

Employee Benefits Guide

January 1 – December 31, 2025



Chicago Metropolitan
Agency for Planning

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Enrolling in your benefits

This guide outlines the full package of benefits available to you as a CMAP employee. Certain health benefits can only be adjusted annually during the open enrollment period, while other benefits may be modified on a semi-annual basis or even year-round.

Must be enrolled, modified, or waived during open enrollment

- Medical insurance
- Dental insurance
- Vision insurance
- Flexible spending account (FSA)

Can be enrolled or modified outside of open enrollment

- Voluntary term life and AD&D insurance¹
- Short-term and long-term disability
- Education reimbursement
- Fitness reimbursement
- Transit benefit
- Deferred compensation (457 Plan)
- Employee contribution to health savings account (HSA)²
- Dependents and beneficiaries

Benefits that require no action from you

- Basic life and AD&D insurance³
- Illinois Municipal Retirement Fund (IMRF)
- CMAP contribution to HSA

¹ You can increase your voluntary life insurance coverage at any time. To increase your coverage, you will need to complete an Evidence of Insurability (EOI). An EOI is not required if you select voluntary life insurance at the time of hire or during the open enrollment period. See more detail, including total coverage limits, in the "Life insurance and disability" section of this guide.

² All employees who enroll in the PPO/HSA will be automatically enrolled in an HSA. CMAP contributes to your HSA twice a year: in January and in July. Employee contributions are not mandatory, but participation can yield tax benefits. Learn more in the Health Savings Account section.

³ All benefit eligible employees are provided \$75,000 in guaranteed issue life and AD&D insurance. The cost of this benefit is 100% paid by CMAP. Coverage is effective on the first day of the month after date of hire. Coverage may be subject to age reduction. You can choose to increase your coverage at your own financial expense — see the "Life insurance and disability" section for more detail.

Medical insurance

CMAF employees have three options for medical insurance through Blue Cross Blue Shield. Open enrollment, which happens in late fall each year, is the only time that current employees can make changes to their health insurance elections for the following plan year, except in the case of [qualifying life events](#).

Your medical benefits are effective on the first day of the month after your month of hire (e.g., benefits for a new employee starting March 17 are effective April 1). Your medical benefits will terminate on the last day in the month of your termination (e.g., benefits for an employee exiting September 8 will be terminated on September 30).



Helpful tip

Insurance terms can be confusing. To learn more commonly used insurance terms, visit the [BCBS glossary](#).

Overview of medical plans | Blue Cross Blue Shield

Health Maintenance Organization (HMO)

The HMO plan gives you access to certain doctors and hospitals but restricts services to in-network providers. Under the HMO plan, you must choose a primary care physician (PCP) to manage your care. If you require a specialist, outpatient procedure, or hospitalization, your PCP will refer you to a provider or hospital within your network. There are no out-of-network benefits under the HMO plan.

Each time you visit your PCP, see a specialist, visit the ER, or order prescription drugs, you'll pay a copay (an out-of-pocket fee) until you reach your out-of-pocket maximum.

Preferred Provider Organization (PPO)

The PPO plan offers more flexibility to visit both in-network and out-of-network doctors, specialists, or hospitals without a referral, though costs are lower for in-network care.

With the PPO, you must meet a deductible before coinsurance (the cost share between you and the insurance carrier) kicks in. Before you meet your deductible, you are responsible for the full cost of medical services, minus any carrier discounts. After you meet your deductible, you will only pay a portion of these costs, plus any applicable copays, until you meet your out-of-pocket maximum.

Current employees who have been grandfathered into CMAF's previous PPO plan can remain enrolled, but employees who choose to elect out of the plan cannot re-enroll in the future.

PPO with Health Savings Account (HSA)

Employees enrolled in the PPO/HSA can use a health savings account (HSA) to save money, tax-free, for qualified out-of-pocket medical, dental, vision, prescription, and over-the-counter health care expenses throughout the year and in the future. In addition to the funds you contribute, CMAF contributes to your HSA on a semi-annual basis.

Much like the PPO, the PPO/HSA allows you to visit both in-network and out-of-network doctors, with lower costs for visits to in-network providers. In this plan, services designated as preventive care are 100% covered in-network. Other services — including office visits, procedures, lab work, and prescription drugs — are not covered until you meet your annual deductible, though some services may be eligible for carrier discounts.

The funds in your HSA roll over from year to year and are yours to keep — even if you change plans, leave CMAF, or retire. For more detailed information about the HSA, including annual contribution limits, see "Health Savings Account" section for more detail.

Plan details	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 ⁴ <i>In-network/out-of-network</i>	
Network	Blue Advantage HMO	PPO		PPO		PPO	
Deductible							
Individual	\$0	\$250	\$500	\$1,500	\$3,000	\$3,300	\$5,200
Family	\$0	\$750	\$1,500	\$4,500	\$9,000	\$6,600	\$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	\$3,300	\$10,400
Family	\$3,000	\$3,750	\$7,500	\$10,500	\$31,500	\$6,600	\$20,800
	Includes copays	Includes deductible		Includes deductible		Includes deductible	
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) Tier 1, 2, 3, 4	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) Tier 1, 2, 3	Copays: \$20 / \$40 / \$70	Copays: \$20 / \$40 / \$70	N/A	Copays: \$0 / \$100 / \$200	N/A	0% after ded.	N/A

⁴ The PPO/HSA family plan uses an embedded deductible, which means each family member has their own deductible in addition to the family deductible. Each family member is only required to meet their individual deductible before after-deductible benefits kick in for that family member. Once the amounts paid towards individual deductibles meet the total family deductible for the year, everyone in the family is eligible for after-deductible benefits for the rest of the year. To read more about embedded deductibles, visit the HR intranet page.

Accessing medical care

Preventive care

Preventive care is covered by all three BCBS medical plans. Preventive care includes annual physicals, well-woman exams, prenatal care (routine visits with your OB-GYN or midwife), immunizations, and age-specific testing for each enrolled member. Women may also receive one annual well-woman exam in addition to their annual physical exam. Employees enrolled in the HMO plan should ensure that preventive care services are performed by their primary care provider, as there is no out-of-network coverage within the HMO plan. In cases where preventive care is performed by a specialist — routine pregnancy visits with your OB-GYN, for example — you'll need a referral from your PCP to ensure the specialist is in-network.

Office visits and emergency services



Doctor's office

- Generally the best place to go for non-emergency care.
- An established doctor-patient relationship allows for treatment based on knowledge of medical history.
- Office hours vary and may be limited during the evenings and on weekends.



Virtual Visits - MDLIVE®

- MDLIVE virtual visits (telehealth) program offers enrolled members access to non-emergency medical and mental health care without the need for in-person office visits.
- Call 888-676-4204 to connect with an independently contracted, board-certified MDLIVE® doctor.
- You can also connect online at MDLIVE.com/bcbsil or the MDLIVE mobile app.
- Available 24 hours a day, 7 days a week.
- This benefit is only available to employees enrolled in the PPO or PPO/HSA.



Convenient care clinic

- Helpful when you don't have a primary doctor or can't get an appointment.
- Good for fever, sore throat/strep, coughs/congestion, sports physicals, urinary tract infections, etc.
- Visit cvs.com or walgreens.com to find a clinic near you.



Urgent care center

- Often used when your doctor's office is closed or appointments are unavailable.
- Can be helpful to address sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.
- Hours typically include evenings, weekends, and holidays.



Hospital ER

- Open 24 hours, seven days a week.
- If you receive ER care from an out-of-network doctor, you may have to pay more.



