurance carrier to provide additional medical information by completing a short-form application, a long-form application, or a physical exam:

- When one applies for supplemental life insurance, during open enrollment or because of a qualifying life event (new child, etc).
- When one applies for coverage in excess of the guaranteed issue amount of the lesser of three times your basic annual earnings or \$250,000 as a new employee and \$100,000 for spouses as a new hire.

### Features

This insurance offering from your employer and Blue Cross Blue Shield comes with a variety of added features that provides assistance to you and your family members today and during a difficult time.

## Accelerated Benefits Option

You can receive up to 75% of your Basic and Optional Term Life insurance proceeds to a maximum of \$500,000 in the event that you become terminally ill and are diagnosed with less than 24 months to live. This can go a long way toward helping your family meet medical and other related expenses at a very difficult time. The Accelerated Benefit Option is also available to spouses/domestic partners insured under Dependent Life insurance plans. This option is not available for dependent child coverage.

## Conversion

For protection after your coverage terminates. You can generally convert your Group Term Life insurance benefits to an Individual Whole Life insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or a change in your employee class. Conversion is available on all Group Life insurance coverages. Please note that conversion is not available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, please contact your plan administrator/employer for more information. Conversion coverage rates are different than active employee rates and are typically higher.

## Waiver of Premiums for Total Disability (Continued Protection)

If you become Totally Disabled, you may qualify to continue certain insurance. You may also be eligible for waiver of your Basic Term Life insurance premium until you reach age 70, die or recover from your disability, whichever is sooner, should you become unable to work due to a Total Disability. Total Disability or Totally Disabled means you are unable to do your job and any other job for which you are fit by education, training or experience, due to injury or sickness. The Total Disability must begin before age 70, and your waiver will begin after you have satisfied a 6-month waiting period of continuous disability. The Waiver of Premium will end when you turn age 70, die or recover.

## Portability

Should you leave City Colleges of Chicago for any reason, and your Optional and Dependent Term Life and Voluntary Accidental Death and Dismemberment insurance under this plan terminates, you will have an opportunity to continue group term coverage (portability) under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group and Blue Cross Blue Shield will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least \$25,000 up to a maximum of \$750,000. Portability is also available on coverage you've selected for your spouse/domestic partner and dependent child (ren). The maximum amount of coverage for spouses/domestic-partners is/are \$250,000 the maximum amount of dependent child coverage is \$25,000.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your plan administrator for specific details. Please note that if you experience an event that makes you eligible for portable coverage, please call a Blue Cross Blue Shield representative at 1-800-367-6401.



## Voluntary Critical Illness (Employee-paid)

Critical Illness Insurance complements your medical and disability income coverage and can ease the financial impact of a critical illness by providing a lump-sum benefit to help you pay some of your additional expenses. Although most medical plans provide coverage for hospital and medical expenses arising from critical illnesses, there are still many expenses that are not covered, such as medical co-pays, transportation to treatment centers and childcare.

As an employee, there are two options to elect for Critical Illness coverage- \$15,000 or \$30,000. You can purchase Spouse/Domestic Partner and dependent child coverage at \$30,000.

The cost, based on your age, will be divided by the number of pay periods between your first date of full-time hire and the plan year end. The premiums will be deducted on an after-tax basis in equal amounts each pay period. The maximum coverage age is 79.

Eligible Individual	Initial Benefit	Requirements
<b>Employee</b>	\$15,000 or \$30,000	Coverage is guaranteed provided you are actively at work.
<b>Spouse/Domestic Partner<sup>1</sup></b>	100% of the employee's initial benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. The employee must be enrolled in the Critical Illness plan in order to elect coverage for their spouse/domestic partner.
<b>Dependent Child(ren)<sup>2</sup></b>	100% of the employee's initial benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. The employee must be enrolled in the Critical Illness plan in order to elect coverage for their child(ren).

