



CHICAGO PARK DISTRICT

EMPLOYEE BENEFITS 2017

The attached summary describes certain benefits that the Chicago Park District offers to its employees. The summary is designed to provide employees with a general understanding of the Chicago Park District's benefit programs.

This document briefly summarizes the legal plan documents and in the event of any inconsistencies between the summary and the plan documents, the plan documents will control.

The Chicago Park District reserves the right to change, revise, or eliminate any of the benefits described in the summary at any time and in any manner, with or without notice, as provided by applicable law.

Being a full-time employee of the Chicago Park District
comes with many benefits...

- ✓ Health Insurance
- ✓ Prescription Drug Coverage
- ✓ Dental Insurance
- ✓ Vision Coverage
- ✓ Life Insurance
- ✓ Pension Membership
- ✓ Employee Assistance Program
- ✓ Flexible Spending Accounts
- ✓ Pre-tax transit cards

Blue Choice Options PPO

1. Blue Choice OPTIONS PPO, a three tier PPO, is designed in three tiers. *You **save** the most when you use doctors and hospitals in tier 1 – the Blue Choice OPT PPO network. You **pay** the most when you visit those in tier 3 (out of network providers).*

The Blue Choice OPT PPO network (tier 1) has a variety of doctors and hospitals in the Chicago metropolitan area that can meet all your health care needs. These doctors and hospitals, which all meet BCBSIL's quality criteria, have agreed to offer you the care and services you need for a lower cost. In addition, with your Blue Choice Options benefit plan, you also get the highest level of benefits when you visit the doctors and hospitals in the Blue Choice OPT PPO network. You still have the options of choosing a doctor from a larger, statewide PPO network (tier 2) but you will pay higher out of pocket costs than with the Blue Choice OPT PPO network.

2. Preventive care visits and health screenings are covered at 100% in network only.
3. The emergency room copayment is \$150

BLUE CHOICE OPTIONS (OPT) MEDICAL PLAN PPO

Covered Services	Blue Choice Options PPO		
	In Network-tier 1	In Network- tier 2	Out of Network – tier 3
Deductible			
➤ Individual	\$300	\$350	\$1,500
➤ Family	\$900	\$1,050	\$4,500
Out of pocket Maximum			
In Network			
➤ Individual	\$1,000	\$1,500	\$3,500
➤ Family	\$2,000	\$3,000	\$7,000
Preventive Care Visits and Health Screenings	Covered at 100%	Covered at 100%	Not covered
Office visits – non preventive office visits	\$20 primary care \$30 specialist	\$25 \$35 specialist	40% of PPO allowed rate after the deductible plus balance of bill
Annual Deductible must be paid before Plan covers these services:	YOU PAY After Tier 1 deductible	You Pay After Tier 2 deductible	40% PPO allowed rate after out-of-network deductible plus balance billed by provider
Specialized imaging procedures such as CT/CAT scans, MRI and PET			
• Provided in a hospital setting	10%	25%	40% PPO allowed rate plus balance
• Provided in a free standing imaging center	-0-	-0-	
Diagnostic laboratory			
• In a hospital setting	10%	25%	40% PPO allowed rate plus balance
• for covered lab tests with the lab savings program	-0-	-0-	
Outpatient services	In Network 1	In Network 2	Out of Network
➤ Surgical	10%	25%	40% of PPO allowed rate plus balance of bill
➤ Outpatient rehab – physical, occupational or speech therapy – limit 60 visits combined each calendar year			
Emergency Room Treatment	\$150 plus 10% after the deductible has been met. Copay waived if admitted	\$150 plus 10% after the deductible has been met. Copay waived if admitted	\$150 plus 10% of PPO allowed rate after the deductible has been met Copay waived if admitted
Hospital Stay including surgery, anesthesiology, diagnostic testing	10%	25%	40% of PPO allowed rate plus the balance
Mental Health & Substance Abuse			40% of PPO allowed rate plus the balance
Inpatient hospitalization	10%	25%	
Office visits	\$20/\$35	\$25/\$35	
Alternatives to Hospital Care			40% of PPO allowed rate plus the balance
Skilled nursing facility	10%	25%	
Home health care, hospice care			
Maternity Services			40% of PPO allowed rate plus the balance
Pre and post natal visits	\$20 first visit only	\$25 first visit only	
Delivery and Hospital Stay	10%	25%	
OTHER SERVICES			
Durable Medical Equipment (DME)	10%	25%	40% of PPO allowed rate plus the balance
Oral surgery			

Call the Benefit Value Advisor before you receive certain services 1-800-331-8032

Hospital - \$ 500 penalty if Blue Cross not notified	Call before elective admission or within 48 hours of an emergency admission
Surgery – Organ transplant surgery (must be done in a Blue Distinction facility)	Call before surgery is scheduled
CAT SCAN, PET SCAN, Nuclear Imaging or an MRI	Call before the test is scheduled
Lab tests	Call before lab tests are scheduled
Home health care	Call before services start
Skilled nursing facility	Call before being admitted

WAYS TO SAVE MONEY WHEN USING THE PPO

Save by using doctors and hospitals in the Blue Choice Options (OPT) PPO network:

The Blue Choice Options PPO gives you freedom to choose from three different network tiers. You can select doctors and hospitals (providers) from Tier 1 for some of your care and use Tier 2 or Tier 3 providers for other services. You pay the lowest deductible and coinsurance when you use providers in Tier 1. Use the Provider Finder at www.bcbsil.com to locate Tier 1 providers or call 1-800-331-8032

Save on Lab TESTS – use a free standing lab:

Get your lab test paid in full by using a free standing lab which is not affiliated with or billed through a hospital. Quest and Labcorp have independent labs throughout the city and the Benefit Value Advisor can help you schedule your appointment. Tell your doctor that you will save money by using a free standing lab. Even if your doctor already has an arrangement with Quest, ask for a lab order for tests to be done at a Quest/Labcorp facility. Take this paperwork to the lab and tests results will be sent directly to your doctor. In contrast, deductibles and co-insurance amounts will need to be paid for lab services billed by a hospital. Call the Benefit Value Advisor for help finding an independent lab.