24/7 Nurseline

- General health information and guidance for specific conditions, from fevers to bee stings, from a registered nurse.
- Call 800-299-0274 to speak with a nurse.
- Only available to employees enrolled in the PPO or PPO/HSA.



Helpful tip For help finding in-network care, use the [Provider Finder tool](#) on the BCBS website.

Cost scenarios

The following examples are for illustrative purposes only and do not reflect what your actual doctor or carrier discount may be. They are simply intended to give you a high-level overview of each plan. These are the kinds of costs you can expect to pay until you've met your entire deductible⁵ or out-of-pocket maximum.

Example 1: Appointment at a convenient care clinic (e.g., CVS Minute Clinic)

HMO	PPO	PPO/HSA
You pay a \$10 copay, which goes toward your out-of-pocket maximum.	You pay a \$10 copay, which goes toward your out-of-pocket maximum.	- Total claim for your visit is \$125. - BCBS discounts the claim by approximately 45%, or \$57. - You pay the balance of \$68. - The balance goes toward to your deductible and out-of-pocket maximum.

Example 2: MDLive sick visit

HMO	PPO	PPO/HSA
Not available to HMO members; you must go through your PCP for services.	- This is free, so no payment is required. - This does not include any medications that may be prescribed.	- Total claim for your visit is \$48. - This is the discounted rate, so no further discount is applied. - You pay the balance of \$48. - The balance is applied to your deductible and out-of-pocket maximum.

Example 3: Diagnostic evaluation with MDLive Behavioral Health⁶

HMO	PPO	PPO/HSA
MDLive is not available to HMO members. To access mental health services, you must get a referral from your PCP.	- Total claim for your visit is \$30. - This is the discounted rate, so no further discount is applied. - You're responsible for a \$30 copay, which goes toward your out-of-pocket maximum.	- Total claim for your visit is \$90. - This is the discounted rate, so no further discount is applied. - You pay the balance of \$90. - The balance goes toward your deductible and out-of-pocket maximum. This does not include any medications that may be prescribed.

Example 4: Mental health visit (psychiatry or therapy)

HMO	PPO	PPO/HSA
- Requires a referral from your PCP. - You're responsible for the \$10 copay and it goes toward your out-of-pocket maximum. This does not include any medications that may be prescribed.	- You're responsible for the \$30 copay. - Copays do not count toward your deductible, but they do count toward your out-of-pocket maximum.	- Total claim for your visit is \$200. - BCBS discounts the claim by 45%, or \$90. - You're responsible for the balance of \$110, which goes toward your deductible and out-of-pocket maximum.

⁵ Only applies to PPO and PPO/HSA plans. The HMO plan does not have a deductible or coinsurance.

⁶ This example includes the cost of a behavioral health diagnostic session with a PhD or master-level clinician. Costs for MDLive sessions will vary based on session length and your clinician's level of experience.

Example 5: Prenatal care and delivery

HMO	PPO	PPO/HSA
- The cost of your first prenatal visit is \$10. - Your delivery claim is \$8,000; you pay a copay of \$10.	- The cost of your first prenatal visit is \$30. - Your delivery claim is \$8,000. - BCBS discounts the service by approximately 45%, or \$3,600. - The balance is \$4,400. You pay up to your deductible (\$1,500), then 20% of the remainder, up to your out-of-pocket maximum.	- Your delivery claim is \$8,000. - BCBS discounts the service by approximately 45%, or \$3,600. - The balance is \$4,400, which is greater than your deductible and out-of-pocket maximum of \$3,300. - You pay up to your deductible (\$3,300), and the rest is covered by BCBS.

Example 6: Receive an MRI at a freestanding MRI clinic

HMO	PPO	PPO/HSA
- Referral from your PCP is required. - This service is free, so no payment is required.	- Total claim for your service is \$600. - BCBS discounts the claim by approximately 45%, or \$270. - Before meeting your deductible, you are responsible for the balance of \$330, which goes toward your deductible. - After meeting your deductible, you will pay 20% of this balance (\$66) which will go toward your out-of-pocket maximum.	- Total claim for your service is \$600. - BCBS discounts the service by approximately 45%, or \$270. - Before meeting your deductible, you are responsible for the balance of \$330, which goes toward your deductible. - After meeting your deductible, you will pay 20% of this balance (\$66) which will go toward your out-of-pocket maximum.



Helpful tip

If you have specific questions about your benefits and coverage, a Blue Cross Blue Shield representative can help. Call **1-800-541-2767** to connect.

Prescription drugs

CMAAP health plans include prescription drug coverage through Prime Therapeutics. Your out-of-pocket costs will vary depending on your plan and the type of drug.

Compare costs

Blue Access for Members (Blue Cross Blue Shield's portal for members) allows you to find medications that are covered by your plan and learn which nearby pharmacies have the lowest cost. To use this tool, visit mybam.bcbsil.com/find-care/finddrug and log in with your Blue Access credentials.

A similar tool is available on the [Prime Therapeutics website](#). Using this tool, you can search for in-network pharmacies, compare drug costs, view your prescription history and drug interactions, and more.

In-network pharmacies

Ensure lower costs by picking up your prescriptions from in-network pharmacies. Several retail chains are in-network, including Walgreens, Jewel-Osco, CVS, WalMart, Costco, and Meijer. Several smaller pharmacies are also in-network; you can access a list of in-network pharmacies using Prime Therapeutics' "[Find a pharmacy](#)" tool.

Generic medications

Ask your doctor if there's a generic version of any medication you're currently taking or being prescribed.



Helpful tip

You can also save on prescription costs by taking advantage of prescription savings programs at major retailers, as well as asking your doctor about free samples and/or manufacturer rebates.

Mail order prescriptions

Switching from retail pharmacy pick-up to mail order prescriptions may save you time and money. With mail order prescriptions, you can get 90-day supplies of select long-term medications delivered right to your door. Mail order prescriptions are administered by Express Scripts. By switching to mail order, you could save up to 32% on your prescription drug costs when compared to retail pharmacies. Additional benefits include:

- Simple, stress-free ordering and automatic refills
- Free standard shipping and flexible payment options
- 24/7 support, including access to pharmacists trained in specific conditions like diabetes and heart disease.

Visit express-scripts.com/rx to learn more or call 1-833-715-0942 to speak with a customer service representative.

Health Savings Account (HSA) | Health Equity

Employees enrolled in the PPO/HSA can use a health savings account (HSA) to save money, tax-free, for qualified out-of-pocket medical, dental, vision, prescription, and over-the-counter health care expenses throughout the year and in the future. In addition to the funds you contribute, CMAP contributes to your HSA on a semi-annual basis. Unlike the FSA where funds expire each year, the funds in your HSA roll over from year to year and are yours to keep — even if you change plans, leave CMAP, or retire. CMAP’s HSA provider is [Health Equity](#).

To be eligible for the HSA, you must enroll in the PPO/HSA during open enrollment. If you need to modify your contribution amount, you will have a another opportunity to make changes in July. To process the change, complete the HSA Change Form and email to HR.

Enrolling in the HSA

All benefit-eligible employees who choose the PPO/HSA medical plan during open enrollment or at the time of hire will be automatically enrolled in the Health Equity Health Savings Account (HSA). Employees enrolled in the PPO/HSA plan will receive biannual contributions from CMAP, regardless of any personal contributions they may make.

Upon enrollment in the Health Equity HSA, a debit card will be sent to your home address as listed in your ADP profile. You can expect the card to arrive within 10 to 14 days of enrollment. To verify or update your home address, please access the ADP employee portal and navigate to “Myself” > “My Information” > “Profile.” Additionally, you have the option to create an online account with [Health Equity](#) to monitor your HSA balance and review transactions.