### Benefit Payment

Your Initial Benefit provides a lump-sum payment upon the first diagnosis of a Covered Condition. A Recurrence Benefit is paid when a covered person is diagnosed with another occurrence of the same Covered Condition for which an Initial Benefit was previously paid.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the Total Benefit and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300%.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
<b>Full Benefit Cancer<sup>4</sup></b>	100% of Initial Benefit	50% of Initial Benefit
<b>Partial Benefit Cancer<sup>4,5</sup></b>	25% of Initial Benefit	12.5% of Initial Benefit
<b>Heart Attack</b>	100% of Initial Benefit	50% of Initial Benefit
<b>Stroke<sup>6</sup></b>	100% of Initial Benefit	50% of Initial Benefit
<b>Coronary Artery Bypass Graft</b>	100% of Initial Benefit	50% of Initial Benefit
<b>Kidney Failure</b>	100% of Initial Benefit	Not Applicable
<b>Alzheimer's Disease<sup>7</sup></b>	100% of Initial Benefit	Not Applicable
<b>22 Listed Conditions</b>	25% of Initial Benefit	Not Applicable

#### 22 Listed Conditions

Blue Cross Blue Shield Critical Illness Insurance will pay 25% of the Initial Benefit Amount for each of the 22 listed Conditions until the Total Benefit Amount is reached. A Covered Person may only receive one payment for each Listed Condition in his/her lifetime. The Listed Conditions are: Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

### Short-Term Disability\*

The Short-Term Disability (STD) benefit will provide you with 60% of your pre-disability salary when you are disabled due to an illness, injury or pregnancy for up to 90 days. You'll start receiving monthly payments if you meet the definition of disability and the elimination period. The Benefit amount is 60% of your pre-disability weekly earnings; subject to the plan's minimum weekly benefit of \$20.00 and the maximum weekly benefit of \$1,000.00.

STD Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination periods are as follows:

**For Injury: 7 days**

**For Sickness (includes pregnancy): 7 days**

Benefits continue for as long as you are disabled up to a maximum duration of 12 weeks of Disability.

The STD plan does not cover any Disability which results from or is caused or contributed to by:

- Elective treatment or procedures, such as cosmetic surgery, sex-change surgery, reversal of sterilization, liposuction, visual correction surgery, in-vitro fertilization, embryo transfer procedure, artificial insemination or other specific procedures.

However, pregnancies and complications from any of these procedures will be treated as a sickness.

The STD plan does not cover any Disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

Additionally, no payment will be made for a Disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Workers' Compensation or a similar law.

The cost, based on your age, will be divided by the number of pay periods between your first date of full-time hire and the plan year end. The premiums will be deducted on an after-tax basis in equal amounts each pay period. Short-term disability is a voluntary, employee-paid benefit for most employees. Union employees, please reference your union contract for more specific details and contribution amounts. Note: Premiums may increase on January 1 when your age places you a different age band. Coverage ends on the date of your separation from employment.

**\*Employees covered under the Local 1708 Collective Bargaining Agreement are not eligible for voluntary STD coverage.**

## Long Term Disability

The Long-Term Disability (LTD) benefit will provide you with 65% of your pre-disability monthly earnings when you are disabled due to an illness, injury or pregnancy for more than 90 days. The LTD benefit replaces a portion of your pre-disability monthly earnings, less other income you may receive from other sources during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay, etc).. The amount of the LTD monthly benefit may not exceed \$8,000. If your monthly salary exceeds \$12,307.69, your LTD benefit will be limited to this maximum monthly benefit of \$8,000. LTD benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for LTD is 90 days.

The LTD program has exclusions for pre-existing conditions. At the time you submit an LTD claim, you must have been insured for 24 months. Additionally, there is a lookback period of 6 months prior to the date of your disability for treatment of your condition.

The LTD policy does not cover any Disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

Additionally, no payment will be made for a Disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Workers' Compensation or a similar law.