Save on Scans – use a free-standing imaging center

Scans are covered in full when done at a free-standing imaging center. When your doctor orders an MRI, CT, or a PET SCAN, call the Benefit Value Advisor to help locate a free standing imaging center near you. In contrast, if you have your SCAN or MRI done at a hospital, deductibles and co-insurance amounts will apply.

Save on time and maybe money – call the Nurseline at 1-800-299-0274

BCBS has nurses available 24 hours a day, 7 days a week to answer questions about your health and to try and help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- High fever
- A baby’s nonstop crying
- Cuts or burns
- Sore throat

HMO

- Blue Advantage HMO is the HMO offered to Chicago Park District monthly employees.
- Copayments for office visits are \$25 with a \$10 addition for specialists visits.
- The hospital admission copayment is \$200.
- The emergency room copayment is \$150
- In or outpatient surgery has a \$200 copayment

BLUE ADVANTAGE HMO – A BLUE CROSS HMO

If care is pre-approved by your HMO primary care physician (PCP)

YOU PAY

Doctor Visits	
Primary Care Physician	\$25
Specialist	\$35 copay when approved by PCP
Pre-natal visits	\$25 copay first visit
HOSPITAL (all hospital services must be approved by PCP)	
Inpatient admission	\$200 copay for inpatient admission
Surgery (inpatient and outpatient)	\$200 copay for inpatient admission/\$200 copay for outpatient surgery
Maternity delivery Care in the hospital for mother and baby	\$200 admission copay
PREVENTIVE SERVICES	
Routine checkups for adults & children; well-baby care; well-women visits; mammograms; DRE & PSA; colonoscopies, hearing tests	\$0 copay
EMERGENCY SERVICES	
Emergency Room treatment	\$150 copay (waived if admitted)
Ambulance – life threatening	You pay \$0
MENTAL HEALTH AND SUBSTANCE ABUSE (must be pre-approved by PCP)	
Outpatient therapy	\$25 copay
Inpatient care	\$200 copay each admission
OUTPATIENT REHAB THERAPY (must be pre-approved by PCP)	
Physical, speech and occupational therapy	\$0 copay Limit of 60 visits combined each calendar year
OTHER SERVICES (all other services must be pre-approved by PCP)	
Skilled nursing facility	\$0 Limited to 120 days a year
Durable Medical equipment Hospice Home health care Ambulance transport between hospitals	\$0

BE HONEST!

A reminder about fraud: Any kind of fraud on the Chicago Park District's benefit plans may result in adverse consequences to an employee and dependent, for example:

- Failure to notify HR (Human Resources) of an event that would cause coverage to end, e.g. divorce
- Misrepresentation by the employee or dependent regarding the initial eligibility, for example, the dependent's age, or that the dependent is not a legal dependent of the employee
- Any attempt to assign or transfer coverage to someone else (e.g. letting another person use your Plan ID card)

The employee will be required to pay for any claims and all administrative costs that were incurred fraudulently. This may result in coverage being terminated for the employee and action by the Chicago Park District to collect any money paid. The Park District may also discipline the employee, up to and including termination.

ANNUAL HEALTH CARE REMINDER

As required by the Women's Health and Cancer Rights Act of 1998, each medical plan offered by the Chicago Park District provides benefits for mastectomy-related services, including reconstruction resulting from a mastectomy (including lymphedema). Keep this notice for your records and contact your PPO or HMO administrator for more information.

WELLNESS

The Chicago Park District is providing a new wellness program, Well onTarget through Blue Cross and Blue Shield. If you are enrolled in the Blue Advantage or Blue Choice Options PPO, you and your covered dependents can access personalized tools and resources to help you no matter where you may be on the path to health and wellness. The heart of Well onTarget is the member portal, available at wellontarget.com. It uses the latest technology to offer you an enhanced online experience. This engaging portal links you to a suite of innovative programs and tools. These include:

+ Onmytime self-directed courses on such topics as nutrition, fitness, weight management, tobacco cessation and stress

+ Health and wellness content: health library teaches and empowers through evidence-based, user friendly articles

+ Tools and trackers: interactive tools help keep you on course while making wellness fun. Use food and workout diaries, health calculators and medical lifestyle trackers

+ Onmyway Health Assessment: this is a health risk assessment to provide you with a personal wellness report and tips for living your healthiest life

ENVISION PRESCRIPTION DRUG PROGRAM

For covered employees and dependents in Blue Advantage HMO or the Blue Choice Options (OPT) PPO.

Prescription Medications	You Pay
Retail: 30 day supply Short term medications (3 fills only)	Generic \$10 copay Formulary Brand* \$30 Non-Preferred Formulary Brand* \$45
Maintenance medications –up to three fills at retail, then mail order is mandatory. Mail order provides up to a 90 day supply	Generic \$25 copay Formulary Brand* \$75 Non-Preferred Brand Formulary *\$112.50
Specialty medications Must be purchased from Orchard Specialty 1-877-437-9012	Generic \$10 copay Formulary Brand* \$30 Non-Preferred Brand Formulary *\$45
*Copay differential	If you choose a brand name when a generic is available, you will pay the generic copay plus the difference in cost between the brand and the generic
Select Formulary	Your plan has adopted the Select Formulary effective January 1, 2017.

