

Employee Benefits Guide

January 1 – December 31, 2026



Chicago Metropolitan
Agency for Planning

Table of contents

Enrolling in your benefits	3
Medical insurance	4
Nonstop Health.....	4
Blue Choice Select PPO	5
Blue Choice Options PPO.....	5
PPO/HSA	7
Accessing medical care	9
Prescription drugs	9
Health Savings Account (HSA)	10
Flexible spending account.....	12
Additional Health Equity benefits.....	13
Additional Blue Cross Blue Shield benefits.....	13
Supplemental insurance for retirees	14
Dental insurance	15
Dental HMO	15
Dental PPO.....	16
Dental premiums.....	17
Vision insurance	18
VSP vision benefits summary	18
In-network benefits with VSP	18
Vision premiums	19
Additional savings.....	19
Hearing aids	21
Amplifon hearing aids.....	21
VSP TruHearing discounts.....	21
Life insurance and disability insurance	22
Life insurance and AD&D insurance.....	22
Basic life and AD&D insurance	22
Voluntary term life / AD&D insurance	22
Retirement	26
Illinois Municipal Retirement Fund (IMRF)	26
Deferred compensation (457 plan)	26
Time off and remote work	28
Time off policies	28
Designated holidays.....	29
Hybrid and remote work	29
Professional development	31
Tuition reimbursement.....	31
Certificates, licenses, and membership dues	31
Conferences and training.....	31
Additional benefits	32
Employee assistance program (EAP)	32
Aflac.....	33

Transit benefit.....	34
Health and fitness reimbursement.....	34
Identity theft assistance.....	34
Travel assistance.....	34
Public Service Loan Forgiveness (PSLF).....	36
Carrier information	37

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 (medical, dependent care & limited)
- Health Savings Account (HSA)

Can be enrolled or modified outside of open enrollment

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

Benefits that require no action from you

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

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 can choose one of three health insurance plans: 1. Blue Choice Select PPO, 2. Blue Choice Options PPO, or 3. PPO with health savings account (PPO/HSA). If you enroll in the Blue Choice Select or Blue Choice Options plan, you will receive a Nonstop Health card pre-loaded with the in-network deductible and out-of-pocket maximum for your plan. Employees enrolled in the Blue Choice Select PPO or Blue Choice Options PPO can also choose to enroll in an optional flexible spending account (FSA). Employees enrolled in the PPO/HSA cannot enroll in the FSA (IRS regulations prohibit contributions to both an FSA and an HSA in the same plan year), but they can enroll in a limited FSA for dental and vision expenses only. Learn more about FSA plans in the **Flexible spending account** section of this guide.

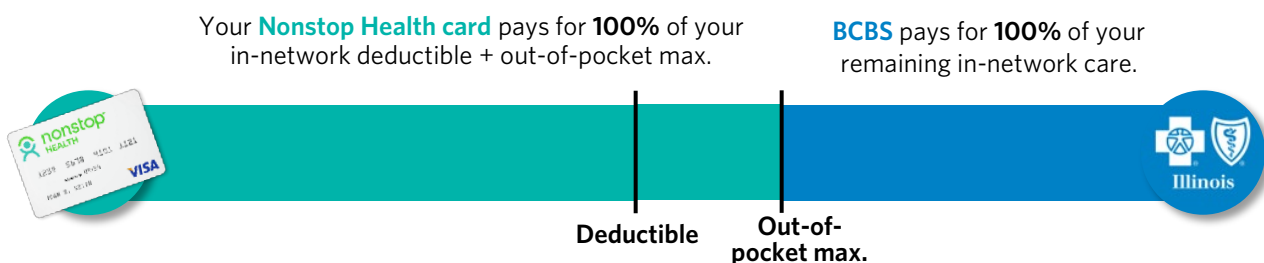
Open enrollment, which happens in late fall each year, is the only time that current employees can make changes to their health insurance elections for the following plan year, except in the case of [qualifying life events](#). Your medical benefits are effective on the first day of the month after your 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).