For LTD, limited benefits apply for specific conditions. If you are disabled due to alcohol, drug or substance abuse or addiction or mental or nervous disorders, Blue Cross Blue Shield will limit your Disability benefits to a combined lifetime maximum of Disability for these conditions, for any and all of the above equal to the lesser of: 24 months; or the Maximum Benefit Period. If your LTD is due to alcohol, drug or substance addiction, Blue Cross Blue Shield requires you to participate in an alcohol, drug or substance addiction recovery program recommended by a physician. Blue Cross Blue Shield will end LTD benefit payments at the earliest of the period described above or the date you cease, refuse to participate, or complete such recovery program. Your LTD benefits will be limited as stated above for mental or nervous disorder or disease except for: schizophrenia; dementia; or organic brain disease. Other limitations or exclusions to your LTD coverage may apply. The cost, based on your age, will be divided by the number of pay periods between your first date of full-time hire and the plan year end. The premiums will be deducted on an after-tax basis in equal amounts each pay period. Note: Premiums may increase on January 1 when your age places you in a different age band.

If you purchased Voluntary Long-Term Disability coverage, it ends on your last day of active employment. You may elect to continue your coverage with Blue Cross Blue Shield under a conversion option. Generally, you can convert the voluntary long-term disability policy to an Individual Long-Term Disability policy.

# CC Voluntary Employee-Paid Benefit Programs

## Flexible Spending Accounts (Employee-paid)

The Health and Dependent Care Flexible Spending Account Plans (FSA) help you save money on your out-of-pocket family health and childcare expenses. FSA accounts are exempt from federal income taxes, state income taxes and Medicare taxes. When you use the money in your FSA accounts, you avoid paying taxes on those dollars. As a result, you can have significant tax savings by using the FSA accounts.

The IRS requires that any unused year-end account balances will be forfeited. However, FSA expenses incurred during the 2-1/2 month "grace period" following the plan year can be reimbursed from your previous year's FSA balances. The deadline for submitting 2025 claims will be March 31, 2026. Claims for the 2025 plan year must be incurred by March 15, 2026, and submitted by March 31, 2026.

The maximum contributions you can elect are \$3,400 for the Health FSA and \$7,500 for the Dependent Care FSA. Your contribution amounts will be divided by the number of pay periods in the plan year and will be deducted on a pre-tax basis in equal amounts each pay period.

**TASC Debit Card:** You can use a debit card for all your eligible health care expenses which makes it easy for you to utilize the pretax funds in your FSA account. Make sure you keep a record of your purchases in the event that TASC needs additional information about a purchase.

For more information about the FSA Plan or for a listing of eligible expenses and worksheets to help you calculate your contribution amounts, visit: [TASC Online](#) or contact TASCONLINE toll free at 800.422.4661.

# CC Voluntary Employee-Paid Benefit Programs

## Transit Benefits(Employee-paid)

### Metra Card Program

The Regional Transportation Authority (RTA) METRA Prepaid MasterCard allows employees to use pre-tax dollars for commuting expenses for transportation on the METRA, CTA, Pace, South Shore Railroad, certain Amtrak routes and Chicago Water Taxi. Visit the RTA website for details. The IRS maximum amount is \$340/month.

All transit payroll deductions are pre-tax and the amount elected will be deducted from the first payroll check of each month. Your RTA Transit Benefit Prepaid MasterCard will be delivered to your home and your monthly pre-tax deduction amount will be loaded onto your card each month. You must activate your card online or by phone with the RTA prior to use.

### CTA Ventra Card Program

All payroll deductions are pre-tax. The amount elected will be deducted from the first payroll check of each month. Amounts will be forwarded to Ventra and will be available for use on the 1st day of the following month. There are two enrollment options for the program:

- **Pay-Per-Use** – Choose from the following amounts: \$30, \$45, \$60, or \$80
- **30 Day Pass** – Get unlimited rides for 30 days for \$75

Your Ventra transit card has a balance that you maintain in an online account in the Ventra system. Fare transactions are deducted from your account each time the card is used on all CTA fare machines. If you lose your card, your account balance remains secure. Alert Ventra if your card is lost or stolen and order another card. For additional transit information and current fare rates, visit the Ventra website at [www.ventrachicago.com](http://www.ventrachicago.com).