Effective January 1, 2017, the Chicago Park District drug benefit will feature the Select formulary drug list. This formulary is a list of preferred medications organized into groups or “Tiers”. Certain lifestyle drugs may be excluded or require a 50% coinsurance. In addition, there are other prescriptions not on the Select Formulary list that are not covered. Your physician will be asked to substitute a Select Formulary medication. For a full Select formulary listing please register and sign in to your account at www.envisionrx.com.

This benefit plan allows up to three (3) fills at retail which means that mail order is mandatory on the 4th fill. *Any medications for the treatment of conditions that are considered chronic or long term, such as for high blood pressure, heart disease or diabetes, are considered maintenance medications. If you continue to use a retail pharmacy for maintenance medications you will pay the full price for the medication.*

New mail order prescriptions can be mailed, faxed from your physician’s office or your physician may send an electronic prescription. Toll free number 1-866-909-5170, Fax 1-866-909-5171, TTY 711, and electronic: www.orchardrx.com. Mailing address: 7835 Freedom Ave. N.W., North Canton, OH 44720

Refills may be ordered via the website or by calling customer service or by using IVR (interactive voice response).

DENTAL PROGRAM

Basic dental care is important: It prevents tooth decay, prevents gum disease, improves overall health and makes it possible for your teeth to last a lifetime. You have choice of two Humana dental plans – a dental HMO or dental PPO.

The Chicago Park District will offers the DPPO Elite with Ortho for the dental PPO and a Humana Dental DHMO HS205 Plan is offered for the dental HMO. This dental HMO has 169 unique general practice locations and 117 unique specialty locations.

Benefits are outlined here:

Plan	PPO Elite Preferred 510 (with ortho)		HMO
	In network	Out-of-network	In network only
	YOU PAY		
Diagnostic and Preventive Oral exams Cleanings X-rays (limits may apply)	\$0	20% plus balance over usual and customary	\$0
Deductible (Max of 3 per family)	\$50	\$50	No deductible
Simple restorative	20%	40% plus balance over usual and customary	Co-payments apply
Major restorative	40%	60% plus balance over usual and customary	Co-payments apply
Orthodontia*	50%	50% plus balance over usual and customary	Co-payments apply

*In the PPO, the orthodontic benefit is for children 18 years of age or younger. This benefit is limited to a \$1,000 lifetime maximum. In the HMO there is a \$1,900 copayment.

Maximum dental benefits	\$1,500	\$1,500	No annual maximum
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VISION PROGRAM

The Chicago Park District provides voluntary Vision benefit for its full time employees through VSP, Vision Service Plan

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider		VSP Provider Network: VSP Signature	
WellVision Exam	Focuses on your eyes and overall wellness	\$25 for exam	Every 12 months
Prescription Glasses			
Frame	\$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance	Combined with exam	Every 24 months
Lenses	Single vision, lined bifocal and line trifocal lenses Polycarbonate lenses for dependent children	Combined with exam	Every 12 months
Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements	\$50 \$80-\$90 \$120-\$160	Every 12 months
Contacts (instead of glasses)	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
Diabetic Eyecare Plus program	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com /special offers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam, or get 20% from any VSP providers within 12 months of your last WellVision Exam. Retinal Screening <ul style="list-style-type: none"> ▪ No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction <ul style="list-style-type: none"> ▪ Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP provider.		
Your Coverage with Out of Network Providers. Visit vsp.com for details, if you plan to see a provider other than a VSP network provider			
Exam up to \$50 Single Vision Lenses up to \$50 Lined Trifocal Lenses up to \$100 Contacts up to \$105		Frame up to \$70 Lined Bifocal Lenses up to \$75 Progressive Lenses up to \$75	
VSP guarantees coverage from VSP network providers 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. Based on applicable laws, benefits may vary by location.			

CONTACT US: 1-800-877-7195 or www.VSP.com. Using your VSP benefit is easy.

FLEXIBLE SPENDING ACCOUNTS

REMEMBER: You must enroll EVERY YEAR!

Flex Spending Healthcare: This allows you to set aside “pre-tax” dollars to reimburse yourself for out-of-pocket dental, prescription, medical or vision services, such as deductibles, copays, and coinsurance. *The maximum calendar contribution is \$2,550.*

Flex Spending Dependent Care: This allows you to set aside “pre-tax” dollars to pay for eligible expenses, such as costs for a babysitter, day camps or child centers that provide care during your work day for dependents under age 13 or tax dependents who are mentally or physically incapable of caring for themselves. *FSA in 2017 is \$5,000 if married and filing taxes jointly or \$2,500 if filing single.* Dependent day care expenses must be for services received during the plan year. Dependent care expenses can only be reimbursed up to the amount available in your account and it must be for care already provided, not care in the future.

For a listing of eligible expenses visit www.payflex.com/products-and-services/flexible-spending-account

How to enroll in a Flexible Spending Account for 2017

Estimate how much you will likely spend in 2017. Consider what medical, vision and dental expenses you are fairly certain to have in 2017, for instance, deductibles, co-pays and coinsurance amounts. Review the amount spent in 2016 and use the planning tools available online. Once you have decided on an amount for flexible spending, and/or dependent care, your pay period deduction(s) can be determined by dividing your annual contribution for each flexible spending account by the number of pay periods in the plan year, i.e. 26.

FSA accounts require that you use the money in the account or lose it. The Chicago Park District has adopted the \$500 carry over provision so that up to \$500 in unused **health care FSA dollars** can be used in the next calendar year. *Claims for reimbursement of 2017 health care expenses must be submitted by March 31, 2018.* The flex spending for **dependent care** allows for expenses to be incurred through December 31, 2017 only with claims submitted through March 31, 2018.