Nonstop Health

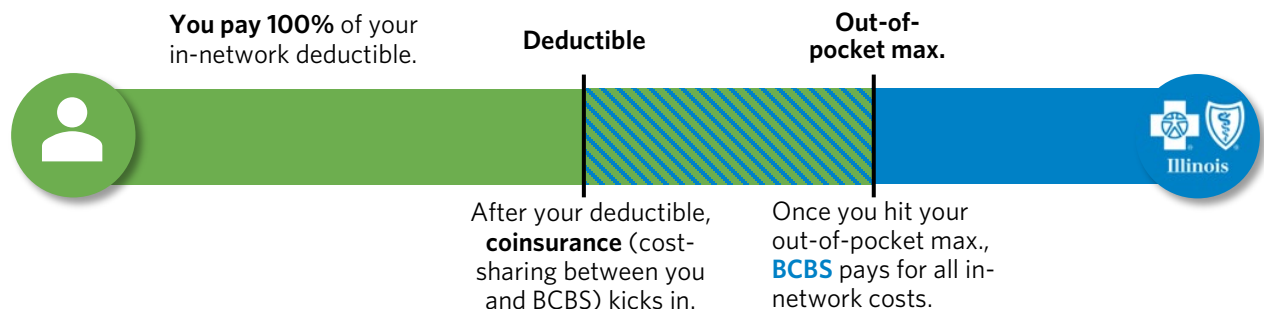
[Nonstop Health](#) is a medical expense reimbursement plan that wraps around your Blue Cross Blue Shield (BCBS) medical plan, helping you and your dependents pay for medical expenses covered by your health insurance plan and received at in-network providers and facilities. The Nonstop Health card will pay for your covered, in-network medical expenses. In other words, you will not pay out-of-pocket for copays, prescriptions, invoices, or other costs. Instead, you will pay for these expenses with a pre-paid Nonstop Health card funded by CMAF. Once you hit your deductible and out-of-pocket maximum, BCBS will pay 100% for all in-network services.

The graphic below explains how this works using the PPO/HSA as a comparison.

PPO with Nonstop Health



PPO/HSA



Nonstop Health isn't a health insurance plan — it's a new way to pay for your health care costs. **Your BCBS medical plan is still what determines your coverage and provider network.** You can only use your Nonstop Health card to pay for services and prescriptions that are covered by your BCBS medical plan. You should always verify your coverage before receiving a new service or filling a new prescription. Dental and vision plans will continue to be managed by Delta Dental and VSP, respectively.

In addition to your covered deductible costs, you have a \$100 Nonstop emergency room (ER) copay. The Nonstop ER copay is your responsibility; you cannot use your Nonstop Visa card to pay it or submit a claim for reimbursement. If you are admitted to the hospital as part of an ER visit, the Nonstop ER copay is waived.

Blue Choice Select PPO

The Blue Choice Select PPO has a smaller network of providers and hospitals but still offers the freedom to receive care from any in-or out-of-network doctor, specialist or hospital without a referral. You will want to check the provider finder since this network may differ from what you are used to.

Blue Choice Options PPO

The Blue Choice Options PPO has a larger provider network and higher premiums compared to the Blue Choice Select PPO. Both plans allow you to choose from a wide network of providers, facilities, and hospitals to receive medical care, without needing a referral from your primary care provider.

Blue Choice Options and Blue Choice Select: Deductibles and out-of-pocket maximums

If you enroll in the Blue Choice Select PPO or Blue Choice Options PPO, you will receive a Nonstop Health card pre-loaded with the deductible and in-network out-of-pocket maximum for your plan. For example, if you are on the Blue Choice Options Individual plan, your card will be preloaded with \$7,500: enough to reach the \$7,000 deductible and \$7,500 out-of-pocket maximum. When you've reached the full deductible and out-of-pocket maximum using your card, BCBS will cover the rest of your expenses at 100%.

