

Summary of Benefits

Chicago Metropolitan Agency for Planning

January 1, 2024 - December 31, 2024

All current and newly hired CMAP employees will have three options when choosing major medical Insurance – an HMO, PPO or PPO/HSA.

The first option is a Health Maintenance Organization (HMO) which requires you to choose and elect a Primary Care Physician who will refer you for visits to specialists and hospitals to ensure you remain within the HMO network.

The second option is a PPO plan with copays for office visits and prescription drugs. PPO plans offer more flexibility to see out-of-network doctors but encourage you to stay in-network by charging you less out-of-pocket to visit in-network doctors or hospitals.

The third option is a PPO/HSA (Health Savings Account) which allows you to see any doctor but offers the biggest savings for visits to in-network doctors or hospitals. In this plan, services designated as preventive are 100% covered in-network, and other services are not covered until your annual deductible is met. You can combine an HSA with this plan to save money, for qualified out-of-pocket medical expenses and deductibles, tax-free. The PPO/HSA utilizes the same PPO network and discounts as the traditional PPO; however, the method of payment uses an HSA rather than Copays. *Note: An employee must be on the plan as of January 1 of the plan year to receive the full year contribution to the HSA account from CMAP.*



Chicago Metropolitan
Agency for Planning



Medical Insurance | BlueCross BlueShield

Health Maintenance Organization (HMO)

The HMO gives you access to certain doctors and hospitals, but restricts services to in-network providers only. Your care is managed by a Primary Care Physician (PCP) chosen at the time of enrollment. If you require a specialist, outpatient procedure, or hospitalization, your registered PCP must refer you. There are no out-of-network benefits.

Preferred Provider Organization (PPO)

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. You have a deductible to meet and once the deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. The types of medical services that accumulate towards your deductible are inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). If you go to the doctor, see a specialist, utilize the ER or take a prescription drug, you'll pay a copay for those specific services. Copays do not accumulate towards your deductible but they do accumulate towards your overall out-of-pocket maximum.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

This medical plan option is comprised of two components (1) a High Deductible Health Plan (HDHP) and (2) a tax-exempt savings account called a Health Savings Account (HSA).

The HDHP is a high deductible PPO plan that provides health care benefits after the deductible has been met. All medical services, with the exception of preventive care, are paid for by you at 100%, less carrier discounts, prior to meeting your entire annual deductible. This includes routine office visits, procedures, lab work, prescription drugs, etc.

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account and it is yours to keep – even when you change plans or retire. The funds roll over from year to year to be used when you really need them. CMAP contributes to your HSA on a semi-annual basis

The tax-preferred status of your HSA contributions depend on a number of factors. For example, you must be enrolled in a qualified high deductible health plan. Also, residents of California and New Jersey are taxed on HSA contributions at the state level. State tax laws can change periodically, so you should consult with a tax advisor to confirm the tax treatment of HSA contributions in your state.