Remember to provide your enrollment form to HR during open enrollment.

PRE-TAX TRANSIT BENEFITS

The IRS created a program to extend tax-free benefits to assist with employee’s commuting costs.

The **Transit Benefit Program** is an employee benefit program administered by employers. It allows employees to pay for their transit rides using pre-tax dollars – up to \$255 per month (\$3,060/year).

The program is based on a federal tax law designed to encourage the use of public transit. An amendment enacted under the Transportation Equity Act for the 21st Century (TEA-21) expanded the definition of the Qualified Transportation Fringe provision of the Internal Revenue Code, Section 132(f).

You must have a Ventra card to participate in this program. To enroll contact payroll at 312-742-4396.

WORKPLACE SOLUTIONS

EMPLOYEE ASSISTANCE PROGRAM

The Chicago Park District offers an Employee Assistance Program (EAP) for employees who have personal and/or work-related problems. These problems may impact your life, your behavior and your work performance. These are personal issues which may be related to alcoholism, family, finances, marital conflicts, job loss, substance abuse or stress related to job security.

This benefit provides short term counseling and referral services for employees and your household members. These services are provided confidentially which is protected by federal and state law. With very limited exceptions, disclosure of information to any source without written prior consent is prohibited.

Eligibility: Workplace Solutions’ services are available to eligible employees and their dependents, as well as the eligible employee’s household members.

Cost: There is no cost to you or your eligible family member to utilize workplace Solutions services.

Confidential counseling	Work-life balance	Legal-financial fitness
Anxiety	Adoption resources	Bankruptcy
Depression	Career Transition Resources	Credit Report Review
Emotional Health	Child care Options	Debt management
Effective communication	Educational resources	Divorce and custody issues
Family and relationship difficulties	Health and wellness information	Estate planning and will preparation
Grief	Home Health care services	Financial counseling
Life transitions	Home maintenance	Financial Planning Resources
Parenting concerns	Parenting resources	Foreclosure
Stress	Pet Care Services	Identify theft recovery
Substance Abuse	Senior Housing Options	Real estate

Support is available 24 hours a day, 7 days a week at 1-877-215-6614.

FINANCIAL CHECK UP

Open enrollment is a good time to review your finances as well as your health/dental and vision plans. The Chicago Park District gives you basic term life insurance; provides you the opportunity to enroll in a deferred compensation program and gives you access to a credit union.

PRUDENTIAL BASIC TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE www.prudential.com

As a full time Park District employee, you automatically receive \$35,000 of free basic term life insurance as well as a \$35,000 accidental death and dismemberment policy. In addition, the District offers life insurance coverage in the amount of \$5,000 for your legal spouse and \$2,000 for each unmarried dependent child under the age of 19 (25 if a full time student). Infants between fourteen days and six months are only eligible for \$500 in life insurance benefits. Dependent coverage is not in effect unless you, the employee, provide the benefits area with the required dependent information within 30 days of the effective date of coverage. Knowing how important this benefit may be to you and your family, be sure to keep your beneficiary information up to date. Beneficiary forms are available in the Human Resources department.

EMPOWER DEFERRED COMPENSATION Plan www.empower-retirement.com/participant or 1-800-701-8255

The Chicago Park District provides a 457 deferred compensation plan for its full and part time year round employees. A governmental 457(b) deferred compensation plan is a retirement savings plan that allows eligible employees to supplement any existing retirement and pension benefits by saving and investing before-tax dollars through a voluntary salary contribution. Contributions and any earning on contributions are tax-deferred until money is withdrawn. Distributions are subject to ordinary income tax.

CREDIT UNION 1 www.creditunion1.org or 1-800-252-6950

CREDIT Union 1 is a not for profit financial cooperative that is owned by members and is dedicated to serving their financial needs. Membership requires a \$5 one time membership fee and a \$5 initial deposit which gives you access to all of the credit union's products and services. This includes savings and checking accounts as well as lending services, credit cards, mortgage and home equity loans.

LIFE EVENTS

Note: This Life Events Section applies to both participants in this Plan (the Blue Choice Options PPO Plan) and also to participants in the HMO Plan. Accordingly, there may be references to the HMO or to HMO/insurance law requirements that do not apply to this Plan.

Different life events can affect your benefits coverage. This article describes very generally how your coverage may be affected and what you may need to do when different events occur. For more information, please contact Benefits at 312 742-4565 or 742-4336.

Marriage or Civil Union

When you marry or enter into a civil union, your Spouse or Civil Union Spouse is eligible for medical coverage, including prescription drug coverage, as of the date of your marriage or civil union. However, the Plan will not pay any benefits on behalf of your Spouse, Civil Union Spouse, until you enroll your Spouse or Civil Union Spouse, for coverage. You must enroll your Spouse or Civil Union Spouse within 30 days of your marriage or civil union and supply Proof of Dependency.

Adding a Child

Your natural child will be eligible for coverage on the date of birth. If you adopt a child, have a child placed with you for adoption or become a legal guardian for a child, he or she may be eligible for coverage on the date of placement so long as the child otherwise meets the Plan's definition of a Dependent child. Stepchildren are eligible for coverage on the date of your marriage.

In all instances, however, you must enroll your child for coverage within 30 days of acquiring that child and provide a certified birth certificate and other documentation of dependency within the required time frames before the Plan pays any benefits for that child.