HSA maximums for 2025 plan year	Employee only	Family
CMAP will contribute	\$1,200	\$2,400
You can contribute up to an additional	\$3,100	\$6,150
Maximum IRS annual HSA contribution	\$4,300	\$8,550
Catch-up contribution (age 55 and older)	\$1,000	

Contributing to your account

Health savings accounts are [regulated by the IRS](#), which sets contribution limits each year. The 2025 contribution limits are \$4,300 for individual coverage or \$8,550 for family coverage. This limit includes both your contribution and CMAP’s contribution. Employees aged 55 and older can make a “catch-up” contribution of \$1,000.

CMAP contributes to your HSA in two installments per calendar year — one in January and one in July. Contributions are prorated for new hires.

When you enroll in the HSA, you will designate your total employee contribution for the year — up to \$3,100 for individuals and \$6,150 for families. Your contribution will be deducted from your paycheck.

Modifying your contribution

You can make changes to your HSA contribution twice per year: during open enrollment and in July.⁷ During open enrollment, you will confirm your contribution amount as you complete your enrollment modules. In July, you can modify your amount by submitting the HSA Change Form:

- Log into ADP. From the top navigation menu, click “Resources”, then “Forms Library”. On the Forms Library page, scroll to “Benefits” and select the “HSA Contribution Change Form.”
- Complete the form and submit to HR.
- HR will send you a confirmation of the change.
- Changes to your contribution will take effect on the 15th of the following month.

Investing your HSA dollars

In addition to saving money on health care costs, your HSA can be a strategic investment tool that allows you to save for long-term healthcare needs and financial goals. Contributions made to your HSA are tax-deductible, and withdrawals for qualified medical expenses are exempt from income tax.

Health Equity provides a variety of investment options to help you grow your HSA, including a carefully curated selection of 31 low-cost mutual funds from Vanguard. Investment options are accessible to members who meet the investment criteria and have chosen to invest. For a comprehensive list of available Vanguard investment funds, please consult the [Member Investment Guide](#).

HSAs and [retirement](#)

At age 65 — whether you are working or retired — the funds in your HSA become more versatile. At this point, you can use your HSA funds for a wider array of expenses beyond just medical costs. You will, however, need to pay income tax on these expenses. Qualified medical expenses will remain tax exempt.

Adding an HSA to your [retirement portfolio](#) can help you maximize your after-tax retirement income. By setting aside funds specifically for future medical expenses—including dental, vision, and hearing costs that may not be covered by Medicare—you can safeguard your retirement funds designated for everyday living expenses.

⁷ Exceptions to this policy will be made for life changing events.

Flexible spending account | Health Equity

A flexible spending account (FSA) allows you to put pre-tax dollars into an account to pay for qualified medical expenses and/or dependent care expenses you may incur throughout the year. FSAs have a use-it-or-lose-it provision, so be thoughtful when deciding how much to contribute.

There are three types of FSAs:

Health care FSA

By enrolling in the health care FSA, you can contribute up to \$3,300 per plan year to pay for qualified medical, dental, and vision expenses for yourself and eligible family members. Eligible medical expenses include prescription and over-the-counter medications, orthodontia, prescription eyeglasses and contact lenses, Lasik eye surgery, and [so many more](#).

To pay for these expenses, you can use your Health Equity card at your doctor/dentist office, pharmacy, major retailers, or wherever else you pay for medical expenses. If the card reader asks for a pin number, you can simply run the card as credit. You can also use your card to shop for eligible products or pay bills online. If you need additional cards for dependents, you can easily order them in the Health Equity member portal.

If you don't have your debit card on hand, you can submit a reimbursement claim in the Health Equity member portal. The funds will be deducted from your FSA balance and reimbursed to you via check or direct deposit.

You can roll over up to \$660 of your health care FSA to the following plan year; any remaining unused funds will expire. You don't need to be enrolled in a CMAP medical plan to enroll in the FSA. For example, you could be enrolled in a spouse's or parent's plan and still have an FSA with CMAP.

Limited purpose FSA

Current IRS regulations prevent you from having both a Health Savings Account (HSA) and a traditional FSA. You can, however, enroll in a limited purpose FSA. The limited purpose FSA allows you to pay for eligible out-of-pocket **dental and vision expenses only**, optimizing your HSA funds for other medical needs. You can contribute up to \$3,300 to your limited purpose FSA annually, with a rollover of up to \$660.

Dependent care FSA

With a dependent care FSA, you can contribute pre-tax dollars to pay for [eligible dependent care services](#) for children under the age of 13, including expenses related to preschool, daycare, day camps, and before- or after-school programs. Dependent care FSAs can also help cover the cost of daycare for your adult dependents. You can contribute up to \$5,000 to your dependent care FSA per plan year, or \$2,500 for married couples filing separately. If you're unsure whether the dependent care FSA would be beneficial for your family, we encourage you to use [this online calculator](#) for guidance.



Helpful tip

You might be surprised by the wide variety of over-the-counter products covered by your FSA. If you have a surplus of FSA funds (exceeding the rollover amount) at the end of the year, it's a great time to restock your first aid kit or replace those expired eye drops.

Additional Blue Cross Blue Shield benefits

Blue Access for Members

BlueAccess is a secure member website that gives you immediate access to information about your health care benefits. You can check claim status, find in-network providers, use the hospital comparison tool, and much more. Visit mybam.bcbsil.com to log in or create your account.

BlueAccess Mobile™

Members of all three medical plans can download the BlueAccess app for convenient access to BlueAccess features. PPO and PPO/HSA members can also use the Blue Access app to manage prescriptions.

Blue365 discounts

Blue365 gives members access to a variety of health and wellness discounts, including deals on hearing and vision products, fitness programs, and more. Visit blue365deals.com to join.

Special Beginnings®

Special Beginnings is a confidential maternity program designed to help you better understand and manage your pregnancy. Get the support you need from early pregnancy until 6 weeks after delivery, including pregnancy risk factor identification, ongoing communication and monitoring, education materials covering pregnancy and infant care, and assistance in managing high-risk conditions such as gestational diabetes and preeclampsia. To speak with a maternity care provider, call 1-888-421-7781. Learn more at bcbsil.com/specialbeginnings.

Well onTarget member wellness program

Well onTarget is an online platform that gives BCBS members access to a variety of tools and resources to manage their health. Features of the platform include:

- A personalized “My Journey” dashboard
- Interactive tools, including health and fitness assessments
- Coaching, counseling, and self-directed courses
- Nutrition counseling
- Goal tracking and wellness challenges
- Incentives and rewards for healthy habits, with an option to redeem points for merchandise in the Well onTarget marketplace

Visit wellontarget.com to log-in with your BlueAccess account.

Additional Health Equity benefits

HSA store and FSA store

Health Equity has partnered with HSAstore.com and FSAstore.com to offer members convenient access to thousands of HSA-eligible and FSA-eligible products, with quick and easy delivery right to your door. And since only qualified products are sold on the site, you can be confident your purchase complies with IRS regulations.

Your Health Equity card

Health Equity provides a "stacked" card that streamlines your FSA and HSA funds onto one card. This card prioritizes FSA funds for dental and vision expenses; once those funds are depleted, the card will seamlessly access your HSA funds. You can view all transactions and account information in your Health Equity online account. You can also order additional cards for family members.