Choice of plan options:	HMO <i>In-Network Benefits Only</i>	Grandfathered PPO <i>In-Network / Out-of-Network</i>		PPO <i>In-Network / Out-of-Network</i>		PPO/HSA <i>In-Network / Out-of-Network</i>	
Network	BlueAdvantage HMO	PPO		PPO		PPO	
Deductible							
Individual	\$0	\$250	\$500	\$1,500	\$3,000	\$3,200	\$5,200
Family	\$0	\$750	\$1,500	\$4,500	\$9,000	\$6,400	\$10,400
Coinsurance	None	10%	30%	20%	40%	0%	20%
Out-of-Pocket Max							
Individual	\$1,500	\$1,250	\$2,500	\$3,500	\$10,500	\$3,200	\$10,400
Family	\$3,000	\$3,750	\$7,500	\$10,500	\$31,500	\$6,400	\$20,800
	<i>Includes Copays</i>	<i>Includes Deductible</i>		<i>Includes Deductible</i>		<i>Includes Deductible</i>	
Physician Services							
Well Adult / Well Child	\$10 Copay	\$20 Copay	30% After Ded.	0%	40% After Ded.	0%	20% After Ded.
Virtual Visits	N/A	\$20 Copay	N/A	0%	N/A	\$48 Service Fee	N/A
Physician Office	\$10 Copay	\$20 Copay	30% After Ded.	\$30 Copay	40% After Ded.	0% After Ded.	20% After Ded.
Specialist Visit	\$30 Copay	\$40 Copay	30% After Ded.	\$50 Copay	40% After Ded.	0% After Ded.	20% After Ded.
X-Rays/Lab Diagnostics	\$0 Copay	10% After Ded.	30% After Ded.	\$30/\$50 Copay	40% After Ded.	0% After Ded.	20% After Ded.
Inpatient Hospital <i>Per Admission</i>	\$0 Copay	10% After Ded.	\$300 + 30% After Ded.	20% After Ded.	\$300 + 40% After Ded.	0% After Ded.	\$300 + 20% After Ded.
Emergency Room	\$150 Copay	\$150 Copay		\$150 Copay		0% After Ded.	
Urgent Care	\$0 Copay	10% After Ded.	30% After Ded.	20% After Ded.	40% After Ded.	0% After Ded.	20% After Ded.
Prescription Drugs (Preferred) <i>Tier 1/Tier 2/ Tier 3/Tier 4</i>	Copays: \$10 / \$20 / \$35	Copays: \$10 / \$20 / \$35	Copay + 25%	Copays: \$0 / \$10 / \$50 / \$70	Copay + 50%	0% After Ded.	
Mail Order Prescription Drugs (Preferred) <i>Tier 1/ Tier 2/ Tier 3</i>	Copays: \$20 / \$40 / \$70	Copays: \$20 / \$40 / \$70	N/A	Copays: \$0 / \$100 / \$200	N/A	0% After Ded.	N/A



BlueCross BlueShield Value Added Benefits

BlueAccess for Members: www.bcbsil.com

A secure member website that gives you immediate access to health care benefit information. Here you can check claim status, find in-network providers, use the hospital comparison tool, and much more.

BlueAccess Mobile™

Access your BlueAccess for Members account from a mobile device. Opt in to receive texts for Rx refill reminders, diet and fitness tips, claim updates and more. Download the app for immediate access.

Virtual Visits—MDLIVE (PPO/HSA Members Only)

MDLIVE's telehealth program provides enrolled members with access to non-emergency medical care without even leaving the couch. Visit a doctor virtually 24 hours a day, 7 days a week for a variety of different ailments and symptoms. Log on to MDLIVE.com/bcbsil or call 888.676.4204 today to find out additional info on this awesome benefit.

24/7 Nurseline: 800.299.0274 (PPO Members Only)

General health info and guidance for specific conditions from fevers to bee stings from a registered nurse.

Maternity Care Program: 888.421.7781

Personalized support provided by Obstetrical nurses.

Mail Order Prescriptions: 833-715-0942

Through Express Scripts express-scripts.com/rx, mail order prescriptions may save time and money.

Blue365 Discounts

Access to additional special program discounts. Details can be accessed by logging into Blue Access for Members via www.bcbsil.com. Once logged in, go to the *My Coverage* tab and click on *Discounts* found under *Member Advantages*.

Well onTarget Member Wellness Program

Access health and wellness resources that can help you manage your health. Resources include health assessments, self-directed courses and health coaching.



Tips to Save Money

Preventive/Wellness Exams

- Preventive care is equal to one physical exam per year per enrolled member
- Females get an annual well-woman exam covered at 100% in addition to their annual physical exam

Prescription Drugs

- Ask your doctor if there's a generic version of any medication you're currently taking or being prescribed
- Take advantage of the Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates

High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are nearly 2/3 less costly at free-standing, in-network imaging centers than at hospitals
- Whenever possible, compare cost options prior to scheduling your necessary services

Accessing Medical Care

The ER is a costly experience for issues that aren't true emergencies. There are alternatives that can offer quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- Doctor's office: for symptoms that aren't life threatening, call and let them know your symptoms require immediate attention
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit cvs.com or walmart.com to find a clinic near you*
- Urgent Care (UC): less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.