	Blue Choice Options		Blue Choice Select	
	In-network Paid with Nonstop Health card	Out-of-network Your responsibility	In-network Paid with Nonstop Health card	Out-of-network Your responsibility
Individual ded.	\$7,000	\$14,000	\$7,500	\$15,000
Family ded.	\$14,000	\$28,000	\$15,000	\$30,000
Individual out-of-pocket max.	\$7,500	\$22,500	\$7,500	\$15,000
Family out-of-pocket max.	\$15,000	\$45,000	\$15,000	\$30,000

 **Important**

The tables on the following page show plan details for the two PPOs with Nonstop Health: Blue Choice Options and Blue Choice Select. Remember: Nonstop Health isn't a health care plan: it's a new plan to pay for your health care expenses. Blue Cross Blue Shield still administers your medical plan, and like all PPOs, your plan still has in-network and out-of-network deductibles and out-of-pocket maximums. **The difference is, with Nonstop Health, you will use your Nonstop Health card to pay for covered, in-network costs.** Once you've hit your in-network deductible and out-of-pocket maximum, BCBS will cover all costs.

Even though you'll be using your card to pay for covered, in-networks costs, it's still important to know the specific details of your plan. The tables below also serve as a reminder that your Nonstop Health card **cannot be used to pay for out-of-network expenses.** Just like with our previous PPOs, any out-of-network expenses are subject to a separate out-of-network deductible and out-of-network out-of-pocket maximum – you will be responsible for these expenses.

Not sure if your provider or facility is in-network? Use the Provider Finder tool in the BCBS member portal. Get started at mybam.bcbsil.com.

Blue Choice Options and Blue Choice Select: Services

Your Nonstop Health card is preloaded with the full cost of your deductible and out-of-pocket maximum. The table below lists the coverage structure for each plan after you've met your deductible, but remember, **you will use your Nonstop Health card to cover your entire in-network deductible and out-of-pocket maximum.** If you go out-of-network, you will be responsible for those costs, including the out-of-network deductible and out-of-pocket maximum.

	Blue Choice Options		Blue Choice Select	
	In-network Paid with Nonstop Health card	Out-of-network Your responsibility	In-network Paid with Nonstop Health card	Out-of-network Your responsibility
Preventive care	100% before and after ded.	50% after ded.	100% before and after ded.	100% after ded.
Physician visit	60% after ded.	50% after ded.	100% after ded.	100% after ded.
Specialist visit	60% after ded.	50%* after ded.	100% after ded.	100% after ded.
X-ray and labs	60% after ded.	50%* after ded.	100% after ded.	100% after ded.
Imaging	60% after ded.	50%* after ded.	100% after ded.	100% after ded.
Inpatient hospital	60% after ded.	50%* after ded.	100% after ded.	100% after ded.
Emergency room	\$100 Nonstop copay ⁴ + 80% after ded.		\$100 Nonstop copay + 100% after ded.	
Urgent care	60% after ded.	50% after ded.	100% after ded.	100% after ded.

⁴ Nonstop emergency room copay cannot be paid using the Nonstop card.

Blue Choice Options and Blue Choice Select: Prescriptions

	Blue Choice Options		Blue Choice Select	
	In-network only Paid with Nonstop Health card		In-network only Paid with Nonstop Health card	
Retail pharmacy ⁵ (30 days)	90%/90%/80%/70%/60% after ded.		100% after ded.	
Mail order pharmacy (90 days)	90%/90%/80%/70% after ded.		100% after ded.	

Blue Choice Options and Blue Choice Select: Premiums

	Blue Choice Options		Blue Choice Select	
	You pay	CMAP pays	You pay	CMAP pays
Employee	\$171.22	\$780.00	\$160.31	\$683.44
Employee + spouse	\$433.45	\$1,536.77	\$398.22	\$1,333.16
Employee + child(ren)	\$406.35	\$1,440.70	\$374.24	\$1,252.91
Family	\$640.43	\$2,270.62	\$596.80	\$1,997.99

PPO/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, CMAP contributes to your HSA on a semi-annual basis. 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 CMAP, or retire. CMAP’s HSA provider is Health Equity.

The PPO/HSA plan will not include a Nonstop Health card. Your existing HSA balance will remain intact even if you switch to one of the new PPO plans with Nonstop Health. **Remember: your HSA is your savings account and is independent from CMAP.** The funds roll over each year and are yours to keep, even if you leave CMAP.