The maximum amount allowed by the IRS for pre-tax commuting expenses is \$340 per month. If you are participating in multiple transit programs, your combined deductions cannot exceed the \$340 monthly contribution. For additional information and current fare rates visit RTA at [www.rtachicago.org](http://www.rtachicago.org), CTA at [www.transitchicago.com](http://www.transitchicago.com) or Metra at [www.metrarail.com](http://www.metrarail.com).

# CCC Voluntary Employee-Paid Benefit Programs

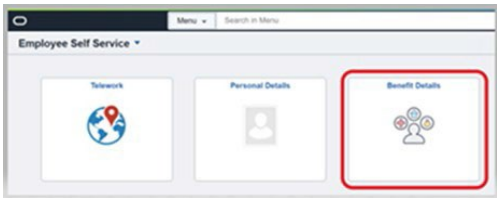
## Parking Deduction Program (Employee-paid)

As part of the pre-tax parking program, you can deduct parking fees as part of your qualified work-related transportation expenses from your paycheck before tax, which lowers your taxable income. Depending on your tax bracket, this could save you up to 40% on your commuting costs by using pre-tax dollars—a significant tax advantage. You can enroll at any time, and deductions begin the following month.

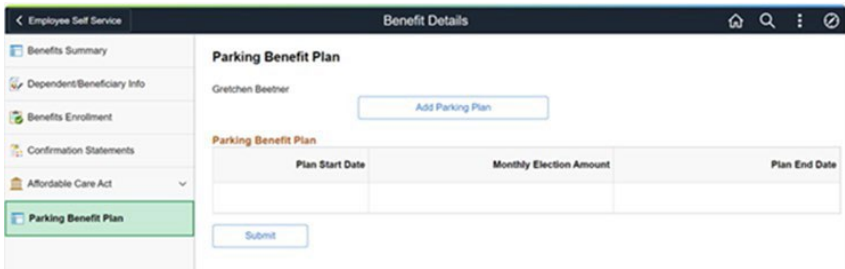
You can participate in the Pre-Tax Parking Deduction Program, where you can elect a monthly contribution of up to \$340, in line with IRS limits, based on your anticipated expenses. The deduction will be taken from your paycheck bi-weekly each month and split between the first and second pay periods. To enroll in this benefit, please follow the steps below in HR Self-Service:

### Enrolling in the Pre-Tax Parking Program

- 1. Login to HR Self-Service.
- 2. Go to Employee Self-Service and click the Benefit Details tile.



- 3. In the Benefit Details section, select Parking Benefit Plan.



- 4. Click the Add Parking Plan button to get to the election page.



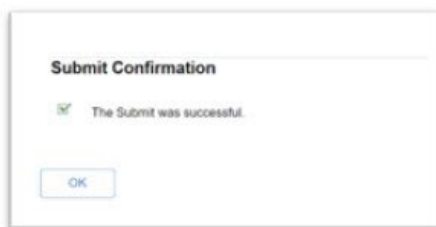
- 5. *Enter the Plan Start Date:* The start date should always be the 1<sup>st</sup> of the following month.

## CCC Voluntary Employee-Paid Benefit Programs

*Enter the Monthly Election amount:* Election is a minimum of \$10 per month and a maximum of \$315. The deduction will come out twice a month from your paycheck.

*Enter a Plan End Date (not required):* Only enter this if you know the end date. Otherwise, leave it blank.

6. Click the Submit button when finished.



7. Click OK to see your saved election.
8. Your initial enrollment is complete. If you wish to change the amount of your election, follow the steps above and the new election will supersede the original request.

The vendor administering the parking program will be Total Administrative Services Corporation (TASC). TASC also provides our other flexible spending accounts, and this benefit will utilize the same FSA card if you already have a card. If you do not already have an FSA card and start to participate in this program, you will be issued a new card. You will be able to submit for a manual reimbursement through the TASC website until your card is received.