* If enrolled in a BCBS medical plan, before filling any prescription at CVS, please refer to <https://www.myprime.com/content/myprime-v2/en/sso-consent.html> or contact BlueCross BlueShield to find out if your prescription drug(s) are covered in-network.



Dental Insurance | Delta Dental

Dental Health Maintenance Organization (DHMO)

These dental plans require you to choose one dentist or dental facility to coordinate all of your oral health needs. If you need to see a specialist, your primary care dentist will refer you; specialty care may require preauthorization.

A typical DHMO-type plan doesn't have any deductibles or maximums. Instead, when you receive a dental service, you pay a fixed dollar amount for the treatment based off of a pre-determined fee schedule between the carrier and your dentist. Often, diagnostic and preventive services have no fee. DHMOs offer in-network benefits only, so if you visit a dentist outside of the network, you likely will be responsible for the entire bill.

Preferred Provider Organization (PPO)

These dental plans allow the flexibility to select any dentist in-network or out-of-network. By staying in-network, the contract between your dentist and insurance carrier will make your annual benefit period maximum last longer.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost.

Preventive:

- Annual cleanings (2 per year)
- X-rays (1 per year)
- And more

Basic:

- Fillings
- Simple extractions
- And more

Major:

- Dentures/bridges/partials
- Crowns
- And more

Choice of plan options:	HMO <i>In-Network Benefits Only</i>	PPO <i>In-Network / Out-of-Network</i>
Network Name	DeltaCare	Dental PPO
Individual Deductible (Family = 2x)	None	\$50 / \$50
Office Visit Copay	None	None
Preventive Coinsurance	Scheduled Fee	100% / 100%
Basic Coinsurance	Scheduled Fee	80% / 80%
Major Coinsurance	Scheduled Fee	50% / 50%
Annual Plan Maximum	Unlimited	\$2,000 / \$2,000
Orthodontia* Coinsurance	Discounts Only	50% / 50%
Orthodontia* Lifetime Maximum	Unlimited	\$1,500 / \$1,500

*Orthodontia coverage available for dependent children to age 19

Delta Dental has perks to be aware of for being an enrolled member on the plan:

YourOralHealthHub.com

On www.YourOralHealthHub.com, a website dedicated to promoting oral health education and wellness, members can access an oral health risk assessment tool, oral health topic library, an Ask a Dentist feature, our blog and other oral health videos, tips and information.

Delta Dental Mobile Application

Use the mobile app to access the cost estimator tool where you can get estimates on dental services. The app also provides a network dentist search and scheduler tool where you can find network dentists and schedule appointments with them online. The app can be downloaded from the App Store (Google) or Google Play (Android).



Vision Insurance | VSP

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 12 months. Out-of-network providers will merely offer you an allowance towards your vision services.

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Network	VSP Choice Network		
Eye Exam	Every 12 Months	\$10 Copay	Up to \$45 Reimbursement
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 Months	\$10 Copay	Up to \$30 Reimbursement Up to \$50 Reimbursement Up to \$65 Reimbursement Up to \$100 Reimbursement
Frames	Every 12 Months	\$130 Allowance	Up to \$70 Reimbursement
Elective Contacts	Every 12 Months*	\$130 Allowance + 15% Off Balance	Up to \$105 Reimbursement

*Vision benefit frequencies are based on the date of service within the policy year

** You cannot get contacts and glasses in the same calendar year

For available value added resources and perks, please visit www.vsp.com or call (800) 877-7195 to speak to a VSP representative.



Basic Life and AD&D Insurance | Mutual of Omaha

Basic Life Insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away from a covered accident or illness. In addition, Accidental Death and Dismemberment (AD&D) provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident. Always make sure your beneficiaries are updated. **The cost of the benefit is 100% paid for by the company.**

	Basic Life	Accidental Death & Dismemberment
Benefit Amount	\$75,000 per employee	\$75,000 per employee



Voluntary Term Life/AD&D Insurance | Mutual of Omaha

Voluntary Term Life/AD&D allows you to purchase additional coverage at your own financial expense to ease your loved ones' financial burden if something should happen to you. Costs are determined on group discounted rates. Always make sure your beneficiary information is updated.