If you switch from the PPO/HSA, you can keep your existing HSA and use it to pay for eligible vision, dental, and other non-covered expenses. However, due to IRS regulations, you can’t make any additional HSA contributions while enrolled in the Nonstop Health program.

PPO/HSA: Plan details

	In-network	Out-of-network
Individual deductible	\$3,400	\$5,200
Family deductible	\$3,800	\$10,400
Individual out-of-pocket max	\$3,400	\$5,200
Family out-of-pocket max	\$3,800	\$10,400
Preventive care	100% before and after ded.	80% after ded.

⁵ Coverage based on drug tier. Coverage for preferred pharmacies: Walgreens, Walmart, Jewel Osco, and Access Health.

Physician visit	100% after ded.	80% after ded.
Specialist visit	100% after ded.	80% after ded.
Diagnostic testing	100% after ded.	80% after ded.
Lab testing	100% after ded.	80% after ded.
Inpatient hospital	100% after ded.	\$300 copay + 80% after ded.
Emergency room	100% after ded.	
Urgent care	100% after ded.	60% after ded.
Retail pharmacy (30 days)	100% after ded.	--
Mail order pharmacy (90 days)	100% after ded.	--

PPO/HSA premiums

	You pay	CMAP pays
Employee	\$176.27	\$803.03
Employee + spouse	\$462.81	\$1,640.86
Employee + child(ren)	\$432.67	\$1,534.00
Family	\$680.03	\$2,411.00

2026 HSA contributions

	CMAP contribution	Max. employee contribution	Total contribution limit
Employee	\$750	\$3,650	\$4,400
Employee + dependent(s)	\$1,500	\$6,800	\$8,300
Catch-up (age 55+)	\$1,000		

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.

Office visits and emergency services



Doctor's office

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



Virtual visits - MDLIVE®

MDLIVE® offers access to non-emergency medical and mental telehealth 24 hours a day, seven days a week. Call 888-676-4204, visit MDLIVE.com/bcbsil, or download the MDLIVE app.



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 and congestion, urinary tract infections, etc.



Urgent care center

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



Hospital ER

Open 24/7. Costs may be higher for out-of-network care.



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.

Prescription drugs

CMAP 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.

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; learn more at bcbsil.com/prescription-drugs/pharmacies.

Generic medications

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

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](https://www.express-scripts.com/rx) to learn more or call 1-833-715-0942 to speak with a customer service representative.

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, 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 another opportunity to make changes in July. To process the change, complete the [HSA Contribution 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 2026 plan year	Employee only	Family
CMAP will contribute	\$ 750	\$1,500
You can contribute up to an additional	\$3,200	\$6,350
Maximum IRS annual HSA contribution	\$4,400	\$8,750
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 2026 contribution limits are \$4,400 for individual coverage or \$8,750 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 \$3,200 for individuals and \$6,350 for families. Your contribution will be deducted from your paycheck. Unlike an FSA which front loads your allocations, funds in an HSA are available to use once they are accrued

Modifying your contribution

You can make changes to your HSA contribution twice per year: during open enrollment and in July⁶. 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](#).

HSA 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.

Nonstop Health and the HSA

You can only contribute to an HSA if you are enrolled in the PPO/HSA plan. If you switch from the PPO/HSA to a PPO with Nonstop Health, your existing HSA balance will remain intact and you use it to pay for eligible vision, dental, and other expenses. However, due to IRS regulations, you can't make any additional HSA contributions while enrolled in the Nonstop Health program.

⁶ Exceptions to this policy will be made for life-changing events.

Flexible spending account

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 \$3,400 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 much 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.



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.

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 \$680 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 \$3,400 to your limited purpose FSA annually, with a rollover of up to \$680.

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 \$7,500 to your dependent care FSA per plan year, or \$3,750 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.

Nonstop Health and FSA

Your Nonstop Health card can only be used to pay for medical services and prescriptions that are **covered by your BCBS plan** and **received at in-network providers**. You can still elect to have an FSA for expenses that are not covered by your medical plan, like dental and vision expenses, childcare costs, over-the-counter medication and supplements, feminine hygiene products, and much more.