To use your TASC card, simply swipe the card to pay for an eligible work-related expense, such as a parking ramp fee, and the funds are directly withdrawn from your available account balance.



# CCC Voluntary Employee-Paid Benefit Programs

## 403(b) and 457(b) Retirement Savings Plans (Employee-paid Contributions)

CCC offers voluntary 403(b) and 457(b) retirement plans which are valuable tax-advantaged retirement savings plans. The salary deferrals you elect to contribute to the Plan are made before income tax withholding is calculated. Your contributions are allowed to grow tax-deferred until the money is withdrawn from the Plan. Once withdrawn, your contributions are taxable to you upon receipt. You select which investment provider you want your money invested in from the CCC 403(b)/457(b) investment providers.

If you elect to participate immediately in this Plan, your 403(b)/457(b) Salary Reduction Authorization Form must be submitted to TSA Consulting Group, the plan administrator. A copy of your signed 403(b)/457(b) account application must be attached to your authorization form that indicates that you have opened an account with one of the CCC investment providers.

You have the option to increase, decrease, discontinue or resume your salary deferral contributions to the Plan at any time. Investment provider changes may be made at any time.

Refer to the [Retirement Savings Plan](#) section of the Benefits Department website for investment options.

## 2026 City Colleges of Chicago (CCC) 403(b) & 457(b) Plans Comparison

### 403(b) and 457(b) Retirement Plans Same Plan Features

### 403(b) Plan and 457 Plan

#### Eligibility

All full and part-time employees except student employees and work study employees.

#### Contributions

You can contribute a specific dollar amount or up to 75% of your salary each pay period through bi-weekly pre-tax salary deferrals. You can contribute to both plans concurrently or to either plan individually in any order.

#### Basic Annual Contribution Limit

\$24,500 per plan and \$49,000 for both plans combined. (The IRS determines the limit each calendar year).

#### Age 50 Additional Annual Contribution Limit

\$8,000 (projected) per plan and \$16,000 for both plans combined for employees who are over 50 years old or attain the age of 50 by December 31, 2026.

#### Ages 60-63 Special Catch-up

\$11,250 for special catch-up for employees who are ages 60-63 years old (The IRS determines the limit each calendar year).

#### Total Annual Basic and Age 50 Contribution Limits

\$32,500 per plan. (The IRS determines the limit each calendar year).

#### Total Annual Basic and Special Catch-Up ages 60-63

\$35,750 per plan. (The IRS determines the limit each calendar year).

#### Contribution Changes

As a new participant, you can enroll in the Plan at any time. Your contributions will begin the first payroll after an account has been established with a CCC investment provider. If you are a current participant you can increase, decrease, resume or discontinue your contributions at any time.

#### Investment Provider Changes

You can change your investment provider at any time. You can also transfer your account balance to another investment provider or change the allocation of your contributions among the investment options offered by your investment provider.

**403(b) and 457(b) Retirement Plans  
Different Plan Features**

**Service-Based Catch-up Contributions**

**Investment Providers**

**403(b) Plan**

**457(b) Plan**

Employees with at least 15 years of consecutive service with City Colleges can contribute up to \$3,000 per year to a lifetime maximum of \$15,000. (Prior year contributions may limit this amount).

Employees can make this contribution and the age 50 additional contribution in the same year.

You can invest your contributions with one of 7 investment providers shown on the next page.

Employees within 3 years of Normal Retirement Age 65 can contribute up to 2 times the basic annual contribution limit, or up to IRS limits for 2025 . (Prior year contributions may limit this amount).

Employees can make the greater of this contribution or the age 50 additional contribution, but cannot do both in the same year.

You can invest your contributions with one of 4 investment providers shown on the next page.