An employee's maximum benefit election cannot exceed 5x their basic annual earnings. A spouse's maximum election cannot exceed 50% of what the employee takes out on themselves. The cost of the benefit is 100% paid for by you. Your age and the amount of insurance you elect determines the premium you'll pay. Costs will go up as you age. See your plan documents for more detail.

	Employee	Spouse	Child(ren)
Coverage Increments	\$10,000	\$5,000	Flat \$10,000
Maximum Benefit Amount*	\$300,000	\$150,000	\$10,000
Guaranteed Issue Amount**	\$100,000	\$10,000	\$10,000

**Guarantee issue applies to new hires only



Short & Long-Term Disability | Mutual of Omaha

If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time. **The cost of the benefit is 100% paid by the company.**

Disability Coverage	Short -Term	Long -Term
Waiting Period	Begins after 0 days of injury or 7 days of continuous illness	Begins after 90 days of continuous injury or illness
Benefit Amount	60% of weekly earnings	60% of monthly earnings
Maximum Benefit	\$1,500 per week	\$7,500 per month
Length of Payment Period	13 weeks	Social Security Normal Retirement Age



Flexible Spending Account (FSA)

Flexible Spending Accounts (FSA) allow you to save money on a pre-tax basis to pay for qualified medical expenses and/or dependent care expenses you may incur throughout the year. The money you put into your FSA is done so on a pre-tax basis. This means you are lowering your taxable income and also not paying taxes when the money is used for qualified expenses.

Health Care FSA - You may contribute up to \$3,200 per plan year to pay for qualified medical, dental and vision expenses for yourself and eligible family members. Funds in this account can be used to cover all eligible expenses on your tax dependents even if they are not enrolled under your health care plan. Eligible reimbursable expenses include medical and dental plan deductibles and copays (if applicable), orthodontia expenses not covered by your dental plan, prescription drugs, prescription eye glasses and contact lenses, Lasik eye surgery and much more.

Limited Purpose FSA - If you enroll in the HDHP/HSA plan and open a health savings account, you are not able to enroll in the Health Care FSA, since you're already putting tax-free dollars aside to pay for qualified expenses. You are, however, able to enroll in the Limited Purpose FSA, which allows you to pay for eligible out-of-pocket dental and vision expenses. You are able to put up to \$3,200 into your Limited Purpose FSA for 2024.

Dependent Care FSA - You may contribute up to \$5,000 per plan year to pay for qualified eligible dependent care expenses. Funds in this account are saved on a tax-free basis.

FSAs do have a use-it-or-lose-it provision, so be conservative when electing how much to contribute. You are eligible to rollover up to \$640 to the next year.*



Illinois Municipal Retirement Fund (IMRF)

Employee participation in IMRF is required if they expect to work more than 1,000 hours over a twelve month period. Each pay period, an employee contributes, tax-deferred, 4.5% of their gross earnings. CMAP contributions to IMRF on behalf of their employees changes annually at a rate established by IMRF (which is based on employee claim activity and utilization).

IMRF benefits after one year of service currently include a death benefit equal to one year's salary plus the return of member contributions, surviving spouse and disability benefits, as well as retirement benefits. Contributions are treated as deferred compensation for tax purposes. Vesting in the program occurs after eight years of service unless your initial enrollment into IMRF was after January 1, 2011, which put you on a 10-year vesting schedule.



Deferred Compensation (457 Plan)

A 457 Deferred Compensation Plan is a supplemental retirement savings program that allows you to make contributions on a pre-tax basis. Federal and, in most cases, state income taxes are deferred until your assets are withdrawn, usually during retirement when you may be in a lower tax bracket. Most 457 deferred compensation plans allow you to increase, decrease, stop and restart contributions at any time.