Dental, vision, and hearing

Dental insurance | Delta Dental

Dental Health Maintenance Organization (DHMO)

The DHMO requires you to choose one dentist or dental facility within the Delta Dental network to manage your oral health needs. If you need to see a specialist, your primary care dentist will provide a referral. Specialty dental care may require preauthorization.

A typical DHMO 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 on a pre-determined fee schedule between the carrier and your dentist. Diagnostic and preventive services often have no fee. DHMOs only offer in-network benefits, so if you visit a dentist outside of the network, you likely will be responsible for the entire bill.

Your dental benefits are effective on the first day of the month after your month of hire (e.g., benefits for a new employee starting March 17 are effective April 1). Your benefits will expire on the date of your termination.

Dental Preferred Provider Organization (DPPO)

In most traditional dental PPO plans, the annual maximum is a "use it or lose it" benefit. With Delta Dental's To Go program, members don't have to leave unused benefits behind. Instead, you can roll over the unused portion of your annual maximum to the next plan year and use it later. This feature gives you the flexibility to plan for more expensive dental procedures.

For DPPO members: Delta Dental To Go program

The To Go program is only available to CMAP employees enrolled in the Delta Dental PPO (the Delta Dental HMO does not have an annual maximum benefit). To qualify, the following conditions must be met:

- You must be enrolled in the Delta Dental PPO for the entire plan year.
- You must have received at least one dental service that applies to the annual maximum, including at least one dental cleaning.
- The 2024 annual maximum for the Delta Dental PPO is \$2,000. The roll over amount may not exceed \$2,000. The total combined annual maximum (the current year's maximum plus any roll over) may not exceed \$4,000.

If the above criteria are met, the unused benefit will automatically carry over into the next plan year.

For PPO members: Delta Dental Enhanced Benefits

Delta Dental's [Enhanced Benefits program](#) enhances coverage for members who have specific health conditions that may be positively affected by additional oral health care. Eligible members include:

- Periodontal (gum) disease
- Diabetes
- Pregnancy
- Cardiac conditions
- Kidney failure or dialysis
- Chemotherapy and/or radiation
- Suppressed immune system (including individuals with HIV/AIDS, organ recipients, and stem cell recipients)
- Physical, cognitive, and/or developmental disabilities

Benefits include additional cleanings and/or applications of topical fluoride for all members who qualify. Members with disabilities may also qualify for additional services like anesthesia, sedation, silver diamine fluoride, and other treatments. The costs of these additional services, if applicable, will be applied to your annual maximum.

To qualify for the Enhanced Benefits program, you must complete a brief health history statement. You may complete this statement yourself, or your dentist may complete it for you. Once enrolled, you are immediately eligible for benefits. Get started by logging into the Delta Dental member portal. If you've never logged into the portal before, you'll need to make an account.

Learn more about eligibility, coverage level, and more [here](#).

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 ⁸ coinsurance	Discounts only	50% / 50%
Orthodontia lifetime maximum	Unlimited	\$1,500 / \$1,500



Helpful tip

Delta Dental mobile app

Download the Dental Dental mobile app to access helpful resources, including tools to estimate costs of dental services, find in-network dentists, and schedule appointments. You can also view your member ID card in the app.

⁸ Orthodontia coverage available for dependent children up to age 19.

Vision insurance | VSP

Vision insurance helps offset the cost of eye exams, eyeglasses, sunglasses, and contact lenses.⁹ Your vision plan includes both in-network and out-of-network coverage, though costs are typically lower for in-network providers.

Your vision benefits are effective on the first day of the month after the month of hire (e.g., benefits for a new employee starting March 17 are effective April 1). Your benefits will expire on the date of your termination.

Eye exams and medical care			
Benefits	Description	Copay	Frequency
Wellvision exam	- Overall eye health - Routine retinal screening	\$10 Up to \$39	Every calendar year
Essential medical eye care	- Retinal imaging for members with diabetes covered in-full - In addition to routine care, coverage includes exams and services to treat immediate issues (e.g., pink eye, sudden changes in vision) or to monitor ongoing conditions (e.g., dry eye, diabetic eye disease, glaucoma) - Services may require coordination with your medical coverage. Ask your VSP network doctor for details.	\$20 per exam	Available as needed
Prescription glasses			
Benefits	Description	Copay	Frequency
Frame	\$130 standard frame allowance \$150 frame allowance for one of VSP's Featured Frame Brands \$130 WalMart/Sam's Club frame allowance \$70 Costco frame allowance - Save 20% on the remaining balance after your allowance¹⁰	\$10 (both frames and lenses)	Every calendar year
Lenses	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children		
Lens enhancements	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Tints/light-reactive lenses - Average savings of 30% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175 \$0	Every calendar year
Contact lenses			
Benefits	Description	Copay	Frequency
Exam	Fitting and evaluation	Up to \$60	Every calendar year
Contact lenses	\$130 allowance; copay does not apply	n/a	

⁹ Your annual vision allowance includes either contact lenses or glasses, not both.

¹⁰ Savings based on retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Coverage with a retail chain may be different or not apply.

Additional savings

Glasses and sunglasses	▪ Save 20% on unlimited additional pairs of prescription or non-prescription glasses and sunglasses, including lens enhancements ▪ Discover all current eyewear offers and savings at vsp.com/offers
Laser vision correction	▪ Average of 15% off the regular price; discounts available at contracted facilities.
Exclusive benefits for VSP members	▪ Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. ▪ Enjoy everyday savings on health, wellness, and more with VSP Simple Values.



Helpful tip

Your coverage goes further in-network

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

Additional perks with VSP:

- **Extra \$20 to spend on featured frame brands** like bebe®, ck Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and other select frames. At no cost to you, the extra \$20 is automatically applied by the VSP doctor.
- **Essential medical eye care:** VSP doctors can diagnose and often treat urgent or chronic medical eye conditions, such as pink eye or eye injury. This can mean huge cost-savings over emergency rooms, urgent care centers, or visits to a primary care physician.
- **Eyewear protection program:** A worry-free warranty that replaces featured frames purchased from a Premier Program doctor, free of charge, within the first 12 months following purchase, if you accidentally break or damage your glasses.
- **Eyeconic®:** VSP's online eyewear store, which offers an improved option for members who prefer to shop online for eyewear or contact lenses. Members can apply their VSP benefits directly to their purchase for prescription or non-prescription glasses and sunglasses, as well as contacts. Members have the option to have their eyewear order shipped directly to their home or to a VSP practice. Members can virtually try on glasses to find their perfect frame. Eyeconic offers free shipping and returns, along with price matching.

Hearing aids

CMAF employees have access to hearing aid coverage through our insurance carriers.

Amplifon hearing aids

Both Delta Dental of Illinois and Mutual of Omaha have partnered with Amplifon to offer quality hearing health care for employees as well as their friends and family. See the table below for an overview of Amplifon's hearing aid options.

	Level 1	Level 2	Level 3	Level 4	Level 5
Hearing aid features	Standard features	Additional, easy-to-use functions	Designed for work and play	Enhanced to keep you on the go	Leading technology keeps you connected
Price	\$995	\$1,495	\$1,795	\$2,195	\$2,645
Complimentary aftercare	Risk free trial – find your right fit by trying your hearing aids for 60 days Follow-up care – ensures a smooth transition to your new hearing aids Battery support – battery supply or charging station to keep you powered				

You can access your Amplifon hearing aid discounts using your Dental Dental or Mutual of Omaha employee portal.