## 403(b) Investment Providers

Provider	Plan	New Participants	Current Participants
<b>Corebridge Financial</b> (Formerly VALIC)	#01195	<a href="http://Valic.com">Valic.com</a>   Customer Service (800) 448-2542 Hector Anaya (312) 898-7699	<a href="http://Valic.com">Valic.com</a>   Customer Service (800) 448-2542 Hector Anaya (312) 898-7699
<b>Fidelity</b>	#50075	<a href="http://Fidelity.com/atwork">Fidelity.com/atwork</a>   Click on "resources" tab for forms Customer Service (800) 343-0860	<a href="http://Fidelity.com/atwork">Fidelity.com/atwork</a>   Click on "resources" tab for forms Customer Service (800) 343-0860
<b>Great American</b>	#OTC094	Customer Service (800) 556-0098	Customer Service (800) 556-0098
<b>Voya Financial</b>	#VT5590	<a href="http://Voya.com">Voya.com</a>   Customer Service (800) 873-9150	<a href="http://Voya.com">Voya.com</a>   Customer Service (800) 873-9150 Jim Molster (630) 245-4038 Michael Roberson (630) 245-4047 Email: Michael.Roberson@voya.com
<b>MetLife Resources</b>	#1002017	Dan Krout Office: (708) 203-6430	Dan Krout Office: (708) 203-6430
<b>The Legend Group</b>		Customer Service (800) 242-1421 (5714) Don Wade, CFP (630) 620-6100 (5714) Email: <a href="mailto:donaldwade@legendequities.com">donaldwade@legendequities.com</a>	Customer Service (800) 242-1421 (5714) Don Wade, CFP (630) 620-6100 (5714) Email: <a href="mailto:donaldwade@legendequities.com">donaldwade@legendequities.com</a>
<b>TIAA-CREF</b>	#365797	<a href="http://Tiaa-cref.org">Tiaa-cref.org</a>   Click on "Products and Services" Customer Service (800) 842-2888 or (800) 842-2273 Press 2 for new participants	<a href="http://Tiaa-cref.org">Tiaa-cref.org</a>   Click on "Products and Services" Customer Service (800) 842-2888 or (800) 842-2273 Press 1 for current participants

## 457(b) Investment Providers

Provider	Plan	New Participants	Current Participants
<b>Corebridge Financial</b> (Formerly VALIC)	#01195	<a href="http://Valic.com">Valic.com</a>   Customer Service (800) 448-2542 Hector Anaya (312) 898-7699	<a href="http://Valic.com">Valic.com</a>   Customer Service (800) 448-2542 Hector Anaya (312) 898-7699
<b>Fidelity</b>	#84758	<a href="http://Fidelity.com/atwork">Fidelity.com/atwork</a>   Click on "resources" tab for forms Customer Service (800) 343-0860	<a href="http://Fidelity.com/atwork">Fidelity.com/atwork</a>   Click on "resources" tab for forms Customer Service (800) 343-0860
<b>The Legend Group</b>		Customer Service (800) 242-1421 (5714) Don Wade, CFP (630) 620-6100 (5714) Email: <a href="mailto:donaldwade@legendequities.com">donaldwade@legendequities.com</a>	Customer Service (800) 242-1421 (5714) Don Wade, CFP (630) 620-6100 (5714) Email: <a href="mailto:donaldwade@legendequities.com">donaldwade@legendequities.com</a>
<b>TIAA-CREF</b>	#403542	<a href="http://Tiaa-cref.org">Tiaa-cref.org</a>   Click on "Products and Services" Customer Service (800) 842-2888 or (800) 842-2273 Press 2 for new participants	<a href="http://Tiaa-cref.org">Tiaa-cref.org</a>   Click on "Products and Services" Customer Service (800) 842-2888 or (800) 842-2273 Press 1 for current participants
<b>SURS DCP</b>	#626702	<a href="http://SURS.org">SURS.org</a>   Customer Service (800) 275-7877	

Administrative services for the 403(b) and 457(b) Plans are provided by TSA Consulting Group (TSACG). For plan details, read the 403(b) Plan Information and/or 457(b) Plan Information. To help decide which plan might be right for you based on your personal savings goals and objectives, read this side-by-side comparison chart. You can contribute to either plan individually or both plans concurrently.