Getting Divorced or Dissolving a Civil Union

If you and your Spouse get a divorce or if you and your Civil Union Spouse dissolve your civil union, your Spouse or Civil Union Spouse will no longer be eligible for coverage. You must notify the City of a divorce or dissolution as soon as possible, but no later than 30 days following such divorce or dissolution. However, a divorced Spouse may elect to continue coverage under the Public Health Service Act (PHSA) COBRA for up to 36 months as set forth on page 31. You or your ex-Spouse must notify HR/Benefits within 60 days of the divorce for your spouse to obtain this continuation coverage for up to 36 months. Civil Union Spouses (except those who are legally married) may not be eligible for continuation.

If your ex-spouse or ex-Civil Union Spouse has claims paid after the effective date of the divorce or dissolution, you will be responsible for reimbursing the Chicago Park District for either the claims (for Blue Choice PPO Plan participants) or premiums and claims (for HMO participants) or the claims paid by EnvisionRX paid on behalf of the ex-spouse.

Child Losing Eligibility

In general, your Dependent child is no longer eligible for coverage when he or she reaches the limiting age or no longer meets the definition of “Dependent” under the Plan 125. You must notify the Benefits in HR when one of these events occurs.

Your child may elect to continue coverage under PHSA COBRA for up to 36 months. You or your child must notify Benefits in HR within 60 days of the date your child no longer meets the eligibility requirements in order to obtain this continuation coverage.

Taking a Family Medical Leave of Absence

The Family and Medical Leave Act (FMLA) allows you to take a certain amount of unpaid leave during any 12-month period, if you qualify, due to specific reasons. Employees on FMLA leave are entitled to the same health benefits coverage from the Chicago Park District during the leave under the same conditions as if they were working.

Military Leave

Under the Uniformed Services Employment and Reemployment Rights Act (“USERRA”), you may continue coverage for up to 24 months if you are absent from work due to qualified military service.

In the Event of Death

In the event of your death, your Spouse and eligible Dependent children may continue coverage for up to 36 months by electing continuation coverage through PHSA COBRA

Returning to Work after a Leave of Absence

If your coverage lapsed during a leave of absence due to non payment, when you return to work after the leave of absence, you must complete enrollment by calling HR/ Benefits to reinstate your coverage. You have 30 days from the date you return to work to complete enrollment; otherwise you will have to wait until the next open enrollment period to enroll for coverage for the next January 1.

ADDING A DEPENDENT?

STEP ONE – enroll your spouse or civil union partner or children during an open enrollment meeting or within 30 days of the life event, (marriage, adoption or birth) by filling out the enrollment application.

STEP TWO – provide documents to prove that the dependent(s) is your legal dependent no later than the date specified for open enrollment or within 30 days of the event.

Eligible dependents for active employees may include the following:

- Legally married spouse of employee
- Unmarried dependent children under the age of 26
- Disabled children of any age who are proven to be dependent upon the employee/retiree for support and maintenance

Persons who are **not** eligible dependents include, but are not limited to the following:

- Former spouses, unmarried partners of the opposite gender or domestic partner; if you are ordered to pay for health care coverage for a former spouse by a divorce decree/settlement/QDRO; you must provide that coverage at your expense, outside the medical coverage offered by CPD.
- Children of an employee for whom the employee is not legally responsible.

Please note: Regardless of their status, family members cannot be considered eligible dependents unless the proper documentation is provided at the time of the qualifying event (marriage, birth of child, adoption of child, etc.).

SUBMIT DOCUMENTS

To complete enrollment, you must submit any required documentation within 30 days of your date of hire or the document submission deadline for annual open enrollment. Refer to the table below on documentation needed

Benefit participant being added	Document needed
Spouse	A county certified marriage certificate
Dependent 0-26 years	A county certified birth certificate (with parental information)
Disabled Dependent	Proof of dependency for support and maintenance; must submit prior to age 26
Unmarried military dependent who are residents of Illinois age 26-30.	An original county certified birth certificate Military discharge paperwork (DD2-14)
Adopted children	Certified adoption papers and amended birth certificate
Legal dependents	Original of the guardianship appointment certified by the clerk of the court in which the appointment occurred
Civil Union Partner	County certified civil union certificate

Health Insurance Reimbursement Waivers-Trades Coalition ONLY

If you wish to receive the Health Insurance Reimbursement Waiver that is currently available for Trades Coalition union employees only, you must re-enroll each year. You must submit a 2017 reimbursement application along with a current copy of your health insurance ID card showing your coverage under another person's medical benefits program to the Human Resources Department no later than November 30, 2016. You will not be eligible to receive a reimbursement unless you submit a 2016 application and current health coverage documentation. *Applications will be available at the Open Enrollment Fairs.*

2017 CHICAGO PARK DISTRICT EMPLOYEE CONTRIBUTIONS

PLAN	Single	Employee + 1	Family	Interval
Blue Cross Blue Choice Options PPO	1.75%	2.25%	2.75%	Bi-weekly
Blue Advantage HMO	1.75%	2.25%	2.75%	Bi-weekly
Humana Dental HMO	-0-	-0-	-0-	N/A
Humana Dental PPO	\$23.75	\$44.61	\$70.57	Monthly
Vision	\$2.99	\$4.31	\$7.72	Bi-weekly