Delta Dental	Mutual of Omaha
amplifonusa.com/deltadentalil 888.823.2130	accounts.mutualofomaha.com 888.534.1747

VSP TruHearing Discounts

With TruHearing from VSP, employees and their families can save up to 60% on state-of-the-art hearing aids. TruHearing also includes:

- follow-up visit for fittings, adjustments, and cleaning
- 60-day risk-free trial
- 3-year manufacturer warranty for repairs and a one-time loss or damage replacement

To access this benefit, visit truhearing.com/VSP, or call 877.396.7194.

Life insurance and disability insurance

Life insurance and AD&D insurance | Mutual of Omaha

Life insurance helps ease your loved ones' financial burden in the event of your death. If you pass away from a covered accident or illness, your designated beneficiary will receive a benefit. Similarly, **accidental death and dismemberment (AD&D)** provides a benefit to your beneficiary if you pass away or become dismembered due to a specifically covered accident. CMAP provides benefit eligible employees with basic life and AD&D coverage, but you can choose to increase your coverage amount at your own expense.

Life insurance and AD&D insurance are managed by Mutual of Omaha. To speak with a Mutual of Omaha customer service representative, call 800-228-7104.

Important

Always make sure your beneficiaries are updated in ADP. Beneficiaries can be updated at any point in the year — you don't have to wait for open enrollment. Although no one wants to imagine the worst-case scenario, keeping this information accurate ensures that your beneficiaries can access their benefits on a timely basis.

Basic life and AD&D insurance

All benefit eligible employees are provided \$75,000 in basic life and AD&D coverage. The cost of this benefit is 100% paid by CMAP. Coverage is effective on the first day of the month after date of hire. Always make sure your beneficiaries are updated in ADP.

	Basic life	Accidental death & dismemberment
Benefit Amount	\$75,000 per employee	\$75,000 per employee

Voluntary term life / AD&D insurance

Voluntary term life / AD&D insurance allows you to purchase additional coverage at your own financial expense. You can also add coverage for your spouse or children. The cost of this benefit is 100 percent paid by the employee, and will vary based on your age and the amount of coverage you elect. See page 32 for a summary table of contribution rates. **Always make sure your beneficiary information is updated.**

Increasing your coverage

You can increase your benefit amount in the ADP employee portal at any time. You may need to complete an Evidence of Insurability Form¹¹ to process your coverage increase. This form can be found in the ADP employee portal under "Forms Library."

During open enrollment, you can increase your coverage by up to \$10,000 without needing to submit an Evidence of Insurability Form. If you increase your coverage by more than \$10,000, you will need to submit the form. Coverage increases only apply to your coverage, not your spouse or dependents' coverage. If you would like to increase spousal coverage, a new Evidence of Insurability Form must be submitted to Mutual of Omaha's underwriting department for processing.

¹¹ Evidence of Insurability (EOI) is a record of a person's past and current health events. It's used by insurance companies to verify whether a person meets the definition of "good health."

Scenario		Do I need to submit an EOI?
You increase your coverage by \$10,000 during open enrollment		No, as long as your total coverage does not exceed \$100,000
Increase by >\$10,000 during open enrollment		Yes
Increase by any amount outside of open enrollment		Yes
Increase your spouse's coverage or child(ren)'s coverage at any time		Yes

	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 ¹²	\$100,000	\$10,000	\$10,000

Short- and long-term disability | Mutual of Omaha

If you become ill or suffer an injury or other medical condition that prevents you from working, disability insurance can pay a portion of your income for a defined maximum period of time. **The cost of the benefit is 100 percent paid by CMAP.**

Short-term disability provides up to 13 weeks of income protection after an injury or illness. Benefits begin the first day of an accident or after 7 days of an illness. Short-term disability pays up to 60% of pre-disability earnings up to a maximum of \$1,500 per week.

Long-term disability takes effect after short-term disability expires. Benefits begin after 90 days of continuous injury or illness. Long-term disability pays up to 60% of pre-disability earnings, up to a maximum of \$7,500 per month. Long-term disability coverage continues even if you stop working at CMAP.

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


Important

For all insurance plans brokered by Mutual of Omaha, your eligibility for coverage is effective on the first day of the month after your date of hire (e.g., benefits for a new employee starting March 17 are effective April 1). Coverage for these plans terminates on the date of your termination or retirement — note that this differs from medical benefits, which terminate at the end of the month of your termination or retirement.

¹² Guaranteed issue applies to new employees only. When you start at CMAP, you have the option to add up to \$100,000 of voluntary life insurance without needing to submit an EOI. After initial enrollment, you will need to submit an evidence of insurability form to increase your coverage.

Retirement

Illinois Municipal Retirement Fund (IMRF)

As mandated by Illinois General Assembly statute, CMAP is an IMRF employer. All full-time employees and part-time (30 hours/week) employees must participate in IMRF.¹³ Each pay period, employees contribute, tax-deferred, 4.5 percent of their gross earnings to their IMRF pension. CMAP contributes to your pension each pay period at an annual rate established by IMRF. For more information, please call 1-800-ASK-IMRF or visit imrf.org.

IMRF Voluntary Additional Contributions

IMRF's Voluntary Additional Contributions (VAC) program is a unique retirement savings opportunity available to IMRF members only. With this program, members can choose to make additional, after-tax contributions to an individual VAC account that earns a higher rate of interest than most other retirement savings plans. The robust interest rate of IMRF's VAC program makes it a particularly attractive retirement savings option during times of market volatility. You can read more about the VAC program on the [IMRF website](https://imrf.org).

Deferred compensation (457 plan) | Empower Retirement

457(b) deferred compensation plans are retirement plans offered to employees working in government or the non-profit sector. By enrolling in a 457 plan, employees can contribute a percentage or fixed amount of their paycheck into a tax-advantaged retirement account. The 2025 contribution limit for 457 plans is \$23,500. Employees who are 50 and older can contribute an additional \$7,500. CMAP's deferred compensation plans are managed by Empower.

Choosing between 457 plans

Employees can choose between two types of 457 plans: a Roth 457 plan, meaning your contributions are made on an after-tax basis, or a traditional pre-tax 457 plan, meaning your contributions are made on a before-tax basis.

The Roth 457 essentially "locks in" today's tax rates on all contributions. If you expect to be in a higher tax bracket when you retire, this option may make more sense for you.

Conversely, if you expect to be in a lower tax bracket when you retire, you may want to consider contributing to your 457 on a pre-tax basis. With a pre-tax 457, you won't pay taxes on your contributions or earnings on contributions until you take a distribution, which is usually at retirement.

¹³ IMRF sets annual wage caps for members based on your membership tier. If you started at CMAP or another IMRF employer before January 1, 2011, you are in Tier 1. If you started on or after January 1, 2011, you are in Tier 2. In 2025, the Tier 1 wage cap is \$350,000 and the Tier 2 wage cap is \$127,283.01.

Review the table below to learn more about the difference between these plans.

Question	Traditional pre-tax 457	Roth 457
Is my contribution taxable in the year I make it?	No	Yes
Is my contribution taxed when distributed?	Yes	No
Are potential earnings on my contributions taxed when distributed?	Yes	No, so long as: ▪ the distribution occurs after you've reached age 59.5 or upon disability or death ▪ the distribution occurs at least five years after your first Roth 457 contribution
If I change jobs, can I roll over my account?	Yes, to a qualified 401(k) plan, a traditional IRA, a Roth IRA, a 403(b) plan or governmental 457(b) plan	Yes, to a Roth IRA, governmental 457(b) plan, 401(k) plan or 403(b) plan if the plan has a designated Roth account and accepts rollovers
What is the maximum amount I can contribute?	In 2025, the contribution limit for 457 plans is \$23,500. Employees who are 50 and older can contribute an additional \$7,500.	
Can I withdraw funds before retirement?	Yes, you can withdraw funds from your account before retirement, but you will face early withdrawal penalties.	
Do I have to take a minimum distribution at age 70.5?	Once you reach age 70.5, you may be required to begin taking minimum distributions from either a Roth 457 or a traditional pre-tax 457.	