# CCC Mandatory Benefit Program

## State University Retirement System of Illinois (SURS) (Mandatory Participation)

The State Universities Retirement System of Illinois (SURS) provides retirement, disability, death, and survivor plans to eligible SURS participants and annuitants.

CCC employees will not pay into Social Security and are not eligible for Social Security coverage based on their employment while at City Colleges.

New members of SURS must choose from 3 retirement plans within the 6 months of the date SURS receives your employment certification. If you do not select a plan choice within this time frame, you will automatically be permanently enrolled in the Traditional Benefit Plan. Your plan choice is an irrevocable, one-time decision that cannot be changed later.

SURS will send you your SURS Enrollment kit soon after your first day of employment.

New SURS participants will also have an additional mandatory 3% deduction to the SURS Deferred Compensation Plan (DCP) for additional retirement savings. If you are not interested in the DCP deduction, you may contact SURS to opt-out and waive the deduction. To get more information, contact SURS at [www.surs.org/dcp](http://www.surs.org/dcp).

For additional information, you may contact SURS at 800-275-7877 or [www.surs.org](http://www.surs.org)

# Contact Information 2026

## Employee Benefits Contact Information

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

Phone	Email	Address
(312) 553-2895	<a href="mailto:benefits@ccc.edu">benefits@ccc.edu</a>	3901 South State Street, Chicago, Illinois 60609

## Benefits Contact information

Plan	Customer Service Number	Address	Website
<b>Blue Cross BlueShield Blue AdvantageHMO</b>	Medical: (800) 892-2803 Rx: (800) 423-1973	BCBS of Illinois PO Box 805107 Chicago, IL 60680	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>BlueCross BlueShield PPO Medical</b>	(855) 609-5679	BCBS of Illinois PO Box 805107 Chicago, IL 60680	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>CVS Caremark PPO Prescription</b>	(877) 542-0285	CVS Caremark PO Box 94467 Palatine, IL 60094	<a href="http://www.caremark.com">www.caremark.com</a>
<b>BCBS Blue Care Dental</b>	(855) 557-5488	BCBS Blue Care Claims Processing PO Box 23059 Belleville, IL 62223-0059	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>Vision Plan (BCBS)</b>	(855) 362-5539	701 E. 22nd St., Suite 300 Lombard, IL 60148	<a href="http://member.eyemedvisioncare.com/bcbsil">member.eyemedvisioncare.com/bcbsil</a>
<b>Blue Cross Blue Shield (Life Insurance and Voluntary Disability)</b>	(800) 367-6401	BCBS of Illinois 701 E. 22nd Street, Suite 300 Lombard, IL 60148	<a href="http://www.bcbsil.com/ancillary/employees">www.bcbsil.com/ancillary/employees</a>
<b>ComPsych (EAP)</b>	(800) 311-4327 24 hours a day 7 days a week		<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> Organization Web ID - DISRES
<b>TASC (FSA)</b>	800.422.4661	TASC Online 2302 International Ln Madison, WI 53704-3140	<a href="https://www.tasconline.com">https://www.tasconline.com</a>
<b>State University Retirement System (SURS)</b>	(800) 275-7877 Toll-Free (217) 378-8800 Direct Dial	SURS 1901 Fox Drive Champaign, IL 61820	<a href="http://www.SURS.org">www.SURS.org</a>
<b>TSA Retirement Investments</b>	888) 796-3786	TSA Consulting Group P. O. Box 4037 Ft. Walton Beach, FL 32549	<a href="https://www.tsacg.com/">https://www.tsacg.com/</a>
<b>Hinge Health</b>	(855) 902-2777	455 Market Street, Suite 700 San Francisco, CA 94105	<a href="https://www.hingehealth.com/for-individuals/">https://www.hingehealth.com/for-individuals/</a>