Additional Health Equity benefits

HSA store and FSA store

Health Equity has partnered with [HSASTore.com](https://www.hsastore.com) and [FSASTore.com](https://www.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.

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. Visit blue365deals.com to join.

Mental Health Hub

CMAPE employees enrolled in Blue Cross Blue Shield have access to providers and treatments that make sense for their life and their needs as everyone's mental health journey is one-of-a-kind. The Mental Health Hub will guide CMAPE members to the right care for their unique needs.

Mental Health First Aid

Responding to mental health or substance use problems can be challenging. Mental Health First Aid is an online course that teaches you to identify, understand and respond to signs of mental illnesses and substance use concerns in the workplace.

Fitness program

The Fitness Program offers flexible options to get in shape and stay alive. Choose from a network of gyms offering tiered pricing that fits your budget and lifestyle. The program also includes pay-as-you-go classes. Learn ways to help yourself and others.

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 help managing high-risk conditions such as gestational diabetes and preeclampsia. To speak with a maternity care provider, call 1-888-421-7781.

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.

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:

Blue Choice Select PPO

	Employee
Employee only	\$ 393.38
Family	\$ 786.75

Blue Choice Options PPO

	Employee
Employee only	\$ 465.10
Family	\$ 930.19

PPO/HSA

	Employee
Employee only	\$ 680.65
Family	\$1,361.92

Dental insurance

CMAF employees can enroll in either a dental HMO or dental PPO plan, both of which are administered by Delta Dental Illinois. 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 last day of the month of your termination or retirement.

Dental HMO

The dental HMO requires you to choose one dentist or dental facility to coordinate all your oral health needs.

Most diagnostic and preventive services have no fee. If you need to see a specialist, your primary care dentist will refer you; specialty care may require preauthorization. Dental HMOs offer in-network benefits only, so if you visit a dentist outside of the network, you likely will be responsible for the entire bill.

The dental HMO doesn't have any deductibles or maximums. Instead, when you receive a dental service, you pay a fixed dollar amount for the treatment according to a pre-determined fee schedule between the carrier and your dentist.

Changing your primary dentist

If you enroll in the dental HMO, you must list a primary dentist at the time of enrollment. At the beginning of the plan year (or after new hire enrollment), you will receive a Delta Dental member ID with your primary dentist listed.

You can change your primary dentist online or on the phone.

Online

- Log in to your **Delta Dental online account** at deltadentalins.com.
- Once logged in: go to the section for your **DeltaCare USA dentist selection**.
- Look for **"Change facility"** or similar wording.
- Follow the steps to search for and select a new primary care dentist from the DeltaCare network.

By phone

- Call **Delta Dental customer service** at 1-800-942-3772 and request the change. They'll help you select a new network dentist and update their records for you.

Things to keep in mind

- If the change request is received by the **20th of the month**, it will be effective immediately or the first day of the next month. Requests received later in the month may go into effect the following month.
- You must select a **dentist in your HMO network** to use your benefits — otherwise your visits may not be covered.

Dental PPO

The dental PPO gives you 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

	Dental HMO <i>In-network benefits only</i>	Dental PPO <i>In-network / Out-of-network</i>
Network name	DeltaCare	PPO Plus Premier
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	\$1,500 / \$1,500
Orthodontia ⁷ coinsurance	Discounts only	50% / 50%
Orthodontia lifetime maximum	Unlimited	\$1,500 / \$1,500

For dental PPO members: Delta Dental To Go

In traditional dental PPO plans, the annual maximum is a “use it or lose it” benefit. With [Delta Dental To Go](#), you don’t have to leave unused annual maximum dollars behind. Instead, you can carry over the unused portion of your annual maximum to the next benefit year, giving you the flexibility to plan for any costly dental treatments down the road. The To Go feature is only available to employees who select the dental PPO during open enrollment (the dental HMO does not have an annual maximum benefit).