CMAP offers the option to invest in a 457 Deferred Compensation plan through Principal Financial Group. Staff members who enroll in this program elect to have a certain percentage or amount of the pay "deferred" on a pre-tax basis until retirement. Employees may enroll or make changes to their contribution amounts or investment choices at any time. The maximum annual deferral amount for 2024 is \$23,000 and the catch-up maximum is \$7,500. Please see your HR Department for more information if you are interested in participating in one of these plans.



Employee Development

Educational Reimbursement

Tuition Reimbursement

Available to all regular full-time employees who have completed their first year of employment and wish to pursue a degree program that enhances CMAP goals. Reimbursement is contingent on maintaining acceptable work performance, prior management approval, and availability of funds.

Certification, Licenses, and Professional Development Reimbursement

Available to all regular full-time employees who have completed their first six months of employment. Covers certification and license programs, in addition to professional development training with costs that exceed \$3,500. Employees must submit a signed Educational Expense Agreement to Human Resources to be eligible.

Conference/Training

All regular full-time employees who have completed their first six months of employment are eligible to participate in or attend work-related conferences or training, contingent upon prior management approval, which will be based on priority and availability of funding.

Membership and Association Dues

All regular full-time employees who have completed their first six months of employment are eligible for professional association membership and dues reimbursement, which requires prior management approval and will not exceed \$350 per calendar year per employee.



Earned Leave

Sick Leave

One day accrued per month. Employees may accrue a maximum of 12 weeks or 450 sick hours. No pay-out of sick leave upon separation. Any unused sick leave will be reported to retirement service and converted to service credit.

Vacation Leave

A maximum of 35 days or 262.5 hours of vacation may be accrued. Once you reach the maximum of 35 days, no additional time will be accrued until your balance is below 35 days. Employees accrue vacation time while working or on approved paid time off. Employees on unpaid leave do not accrue vacation time during the unpaid portion of their leave.

Years of Service	Number of Days
1-4 Years	15 days/year
5- 8 Years	17 days/year
9-12 Years	19 days/year
Grandfathered Rate 9 to 12	20 days/year
13-16 Years	21 days/year
Grandfathered Rate 13 to 16	22 days/year
17+ Years	24 days/year
Grandfathered 17+	25 days/year

Parental Leave

Three weeks of paid time off is available for maternal or paternal leave for birth or adoption of a child. Parental leave can be taken within the first 12 months after birth or adoption. It can only be used in weekly increments. Parental leave maybe combined with available vacation, personal, and sick time as well as short term disability and FMLA.

Designated Holidays

In 2024, there are 12 designated holidays which are paid for eligible employees.

Designated Paid Holidays	
New Year's Day	January 1
Martin Luther King Day	January 15
Presidents' Day	February 19
Memorial Day	May 27
Juneteenth Day	June 19
Independence Day	July 4
Labor Day	September 2
Indigenous Peoples' Day	October 14
Election Day	November 5
Veteran's Day	November 11
Thanksgiving Day	November 28
Day after Thanksgiving	November 29
Christmas Day	December 25

Personal Business/Floating Holidays

Three days per year will be earned for personal business/floating holidays and must be used within the year. These days will not be paid out upon separation. Days will be prorated for any employee hired after January 1.



Rate Information

Medical HMO

Monthly Contributions:	Employee	CMAP
Employee Only	\$142.98	\$651.38
Employee & Spouse	\$356.21	\$1,262.94
Employee & Child(ren)	\$331.27	\$1,174.49
Family	\$512.72	\$1,817.84
Medicare Primary Single	\$94.17	\$428.98
Medicare Primary Single +1	\$230.19	\$816.11

Medical Grandfathered PPO

Monthly Contributions:	Employee	CMAP
Employee Only	\$176.70	\$753.30
Employee & Spouse	\$435.99	\$1,459.64
Employee & Child(ren)	\$405.46	\$1,357.41
Family	\$627.56	\$2,100.95
Medicare Primary Single	\$116.37	\$496.10
Medicare Primary Single +1	\$281.74	\$943.21