Enrolling in the 457 plan

If you would like to enroll in the 457 plan, download the Empower Paycheck Contribution Form found in the ADP Forms Library, then email the completed form to human resources. Once you're enrolled in the plan and registered for an Empower online account, you can make changes to your contributions or investment options at any time.

If you were previously enrolled in a 457 plan with a former employer, you can roll over those funds into an Empower account.

Changing your contribution

To change your contribution:

1. Complete the Empower Paycheck Contribution Form and submit to HR.
2. Log into your [Empower account](#) and input the new deduction.

Emergency loans

Employees can take out loans against their 457 plans for special emergencies. You can request a loan by logging into your Empower account and selecting Account › Plan name (CMAP 457 plan) › Loans › Request a new loan. Loans will accrue interest and may have additional penalties; your online account will walk you through terms of the loan.

Time off and remote work

Time off policies

Sick leave

Full-time employees accrue 1 sick day per month, up to a maximum of 12 weeks or 458 sick hours. Unused sick time will be rolled over from one calendar year to the next, not to exceed the maximum total hours. There is no payout of sick leave upon separation. Any unused sick leave will be reported to retirement service and converted to service credit.

In accordance with the City of Chicago Minimum Wage and Paid Sick Leave Ordinance 6-105-045, part-time employees accrue 1 hour of sick leave for every 40 hours worked. Part-time employees can roll over up to 20 hours of unused sick time per calendar year, up to a maximum of 96 hours.

Vacation leave

Employees can accrue a maximum of 35 days or 262.5 hours of vacation time. 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. New hires can start with up to 21 days in vacation days, based on years of service.

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 - 12	20 days/year
13 - 16 years	21 days/year
Grandfathered rate 13 - 16	22 days/year
17+ years	24 days/year
Grandfathered 17+	25 days/year

Personal business/floating holidays

Employees accrue three days each calendar year for personal business/floating holidays. Days will be prorated for any employee hired after January 1. Unlike sick time and vacation time, which roll over across calendar years, all unused personal time expires on December 31. These days will not be paid out upon separation.

Parental leave

Employees who have worked at CMAP for at least six months are eligible for three weeks of parental leave after the 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. Each week of parental leave is compensated at 100% of the employee's regular weekly pay. Parental leave may also be combined with available vacation, personal, and sick time as well as short term disability and FMLA.

Designated holidays

In 2025, there are 13 designated paid holidays.

Designated paid holidays	
New Year's Day	Monday, January 1
Martin Luther King Day	Monday, January 20
Presidents' Day	Monday, February 17
Memorial Day	Monday, May 26
Juneteenth Day	Thursday, June 19
Independence Day	Friday, July 4
Labor Day	Monday, September 1
Indigenous Peoples' Day	Monday, October 13
Veterans Day	Tuesday, November 11
Thanksgiving Day	Thursday, November 27
Day after Thanksgiving	Friday, November 28
Christmas Day	Thursday, December 25

Hybrid and remote work

Hybrid work schedule

CMA's hybrid work model gives employees the flexibility to work a combination of in-office and remote days each month. If you work on a hybrid schedule, you must work in CMA's offices a minimum of 10 days each month, which is 2-3 days/week. Your in-person workdays must include at least one Monday and one Friday per month.

Remote week

You may request up to three non-consecutive weeks to work fully remote in one calendar year. Fully remote weeks cannot occur during any week that includes a CMA holiday, unless expressly permitted by the executive director.

To work fully remote, you must:

- Have fully functioning internet and phone accessibility Monday through Friday during your scheduled workday on Central Time (CT).
- Be able to participate in meetings, calls, and other work functions.
- Provide your manager and deputy with a brief work plan identifying the elements of work to be completed during this fully remote period.
- Have no in-person work obligations during the period you request to work fully remote.
- Work in a location that permit access to CMA's network through the VPN. If you are planning to work outside of the U.S., you must notify human resources in advance to ensure compliance with network VPN permissions.

Professional development

Tuition reimbursement

CMAP provides a tuition reimbursement up to \$5,250 for employees who regularly work 30 hours or more per week and have completed the 6-month employment introductory period. Classes, seminars, and programs must be relevant to the employee's job responsibilities or provide skills that will contribute to CMAP's goals or resource needs. Reimbursement is contingent on maintaining acceptable work performance, prior management approval, and availability of funds.

Employees must submit a signed Educational Expense Agreement (available in the ADP Forms Library) to be eligible. For more details about the education reimbursement benefit, please read the employee resource guide.

Certificates, licenses, and membership dues

Full-time employees who have completed their first six months of employment are eligible to be reimbursed for up to \$350 per calendar year for educational certificates, licenses, and membership dues for professional organizations.

Conferences and trainings

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

Additional benefits

Employee assistance program (EAP)

Employee assistance programs are voluntary, confidential benefit programs designed to support employees through life's challenges, including stress, relationships, financial wellness, and more. As a CMAP employee, you have access to two EAPs: LifeCare and TELUS Health.

LifeCare

LifeCare offers free counseling and resources to address a wide range of issues, from everyday challenges to major life events. Examples include, but are not limited to:

- New baby
- Adoption
- Parenting
- Childcare
- Pet ownership
- Marriage
- Divorce
- Money management
- Legal matters
- Illness
- Aging loved one
- Grief and loss

CMAP employees can receive up to nine free counseling sessions per year with a maximum of three sessions per issue. Your spouse or domestic partner can use these sessions, too. In addition to counseling sessions, LifeCare offers many health and well-being services on its website, including fitness classes, articles, and more.

LifeCare also offers LifeMart, an employee savings platform that provides discounts on everyday products and services, including discounted Super Bowl tickets, concerts and events, rental cars, travel and hotels, theme parks and attractions, movie tickets, electronics, pet care and insurance, wellness, apparel, and more.

To get started, follow the LifeCare link in your ADP employee portal. You can also call 800-697-7315. Care specialists are available 24/7.

TELUS Health (formerly LifeWorks)

The TELUS Health EAP gives you and your dependents access to confidential counseling to support your well-being.

Each calendar year, employees and their dependents can receive counseling for up to three issues at five sessions each. You'll work with the same counselor for all five counseling sessions, but you won't necessarily be matched with that counselor for any future issues.

To book a counseling session, call 800-433-7916. Representatives are available 24/7.

During your initial intake call, the TELUS representative will determine if you're a fit for the short-term, solutions-focused counseling offered as part of the EAP. Should you need more open-ended or specialized support, the TELUS team will work with you to find local counselors or services outside of the EAP who would be appropriate for your specific circumstances. This includes finding services that are low-cost, free of charge, and/or are covered by your health insurance plan.

Personal counseling

TELUS Health counselors can help you address a range of personal challenges, including:

- Dealing with conflict or changes at work
- Stress management
- Chronic illness or disability
- Separation or divorce
- Substance abuse
- Self-esteem or communication issues
- Parenting challenges

Counselors are experienced therapists with a minimum master's degree in psychology, social work, educational counseling or other social services field.

If you'd like to continue meeting with your counselor beyond the complimentary sessions offered in the EAP, you can always ask if your counselor is currently accepting non-EAP clients and if their services are covered by your insurance.