CONTACT LIST

Chicago Park District	Human Resources: Benefits	Contact List
Vendor	Telephone	Website
<i>Blue Cross Blue Shield</i>		
<i>HMO</i>	1-800-892-2803	www.bcbsil.com
<i>PPO</i>	1-800-331-8032	www.bcbsil.com
Well onTarget	1-877-806-9380	www.wellontarget.com
Envision Prescription Benefits Manager	1-800-361-4542	www.envisionrx.com
Orchard Mail Order	1-866-909-5170	www.orchardrx.com
Orchard Specialty Pharmacy	1-877-437-9012	www.orchardspecialty.com
<i>Humana</i>		
<i>Dental HMO</i>	1-800-979-4760	www.humanadental.com
<i>Dental PPO</i>	1-800-233-4013	www.humana.com
VSP (Vision Service Plan)	1-800-877-7195	www.vsp.com
Prudential Life Insurance	1-312-742-4565	www.prudential.com
Payflex FSA - Health and Dependent Care	1-800-284-4885	www.payflex.com
Empower Retirement Services	1-800-701.8255	www.empower-retirement.com/participant
Chicago Park District Pension Fund	1-312-553-9265	www.chicagoparkpension.org
Chicago Municipal Credit Union	1-312-236-2326	www.cmecuonline.org
Credit Union 1	1-800-252-6950	www.creditunion1.org
Workplace Solutions - EAP	1-877-215-6614	www.wseap.com
Chicago Park District -Human Resources		
Nancy Currier	1-312-742-4336	nancy.currier@chicagoparkdistrict.com
Lisa Gordon	1-312-742-4565	lisa.gordon@chicagoparkdistrict.com
Laurie Kirshenbaum (VSP, Payflex and Waiver info)	1-312-742-4496	laurie.kirshenbaum@chicagoparkdistrict.com

**PRINCIPAL PROVISIONS
of the
PARK EMPLOYEES' ANNUITY and BENEFIT FUND**

**A summary of Fund benefits in effect
for the employees of the
Chicago Park District**

The Park Employees' and Retirement Board Employees' Annuity and Benefit Fund (the "Fund") was established by the Illinois Legislature in June of 1919 and has added numerous provisions since its inception.

The official plan document that legally governs the operation of the Fund is found in the Illinois Compiled Statutes, Act 5 of Chapter 40, Article 12. A copy of the law is on file in the Fund office. If there is any variance between Article 12 and this summary, Article 12 will control.

***On January 7, 2014, Governor Quinn signed Senate Bill 1523 into law, which is now Public Act 098-0622. On October 19, 2016, an agreed upon order was signed, that grants interim relief to parts of Public Act 098-0622. The benefit changes have been included herein.*

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MEMBERSHIP. Any person who becomes an employee of the Chicago Park District (the “CPD”) is required to be a member of the Fund as a condition of employment, provided they are employed in a position, that requires the person to work 6 months or more per calendar year. An employee hired before January 1, 1992 may purchase the 6-month pre-entry period after 10 years of service or after attaining age 60, whichever first occurs. In 2010, the Illinois Legislature created a two Tier Benefit System. Employees hired prior to January 1, 2011, or who were contributing members of a reciprocal public pension fund prior to January 1, 2011 are Tier I employees. Employees hired on or after January 1, 2011, AND WHO WERE NOT CONTRIBUTING MEMBERS IN THIS FUND OR A RECIPROCAL FUND PRIOR TO JANUARY 1, 2011, are Tier II Employees. ***Please note that for all purposes the term “spouse” refers to marriage spouse and civil union spouse.***

CONTRIBUTIONS BY EMPLOYEES. Effective January 1, 2015, under Public Act 098-0622, a contribution of 10% is deducted from a participant’s gross salary. 8% is allocated to an employee for retirement pension; 1% for the surviving spouse's pension; 1% for the post retirement increase in the retirement pension. A deduction of \$3.60 per month is also taken for the Single Sum Death Benefit. Tier II employees have a limit on their pensionable salaries that was set by law and which is increased by the Consumer Price Index-U (CPI-U). The salary limitation for 2016 is \$111,571.63 and 2017 is \$112,408.42

Under Public Act 098-0622, the employee contribution will increase to 11% on January 1, 2017 and 12% on January 1, 2019. Employee contributions will remain at 12% until the Fund is 90% funded, at which time, employee contributions will drop to 10.5%, as long as the Fund remains at or above 90% funded. Under the agreed upon order signed on October 19, 2016, employee contributions will remain at 10% for 2017, pending further order of the court. Employee contributions are excluded from the employee's gross taxable income. Federal income tax is deferred until the employee receives retirement benefits, obtains a refund after withdrawal from service or upon the death of an employee or an annuitant. Retirement and surviving spouse's pensions are not currently subject to Illinois state income tax.

CONTRIBUTIONS BY EMPLOYER. Under Public Act 098-0622, the CPD contributes through a property tax 1.70 times the employee contribution (\$1.70 for every \$1.00 contributed by an employee). The revenue from the CPD contributions along with the employee contributions and income from investments, are used to cover the cost of benefits provided by the Fund. The CPD contribution rate will remain 1.70 for 2015 and 2016, increase to 2.3 (\$2.30 for every \$1.00 contributed by an employee) for 2017 and 2018, and 2.9 (\$2.90 for every \$1.00 contributed by an employee) for 2019. The 2.9 contribution rate will remain until the Fund is 90% funded, at which time, the employer contribution will be the lesser of the 2.9 contribution rate or the amount necessary to remain 90% funded. Under the agreed upon order signed on October 19, 2016, the Chicago Park District will continue to contribute 1.7 times the amount of employee contributions, pending further order of the court. In addition, the employer made supplemental contributions to the Fund of \$12.5 million in 2015 and \$12.5 million in 2016; and will make a \$50 million supplemental contribution in 2019.

REFUND OF CONTRIBUTIONS. An employee who terminates CPD employment before qualifying for a pension is entitled to a refund of employee contributions only, without interest. For Tier 1 employees, the refund is payable to an employee who withdraws before age 55, regardless of length of service. It is also payable to an employee who withdraws after age 55 and before age 60 with less than 10 years of service and to an employee who withdraws at age 60 or over with less than 5 years of service. For Tier 2 employees, the refund is payable to an employee who withdraws before age 60, regardless of length of service. It is also payable to an employee who withdraws with less than 10 years of service, regardless of age. An employee not meeting these conditions has no right to a refund and must accept a pension.