Dental PPO members don’t need to specifically enroll or apply for Delta Dental To Go. Your annual maximum will automatically roll over if the following conditions are met:

- You must be enrolled in the Delta Dental PPO for the entire calendar year⁸.
- You must have received at least one dental service that applies to the annual maximum, including at least one dental cleaning.
- The 2026 annual maximum for the Delta Dental PPO is \$2,000. The rollover amount may not exceed \$2,000. The total combined annual maximum (the current year’s maximum plus any rollover) may not exceed \$4,000.

⁷ Orthodontia coverage available for dependent children up to age 19.

⁸ Because you must be enrolled in the dental PPO for the entire calendar year, new employees who enroll at their time of hire are not eligible for the To Go program.

For dental 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 conditions 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.

Dental premiums

	Dental HMO		Dental PPO	
	You pay	CMAP pays	You pay	CMAP pays
Employee	\$1.70	\$15.27	\$4.86	\$43.73
Employee + spouse	\$7.85	\$23.54	\$23.43	\$70.29
Employee + child(ren)	\$8.86	\$26.58	\$24.16	\$72.47
Family	\$12.47	\$37.40	\$41.84	\$125.52

Vision insurance

Vision insurance helps offset the cost of eye exams, eyeglasses, sunglasses, and contact lenses⁹. You are 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. Eye-care providers include many independent optical shops and national chains.

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 last day of the month of your termination or retirement.

VSP vision benefits summary

	Frequency	In-network	Out-of-network
Eye exam	Every 12 months	\$10 copay	\$45 allowance
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 months ¹⁰	\$10 copay	\$30 allowance \$50 allowance \$65 allowance \$100 allowance
Frames	Every 12 months	\$130 allowance + 20% off balance	\$70 allowance
Elective contacts	Every 12 months	\$130 allowance	\$105 allowance

In-network benefits with VSP

Your vision plan includes both in-network and out-of-network coverage, though costs are typically lower for in-network providers. By accessing vision providers within the VSP Signature Network, you're able to reap the benefit of true vision insurance coverage.

Eye exams and medical care			
Benefits	Description	Copay	Frequency
WellVision® exam	<ul style="list-style-type: none"> Overall eye health Routine retinal screening 	\$10 Up to \$39	Every calendar year
Essential eye care	<ul style="list-style-type: none"> 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

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

¹⁰ Vision benefit frequencies are based on the date of service within the policy year.

Prescription glasses			
Benefits	Description	Copay	Frequency
Frame	<ul style="list-style-type: none"> \$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 allowance¹¹ 	\$10 (both frames and lenses)	Every calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 		
Lens enhancements	<ul style="list-style-type: none"> 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	

Vision premiums

	You pay	CMAP pays
Employee	\$0.98	\$8.84
Employee + spouse	\$3.61	\$12.10
Employee + child(ren)	\$3.69	\$12.35
Family	\$5.95	\$19.91

Additional savings

Benefit	Description
Glasses and sunglasses	<ul style="list-style-type: none"> 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

¹¹ 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.

<p>Exclusive VSP member benefits</p>	<ul style="list-style-type: none"> • 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
---	--

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.



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. Visit vsp.com to find an in-network provider.

Hearing aids

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. You can also contact our insurance carriers to learn more about your hearing aid benefits:

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

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 ensure 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 receive up to \$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	Up to \$75,000 per employee dependent on age of enrollment

If you leave CMAP, you can convert your CMAP-paid life insurance policy to an individual policy from Mutual of Omaha without having to provide evidence of insurability. However, you will be responsible for 100% of the premium.

Voluntary term life / AD&D insurance

Voluntary term life/AD&D insurance allows you to purchase additional coverage for yourself, your spouse, or your children at your own financial expense. 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. Your voluntary term life insurance policy is "portable," meaning you can continue coverage even if you leave CMAP. **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 Form¹² to process your coverage increase. This form can be found in the ADP employee portal under "Forms Library."

When to submit an Evidence of Insurability form

During open enrollment, you can increase your coverage by up to \$10,000 without needing to submit an Evidence of Insurability Form, as long as your total coverage does not exceed \$100,000. If you increase your coverage by more than \$10,000, you will need to submit the form. Coverage increases only apply to your

¹² 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."

coverage, not your spouse or dependents' coverage. If you want to increase spousal coverage, a new Evidence of Insurability Form must be submitted to Mutual of Omaha's underwriting department for processing.