Medical PPO

Monthly Contributions:	Employee	CMAP
Employee Only	\$161.33	\$687.78
Employee & Spouse	\$398.07	\$1,332.67
Employee & Child(ren)	\$370.19	\$1,239.34
Family	\$572.97	\$1,918.19
Medicare Primary Single	\$106.25	\$452.95
Medicare Primary Single +1	\$257.23	\$861.17

Medical PPO/HSA

Monthly Contributions:	Employee	CMAP
Employee Only	\$140.38	\$639.50
Employee & Spouse	\$349.72	\$1,239.91
Employee & Child(ren)	\$325.23	\$1,153.08
Family	\$503.37	\$1,784.69
Medicare Primary Single	\$92.45	\$421.16
Medicare Primary Single+1	\$225.99	\$801.24

Vision Plan

Monthly Contributions:	Employee	CMAP
Employee Only	\$0.98	\$8.84
Employee & Spouse	\$3.61	\$12.10
Employee & Child(ren)	\$3.69	\$12.35
Family	\$5.95	\$19.91

2024 Plan Year HSA Maximums	Employee Only	Family
CMAP will contribute	\$1,100	\$2,200
You can contribute up to an additional	\$3,050	\$6,100
Maximum IRS Annual HSA Contribution	\$4,150	\$8,300
Catch-Up Contribution (Age 55 and older)	\$1,000	

Voluntary Life

Voluntary AD&D

Age	Monthly Contributions (per \$1,000 of coverage)	Monthly Contributions (per \$1,000 of coverage)
<29	\$0.070	\$0.030
30-34	\$0.080	*Spouse rates are based on Employee Age. Vol. Child Life
35-39	\$0.090	
40-44	\$0.140	
45-49	\$0.240	
50-54	\$0.390	Monthly Contributions (per \$1,000 of coverage)
55-59	\$0.610	\$0.140
60-64	\$0.960	Vol. Child AD&D
65-69	\$1.710	
70-74	\$3.070	
75-79	\$5.060	
80+	\$7.020	Monthly Contributions (per \$1,000 of coverage)
		\$0.040

Dental DHMO

Monthly Contributions:	Employee	CMAP
Employee Only	\$1.70	\$15.27
Employee & Spouse	\$7.85	\$23.53
Employee & Child(ren)	\$8.86	\$26.58
Family	\$12.47	\$37.39

Dental DPPO

Monthly Contributions:	Employee	CMAP
Employee Only	\$4.63	\$41.63
Employee & Spouse	\$22.31	\$66.92
Employee & Child(ren)	\$23.00	\$69.00
Family	\$39.84	\$119.50



Carrier Information

Medical HMO

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800.892.2803
Network	BlueAdvantage HMO
Policy Number	B97229

Medical PPO/HSA

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800.541.2762
Network	PPO
Policy Number	P97433

Dental HMO

Carrier	Delta Dental
Website	www.deltadentalil.com
Phone Number	800.942.3772
Network	DeltaCare
Policy Number	10408

Vision

Carrier	Vision Service Plan (VSP)
Website	www.vsp.com
Phone Number	800.877.7195
Network	VSP Signature Network
Policy Number	300020100001

Flexible Spending Account

Carrier	FlexSave of America
Website	www.flexsaveamerica.com
Phone Number	888.231.1363

Medical Grandfathered PPO

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800.541.2762
Network	PPO
Policy Number	P97229

Medical PPO

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	800.541.2762
Network	PPO
Policy Number	PM0021

Dental PPO

Carrier	Delta Dental
Website	www.deltadentalil.com
Phone Number	800.323.1743
Network	Delta Dental PPO
Policy Number	10408

Basic Life and AD&D Insurance

Carrier	Mutual of Omaha
Website	www.mutualofomaha.com

Voluntary Term Life and AD&D Insurance

Carrier	Mutual of Omaha
Website	www.mutualofomaha.com

Short & Long-Term Disability Insurance

Carrier	Mutual of Omaha
Website	www.mutualofomaha.com

Human Resources Contact Information

Contact	Human Resources
Email Address	hr@cmap.illinois.gov



Notes



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.