Financial counseling

TELUS Health provides access to financial counseling to address a variety of issues, including:

- Budgeting and overall money management
- Credit card debt and debt management options
- Credit card management and rebuilding credit
- Financial emergency options
- Paying student loans
- Foreclosure or other housing issues
- Homeownership and mortgage questions
- Implications of bankruptcy
- Identity theft

Tax consultation

Employees have access to one-on-one virtual consultations with qualified tax professionals. You can also access online resources like newsletters, articles, and financial calculators.

Consultants provide information and education about federal tax questions (questions about state taxes will be referred to state resources), including:

- Past due taxes and dealing with the IRS
- Filing requirements and forms
- Amending previous returns
- Deduction exemptions and credits
- Implications of money transfers
- Selecting a local tax specialist
- Year-to-year tax changes in tax rules and requirements

Consultants do not provide tax advice or prepare returns. To book an appointment, call 800-433-7916.

Online financial assessment

TELUS Health offers a free online assessment that helps you evaluate your financial health in just a few minutes. The brief survey will ask you about your budgeting and savings, debt, and other elements of your finances. After completing the assessment, the tool generates helpful resources and recommendations tailored specifically for you.

Legal assistance

TELUS provides legal assistance for a range of issues, including divorce, real estate, writing a will, or finding a lawyer. Services include:

- **Document preparation:** Valuable information and guidance to draft legal forms like wills, power of attorney, complaint letter, or more.
- **Legal consultation:** Book a free 30-minute phone consultation in almost all areas of law, except business or employment law.
- **Local attorney referral:** Get help finding a licensed attorney in your area who can provide legal advice and representation. If you retain a lawyer within the TELUS Health network, you may be eligible for discounted retainer fees.
- **Legal library:** Browse a legal library with hundreds of articles and resources on topics such as bankruptcy, divorce and family law, estate planning, immigration, landlord/tenant issues, and more.

How to access your EAP benefits

Human resources automatically enrolls employees in the TELUS Health EAP. You should have received an email from TELUS Health to create your online account and access your EAP benefits. If you have not received this email, please email HR. You can also use your CMAP email to reset your password on the TELUS Health website.

Aflac

Aflac provides supplemental benefits coverage to help pay out-of-pocket expenses — including medical costs, recovery, and ongoing living expenses — for major illnesses and injuries. Aflac also offers supplemental life insurance policies for employees and their families. The cost of this benefit is 100% paid by the employee. Available policies include:

- **Cancer insurance:** Cash benefit to help with expenses incurred due to cancer treatment.
- **Critical care insurance:** Cash benefit to help with expenses incurred due to a specified health event, such as sudden cardiac arrest or end-stage renal failure.
- **Accident advantage insurance:** Provides cash benefit to help pay accident expenses that are not covered by your medical plan.
- **Hospital indemnity insurance:** Reduces the financial impact of unexpected hospitalization.
- **Life insurance:** Aflac offers both term life and whole life insurance. Both policies are guaranteed issue, meaning you do not have to complete a medical questionnaire to determine coverage.
 - **Whole life insurance:** Guaranteed issue whole life coverage with a face amount (death benefit) up to \$50,000.
 - **Term life insurance:** Guaranteed-issue for 10-year, 20-year or a 30-year term life coverage with a face amount of up to \$50,000.

You can purchase Aflac coverage at any point in the year — you don't need to wait for open enrollment. Simply contact HR to get started.

Transit benefit

CMAF's transit benefit allows employees to save money on commuting costs by setting aside pre-tax income for transit passes and fares. In addition to cost savings, the program also offers the convenience of having transit fares automatically deposited to your Ventra account or pre-loaded onto an RTA Transit Benefits Prepaid Mastercard.

You can enroll in the transit benefit or change your contributions twice during the year: during open enrollment and in July.¹⁴ To enroll or make changes, complete the Transit Change Form (available in the ADP Forms Library and on the HR intranet page) and submit to HR. To learn more about this benefit, read the Transit Benefit FAQ on the intranet.

Health and fitness reimbursement

CMAF provides a health and fitness benefit for employees to promote health and wellness. Employees will be reimbursed for up to \$17 per month and up to \$25 for initiation or registration fees. Expenses eligible for reimbursement include gym or health club memberships, personal trainer sessions or contracts, and fitness classes (both one-time and subscription). Expenses for at-home fitness equipment, DVDs, videos, or other media are not eligible for reimbursement. Twice a year, in January and in June, HR will email employees to request receipts and invoices for reimbursement.

Identity theft assistance

Each year, millions of Americans become victims of identity theft. Information that personally identifies you, such as your name, social security number, or credit card numbers can be stolen and used to commit fraud or other crimes. Identity Theft Assistance, provided by AXA Assistance and managed by Mutual of Omaha, helps you and your dependents understand the risks of identity theft, learn how to prevent it, and most importantly, assists you if your information is compromised. Identity theft assistance is a free service offered to all CMAF employees as part of your Mutual of Omaha coverage. Add-on products or services may have additional out-of-pocket costs. Access ID Theft Assistance services by calling AXA Assistance toll-free at 800-856-9947. Case managers are available 24 hours a day, 7 days a week.

Travel assistance

Travel assistance provides access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services around the world. Assistance is available on any single trip more than 100 miles from home and up to 120 days in length. This benefit is administered by AXA Assistance, Inc. and managed by Mutual of Omaha. Travel assistance is a free service offered to all CMAF employees as part of your Mutual of Omaha coverage. Add-on products or services may have additional out-of-pocket costs.

Services include:

Medical assistance

- Locating medical providers and referrals
- Communicating your medical status with family, physicians, employer, travel company, and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment
- In the event of death, assist in the return of mortal remains

¹⁴ Exceptions to this policy will be made for life changing events.

- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to and/or after medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

Recovery information

- Information regarding the steps to recover from credit card or check fraud
- Guidelines if your social security number is compromised
- Instructions for lost or stolen passport
- Contact financial institutions, credit bureaus, and check companies

Emergency travel support services

- 24/7 access to telephone translation services
- Referrals for local attorney or consular offices and help with maintaining business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- Assistance with lost, stolen, or delayed baggage while traveling on a common carrier
- Assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business, or credit card
- Assistance with recording and retrieving messages between you, your family, and/or business associates
- Coordination of credit card, airline ticket, or other documentation replacement
- If evacuation or repatriation is necessary, return of your unattended vehicle to the car rental company

Travel assistance limitations

AXA will not pay emergency evacuation, medically necessary repatriation, return of remains, or other expenses in the following cases:

- Expenses were incurred while traveling within 100 miles of participant's residence
- A single trip lasts more than 120 days in length
- Participant travels against the advice of a physician
- Pregnancy and childbirth expenses, except in the event of complications

There is a maximum benefit amount per person associated with emergency evacuation, medical repatriation and/or return of mortal remains. All additional costs would be the responsibility of the member. This includes medical costs which are the responsibility of the person receiving medical services. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program. No reimbursement claims for out-of-pocket expenses will be accepted.

For assistance within the U.S., call toll free: 800-856-9947

For assistance outside of the U.S., call collect: 312-935-3658

Legal will preparation

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation. As a CMAP employee, you can access free support to prepare your will. This benefit is administered by Epoq, Inc. and managed by Mutual of Omaha.