Here's a guide to help you understand when to submit an EOI:

Scenario	Do I need to submit an EOI?
Enrolling as a new hire	No
Enrolling in voluntary life insurance for the first time	Yes
Increase your coverage by \$10,000 during open enrollment	No, as long as 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 spouse's or child(ren)'s coverage at any time	Yes

Voluntary life & AD&D premiums

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 \$300,000.¹³

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	\$75.90	\$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.

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

¹³ 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 \$150,000 in coverage, determine your premium amount by multiplying the rate for \$50,000 by 3.

	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 (new hires)	\$100,000	\$10,000	\$10,000

Term life insurance coverage for 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

Short-term and long-term disability

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. If you are still receiving long-term disability at the time you leave CMAP, your long-term disability coverage will continue.

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.

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 IMRF¹⁴. 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](#).

Deferred compensation (457 plan)

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 2026 contribution limit for 457 plans is \$24,500. Employees who are 50 and older can contribute an additional \$8,000. 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.

¹⁴ 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 2026, 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.

Questions	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: <ul style="list-style-type: none"> 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 2026, the contribution limit for traditional pre-tax 457 plans is \$24,500. The contribution limit for Roth 457 plans is \$7,500. Employees who are 50 and older can contribute an additional \$8,000 to a Roth 457 ¹⁵ .	
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, you can make changes to your contributions or investment options at any time by logging into your online Empower account. 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, complete the Empower Paycheck Contribution Form and submit to HR. After submitting the form, 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.

¹⁵ In accordance with the Secure Act (effective January 1, 2026), employees earning more than \$150,000 annually may only deposit catch-up contributions to Roth 457 accounts.

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 IMRF and converted to service credit¹⁶.

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 35 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. Unused sick and personal time 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 paid 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.

¹⁶ Service credit hours are converted to whole days. For example, 10 hours of sick time equals 1 day of service credit.

Designated holidays

In 2026, there are 13 designated paid holidays.

Designated paid holidays	
New Year's Day	Thursday, January 1, 2026
Martin Luther King Day	Monday, January 19, 2026
Presidents' Day	Monday, February 16, 2026
Memorial Day	Monday, May 25, 2026
Juneteenth Day	Friday, June 19, 2026
Independence Day	Friday, July 3, 2025
Labor Day	Monday, September 7, 2026
Indigenous People's Day	Monday, October 12, 2026
Election Day	Tuesday, November 3, 2026
Veteran's Day	Wednesday, November 11, 2026
Thanksgiving Day	Thursday, November 26, 2026
Day after Thanksgiving	Friday, November 27, 2026
Christmas Day	Friday, December 25, 2026

Hybrid and remote work

Employees are expected to have their cameras on when attending meetings virtually. When cameras are off, employees should have a professional headshot displayed.

Employee-requested remote work

You may request up to two non-consecutive weeks to work fully remote in any calendar year provided that the remote work location is within the United States. Employees may not use discretionary remote weeks if they are currently on a Performance Improvement Plan.

To use one of your remote work weeks, you must:

- Have fully functioning internet and phone accessibility Monday through Friday during your scheduled workday on Central Standard Time and be able to work effectively.
- Be able to participate in meetings, calls, and other work functions whether previously scheduled or not.
- Seek and receive approval from your manager and deputy to work remotely no less than two weeks before your requested remote work begins.
- No less than 5 business days before the remote week starts, provide your manager and deputy with a brief, written schedule of your remote work hours and times and a brief work plan identifying the elements of work and any related deliverables to be completed during this fully remote period.
- Have no in-person work obligations during the period you request to work fully remote.

Agency requested remote work

The agency may designate certain workdays and weeks for remote work due to operational and/or public safety considerations. Decisions to designate remote work to take place at the end of the year will be communicated annually in January and included in the agency holiday calendar.

Requests for international remote work

Requests to work remotely outside of the domestic United States will be allowed only if they are tied to a legitimate agency work need and subject to deputy and IT approval. Any request for international remote work may also be denied (at any time) based on cybersecurity risk.