MEMBERSHIP RECORD. Each participant **must** file with the Fund, an accurate membership record showing date and place of birth, marital status and family information, such as name of spouse and names and dates of births of children. PLEASE UPDATE YOUR RECORDS IN THE EVENT OF YOUR MARRIAGE, DIVORCE OR BIRTH OF A CHILD.

BENEFICIARY. A participant must name a beneficiary or beneficiaries (Designation of Beneficiary Form) to receive a refund of the employee's pension contributions and/or the Single Sum Death Benefit in the event of death. This form may be obtained from the office of the Fund or the Fund's website. PLEASE UPDATE YOUR RECORDS IN THE EVENT OF YOUR MARRIAGE, DIVORCE, OR THE DEATH OF YOUR BENEFICIARY.

COMPUTATION OF SERVICE CREDIT. Generally, 9 months or more of service during a year (January 1 to December 31) are counted as one year of service; 6 to 8 months inclusive, $\frac{3}{4}$ of a year; 3 to 5 months inclusive, $\frac{1}{2}$ of a year; less than 3 months, $\frac{1}{4}$ of a year; with 15 days or more during a month counted as a month of service.

RETIREMENT PENSION. An employee must submit an application for pension with the Fund in order to receive any benefits. An employee, who is a member of the Fund, is entitled to a retirement pension based on a fixed benefit formula. The current percentage rate that applies to all credited years of service is 2.4, and this accrual rate applies to all retirements (or termination from service) on or after December 31, 2003. The 2.4% will be multiplied by the member's years of service to formulate an overall pension rate (the maximum is 80% with 33.5 years of service). This total percentage (years of service multiplied by 2.4) will be applied to the "final average salary".

The following illustrates the specific pension requirements:

	Tier I	Tier II
Retirement Eligibility -Minimal	10 years of service and 50 years of age Under Public Act 098-0622, minimum retirement age increases from 50 to 58 for those employees' younger than 45 on January 1, 2015	62 years of age with 10 years of service (discount applies regardless of years of service if under age 67) Under Public Act 098-0622, minimum retirement age decreases from 62 years of age to 60 on January 1, 2015
	4 years of service and 60 years of age, member has an option to either refund their contributions or take a monthly pension	
	5 years or more of service and 60 years of age, member is locked into a monthly pension	
	Mandatory pension benefit applies if member is over age 55 with 10 or more years of service (discounted if under age 60)	
-Full (non-discounted)	Age 60 or over with 5 years of service, or age 50 or over with 30 years of service	Age 67 or over, with 10 years of service Under Public Act 098-0622, normal retirement age decreases from 67 years of age to 65 on January 1, 2015
	Maximum pension is 80% of average salary	Maximum pension being 80% of average salary
Average Salary Computation	Based on the highest 48 consecutive months over the last 10 years of service	Based on the highest 96 consecutive months over the last 10 years of service
Computation of Discount	If retiree is under age 60 with less than 30 years of service, a discount of $\frac{1}{4}$ of 1% for each month retiree is under age 60	If retiree is under age 65 a discount of $\frac{1}{2}$ of 1% for each month retiree is under age 65

Salary Limitations	Total gross salary received, exclusive of overtime, F-time or V-time is used in the computation of average salary	In addition to Tier 1 limitations, the earnings for pension calculation purposes are limited to \$111,571.63 in 2016 and \$112,408.42 in 2017
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POST RETIREMENT INCREASE IN RETIREMENT PENSION. Any employee receiving a lifetime benefit will be entitled to an annual increase based on the annuity granted at the time of retirement. Depending on the Tier of a participant, the specifics of post retirement increases are as follows:

	Tier I	Tier II
Eligibility for Annual Increase	Age 60 or over Age 50 with at least 30 years of service	Age 65 or over
Requirement	Payable following the first 12 months of benefits on either the next January 1 st or July 1 st Under Public Act 098-0622, the payment of the annual increase is suspended in years 2015, 2017 and 2019 Under the agreed upon order signed on October 19, 2016, all annuitants will receive retro pay for annual increases they would have been entitled to since January 1, 2015	Payable following the first 12 months of benefits on the next January 1 st
Rate	Under Public Act 098-0622, effective January 1, 2015, the increase is adjusted to the lesser of ½ of CPI-U or 3% of the originally granted annuity Under the agreed upon order signed on October 19, 2016, all annuitants will receive their 3% annual increase	The increase is adjusted to the lesser of ½ of CPI-U or 3% of the originally granted annuity.

SURVIVING SPOUSE'S PENSION. A surviving spouse is the employee's spouse on the date of retirement and/or death, if death occurs prior to retirement. The surviving spouse is entitled to a pension upon the death of an employee while in service or upon retirement. If the surviving spouse remarries before attaining age 55, the spousal annuity is canceled. Based on the Tier of a participant/annuitant, the specifics of the surviving spousal pension are as follows:

	Tier I	Tier II
Passing of Annuitant - Less than 20 years of service	Spouse is entitled to the lesser of: <ul style="list-style-type: none"> • A money purchase calculation • 50% of highest salary • 75% of granted pension 	66 2/3% of the benefit being received by the participant/annuitant at date of death
- 20 or more years of service	The greater of the above computed entitlement or 50% of the annuitant's benefit at time of death	

Passing of employee	See computation for "Passing of Annuitant", with possible reductions due to age of surviving spouse	66 2/3% of the annuity earned by the member at date of death, without a reduction due to age of surviving spouse
Annual increases	3% compounded increase at each January, subsequent to one full year after the date of death of the participant or annuitant	Lesser of 3% simple or ½ CPI-U increase at each January, after the first anniversary of granted annuity

CHILDREN'S PENSION. Unmarried children under the age of 18 of a deceased employee having at least 2 years of service are entitled to a pension. If one parent is living, the pension is \$100.00 per month. If no parent survives, the pension for each child is \$150.00 per month. The total amount payable to a surviving spouse and/or children may not exceed 60% of the employee's final salary except where the employee's death resulted from death on duty.