Epoq provides the following FREE documents:

- Living will and trust
- Power of attorney
- Health care directive
- Pour-over will
- Last will and testament

Here's how it works:

- Log on to www.willprepservices.com and use the code MUTUALWILLS to register
- Answer the simple questions from any device and watch the customization of your document happen in real time
- Download, print, and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child
- Make the document legally binding (verify your state's requirements)

Public Service Loan Forgiveness (PSLF)

CMAP is a qualifying employer under the Public Service Loan Forgiveness program. To be eligible, you must have direct loans and make 120 qualifying monthly payments under a qualifying repayment plan.

Employee premiums

Medical HMO

Monthly contributions	Employee	CMAP
Employee only	\$145.57	\$663.15
Employee & spouse	\$380.42	\$1,348.75
Employee & child(ren)	\$343.46	\$1,217.74
Family	\$545.97	\$1,935.69

Medical grandfathered PPO

Monthly contributions	Employee	CMAP
Employee only	\$188.62	\$804.14
Employee & spouse	\$488.21	\$1,634.45
Employee & child(ren)	\$440.79	\$1,475.67
Family	\$700.66	\$2,345.70

Medical PPO

Monthly contributions	Employee	CMAP
Employee only	\$174.00	\$741.77
Employee & spouse	\$450.35	\$1,507.71
Employee & child(ren)	\$406.61	\$1,361.24
Family	\$646.33	\$2,163.81

Medical PPO/HSA

Monthly contributions	Employee	CMAP
Employee only	\$148.85	\$678.08
Employee & spouse	\$388.98	\$1,379.12
Employee & child(ren)	\$351.20	\$1,245.15
Family	\$558.25	\$1,979.27

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

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

Supplemental insurance for retirees

Employees who retire from CMAP and enroll in Medicare as their primary insurance may choose to keep CMAP insurance at a reduced rate as supplemental coverage. With supplemental CMAP insurance, your health care providers will first bill Medicare. Anything not covered by Medicare will be submitted through your supplemental CMAP insurance.

Below are the monthly costs for employees under the supplemental insurance plan:

Medical HMO

Monthly contributions	Employee	CMAP
Employee only	\$100.66	\$458.57
Family	\$246.06	\$872.40

PPO

Monthly contributions	Employee	CMAP
Employee only	\$120.32	\$512.93
Family	\$291.30	\$975.21

Grandfathered PPO

Monthly contributions	Employee	CMAP
Employee only	\$130.43	\$556.04
Family	\$315.78	\$1,057.16

PPO/HSA

Monthly contributions	Employee	CMAP
Employee only	\$102.93	\$468.88
Family	\$251.60	\$892.02

Voluntary term life insurance

Term life insurance coverage for employees

The following table outlines biweekly payroll deductions for voluntary term life insurance coverage. Monthly premiums are determined by employee age and coverage amount. Term life insurance must be in increments of \$10,000, up to a maximum of \$300,000.¹⁵

Premium by coverage amount										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
30 - 34	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
35 - 39	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
40 - 44	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
45 - 49	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
50 - 54	\$1.95	\$3.90	\$5.85	\$7.80	\$9.75	\$11.70	\$13.65	\$15.60	\$17.55	\$19.50
55 - 59	\$3.05	\$6.10	\$9.15	\$12.20	\$15.25	\$18.30	\$21.35	\$24.40	\$27.45	\$30.50
60 - 64	\$4.80	\$9.60	\$14.40	\$19.20	\$24.00	\$28.80	\$33.60	\$38.40	\$43.20	\$48.00
65 - 69	\$8.55	\$17.10	\$25.65	\$34.20	\$42.75	\$51.30	\$59.85	\$68.40	\$76.95	\$85.50
70 - 74	\$15.35	\$30.70	\$46.05	\$61.40	\$76.75	\$92.10	\$107.45	\$122.80	\$138.15	\$153.50
75 - 79	\$25.30	\$50.60	\$75.90	\$101.20	\$126.50	\$151.80	\$177.10	\$202.40	\$227.70	\$253.00
80+	\$35.10	\$70.20	\$105.30	\$140.40	\$175.50	\$210.60	\$245.70	\$280.80	\$315.90	\$351.00

Term life insurance coverage for spouses

Employees can add voluntary term life insurance policies for their spouses in increments of \$5,000 up to a maximum of \$150,000. Premiums are determined by the coverage amount and employee's age.

Premium by coverage amount										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 29	\$0.18	\$0.35	\$0.53	\$0.70	\$0.88	\$1.05	\$1.23	\$1.40	\$1.58	\$1.75
30 - 34	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00
35 - 39	\$0.23	\$0.45	\$0.68	\$0.90	\$1.13	\$1.35	\$1.58	\$1.80	\$2.03	\$2.25
40 - 44	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
45 - 49	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
50 - 54	\$0.98	\$1.95	\$2.93	\$3.90	\$4.88	\$5.85	\$6.83	\$7.80	\$8.78	\$9.75
55 - 59	\$1.53	\$3.05	\$4.58	\$6.10	\$7.63	\$9.15	\$10.68	\$12.20	\$13.73	\$15.25
60 - 64	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
65 - 69	\$4.28	\$8.55	\$12.83	\$17.10	\$21.38	\$25.65	\$29.93	\$34.20	\$38.48	\$42.75

Term life insurance coverage for all children

Employees can add voluntary term life insurance policies for their children or dependents. Coverage is added as a flat \$10,000, regardless of the number of children or the age of the children or the employee.

Coverage	Premium
\$10,000	\$0.70

¹⁵ The table lists premiums up to \$100,000. To determine premiums for coverage above \$100,000, multiply premiums in the table by appropriate factor. For example, if you want \$1500,00 in coverage, determine your premium amount by multiplying the rate for \$50,000 by 3.

Carrier information

Medical HMO	
Carrier	BlueCross BlueShield
Website	bcbsil.com
Phone number	800-892-2803
Network	BlueAdvantage HMO
Policy number	B97229

Medical PPO	
Carrier	BlueCross BlueShield
Website	bcbsil.com
Phone number	800-541-2762
Network	PPO
Policy number	PM0021

Medical grandfathered PPO	
Carrier	BlueCross BlueShield
Website	bcbsil.com
Phone number	800-541-2762
Network	PPO
Policy number	P97229

Medical PPO/HSA	
Carrier	BlueCross BlueShield
Website	bcbsil.com
Phone number	800-541-2762
Network	PPO
Policy number	P97433

Flexible spending account	
Carrier	Health Equity
Website	healthequity.com
Phone number	1-866-346-5800

Health savings account	
Carrier	Health Equity
Website	healthequity.com
Phone number	1-866-346-5800

Aflac	
Website	aflac.com
Phone number	800-992-3522
Policy number	FIC04

Dental HMO	
Carrier	Delta Dental
Website	deltadentalil.com
Phone number	800-942-3772
Network	DeltaCare
Policy number	10408

Dental PPO	
Carrier	Delta Dental
Website	deltadentalil.com
Phone number	800-323-1743
Network	Delta Dental PPO
Policy number	10408

Vision	
Carrier	VSP
Website	vsp.com
Phone number	800-877-7195
Network	VSP Signature Network
Policy number	300020100001

Life and AD&D insurance (basic and voluntary)	
Carrier	Mutual of Omaha Life, Accident, and Critical Illness
Website	mutualofomaha.com
Phone number	800-775-8805
Policy number	G000AEUV

Short-term and long-term disability insurance	
Carrier	Mutual of Omaha Disability
Website	mutualofomaha.com
Phone number	800-877-5170
Email	newdisability@mutualofomaha.com
Policy number	G000AEUV

Deferred Compensation 457 Plan	
Carrier	Empower
Website	participant.empower-retirement.com
Phone number	800-992-3522
Policy number	FIC04



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