SINGLE SUM DEATH BENEFIT. A lump sum death benefit is payable upon the death of an employee in service. The amount payable is as follows:

- \$ 3,000 benefit during the first year of membership
- \$ 4,000 benefit during the second year of membership
- \$ 5,000 benefit during the third year of membership
- \$ 6,000 benefit during the fourth through ninth year of membership
- \$10,000 maximum benefit after 10 or more years of membership

Upon retirement, the \$10,000 maximum benefit is reduced to \$6,000 if death occurs during the first year of retirement. Thereafter, it is reduced by \$1,500 for each year or fraction of a year while on retirement, but shall not be less than \$3,000. Upon retirement with less than 10 years of service, the death benefit payable is the amount shown for the years of membership less \$1,500 for each year or fraction of a year while on retirement, but shall never be less than \$3,000. Please note, by law no death benefit is payable unless the employee's retirement application was made within 60 days from the date of withdrawal from service.

The death benefit is payable to a surviving spouse. If there is no surviving spouse, it is payable to a designated beneficiary. If there is neither a surviving spouse nor a designated beneficiary, it is payable to the employee's/annuitant's estate.

ORDINARY DISABILITY BENEFIT. This benefit is payable to an employee medically certified as disabled after eight (8) consecutive days' absence without pay, who was in actual service or salary status prior to the disability. Payment begins subsequent to the completion of the required form from the first day of sickness. The payment is 45% of salary. In addition, a credit is made to the employee's pension account of an amount equal to the pension contribution the employee would have made while working. The benefit is payable for a period of time not to exceed ¼ of the employee's credited service or 5 years, whichever is less. (Note: An employee who is out of pay status for more than 30 days and reenters service will not qualify for ordinary or duty disability benefits for 6 months unless he or she was qualified to receive the ordinary or duty disability benefit before he or she left pay status).

DUTY DISABILITY BENEFITS. Employees who become disabled as a direct result of an injury on duty with the CPD are entitled to a duty disability benefit of 74% of salary. Under Public Act 098-0622, an employee is entitled to a duty disability benefit of 73% of salary effective January 1, 2017; and 72% of salary effective January 1, 2019. Employees are entitled to the duty disability benefit from the first day of absence without pay. The duty disability benefit is offset by any total temporary disability benefits received under the Workers' Compensation Act i.e. for a 75% duty disability benefit, Workers' Compensation pays 66-2/3% and the Fund pays 8-1/3% (through December 31, 2014). The portion of the disability benefit payable by the Fund will be suspended upon the filing of an application for adjustment of claim with the Illinois Workers' Compensation Commission. If, upon resolution of the application the Workers' Compensation payments exceed the 75% duty disability benefit, then the

portion of the duty disability benefit will not be paid by the Fund and the employee will be required to repay any duty disability benefits received from the Fund. If, upon resolution of the application, the Workers' Compensation payments do not exceed the 75% duty disability benefit, then the portion of the duty disability benefit will be paid by the Fund. In addition, the pension contribution account is credited with the amount the employee would have contributed while at work. The employee shall also receive an additional benefit of \$20 per month for each eligible minor child. The combined payments together with the pension credit may not exceed the monthly salary rate at date of disability. This benefit is payable during disability until the employee attains age 65 if disability is incurred before age 60 or for 5 years if disability is incurred at age 60 or older.

DUTY DISABILITY DEATH BENEFIT. Upon the death of an employee resulting from an accident incurred in the performance of duty, the surviving spouse is entitled to a benefit of 50% of salary and a monthly payment of \$100.00 is made for each unmarried minor child under 18. The combined payments to a family may not exceed 75% of the employee's final salary, reduced by Workers' Compensation payments. Pension credits for the regular pension to a spouse continue to accumulate during the period of payment of the duty disability death benefit.

PENSION CREDIT FOR OTHER RETIREMENT SYSTEMS, MILITARY SERVICE OR FEDERAL GOVERNMENT SERVICE. An employee who has accumulated pension credit with another retirement system covered by the State of Illinois' Reciprocal Act may make use of this credit for pension purposes. In addition, an employee may purchase additional pension credit for military service and/or periods of employment by the United States Federal Government. Contact the Fund Office for additional information regarding these credits.

QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDER ("QILDRO"). Effective July 1, 1999, the Fund recognizes QILDRO's that permit an alternate payee to receive a portion of a member's pension benefits. Specific rules must be followed to properly implement a QILDRO. Contact the Fund Office for additional information regarding the processing of a QILDRO.

BEFORE YOU RETIRE, PLEASE CONSIDER:

- Federal tax laws periodically change and may affect the taxability of your pension.
- Participation in the CPD's deferred compensation plan could supplement your retirement income.
- Are you eligible for Social Security? Are you subject to the Windfall Elimination and/or Pension Offset provisions?

These and other issues should be considered well in advance of retirement. **You should also consult your tax advisor.**

Should you have any questions, contact the Fund Office at **(312) 553-9265**.

Visit the Fund's website at www.chicagoparkpension.org for current pension news and if you need to update your Membership Record or Designation of Beneficiary Form. Be sure to complete the entire form and have it *notarized* (if required) before submitting it to the Fund. Online, you also have the ability to request a pension estimate. Other forms are also available for download.