If you are requesting to work internationally, and you have received approval from your manager and deputy, you must do the following:

- At least three weeks before your requested international remote week, submit a Help Desk ticket to confirm whether you can securely access CMAP's network from the international location.
- If granted approval to work internationally, you will be required to complete a cybersecurity training course as a condition of your approval.

Please note that if you lose access to CMAP's network while working internationally due to security or internet issues, this time away from work will be considered vacation time. Due to the uncertainty this presents, employees are encouraged to proceed cautiously when requesting to work internationally.

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 training

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)

LifeCare is an employee assistance program (EAP) that offers voluntary and confidential benefit programs designed to support employees and household members through life’s challenges, including stress, relationships, financial wellness, and more.

LifeCare EAP services

Counseling	<ul style="list-style-type: none"> Up to 9 total counseling sessions per household per year (3 concerns per year, 3 sessions per concern) Support for range of topics, including relationships, anxiety and depression, grief, and more.
Phone and chat support	<ul style="list-style-type: none"> Ability to access and interact with care specialists 24/7 Interactive message center
Legal services	<ul style="list-style-type: none"> 30-minute consultations on up to 3 legal matters per year, plus discounted fees when applicable Services include family law, elder law, and general legal concerns
Financial services	30-minute consultations for up to 3 financial issues per year, including credit and debt, financial planning, and other resources
Offers and discounts	LifeCare’s LifeMart offers exclusive savings on major purchases and everyday essentials from brands you know and love.
Online resources	<ul style="list-style-type: none"> Engaging, relevant high-quality content Online provider search
Webinars, discussion groups, and live events	<ul style="list-style-type: none"> Live and on-demand webinars Monthly moderated discussion groups and live events

In addition to these services, LifeCare offers resources to address a wide range of issues in your daily life. Examples include but are not limited to:

Childcare and parenting

- Adoption
- Daycare, before and after school programs, summer camps, and extracurricular activities
- Children with special needs
- Prenatal care and breastfeeding
- Private and public schools, colleges, and scholarships

Senior care and aging

- Elder care, living arrangements, and in-home services
- Meal delivery and transportation
- Medicare, Medicaid and Social Security

Health and wellness

- Referrals for gyms, fitness classes, personal trainers, and nutritionists
- Stress management and healthy sleep resources

Daily needs

- Moving / relocation
- Car and home repair
- Travel and event planning

Pets

- Help finding veterinarians, groomers, walkers, pet sitters, and boarding
- Pet supply discounts and coupons

How to access your EAP benefits

Employees are automatically enrolled on their first day of employment. Visit your ADP Portal. Select Myself > Benefits > EAP. Call toll-Free, 24 hours a day, 365 days a year at 1-866-574-7256.

Accessing mental health care with your EAP benefits

The LifeCare EAP provides access to mental health resources for you and your household.

In person or virtual counseling sessions

- 9 total sessions (3 occurrences per year and up to 3 sessions per occurrence) at no cost to you.
- While you don't need insurance to call LifeCare, LifeCare will ensure that the therapist you are seeing is covered under your insurance should you wish to continue with your therapy sessions beyond the 3 sessions offered by LifeCare.
- Counseling sessions are extended to household members living in the household or out. Children living away from the household (college students, for example) need to be under the age of 26.

Counseling over the phone

- Unlimited counseling sessions with licensed clinicians for you and your household
- While this option is unlimited, you should not expect to receive the same licensed clinician each time. If you wish to have the same licensed clinician, you should consider in-person or virtual counseling services.

Employees and household members will need to disclose the name of the CMAP employee to be "authenticated" to use this service. While CMAP does receive reports on overall agency use of the service, CMAP does NOT receive names of individual employees.

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 case 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 issues, 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. Call 1-800-701-8255 to get started. All Aflac policies are portable, meaning you can take them with you if you leave CMAP.

Transit benefit

CMAP'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.¹⁷ 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 Transit Benefit FAQ on the intranet.

Health and fitness reimbursement

CMAP provides a health and fitness benefit for employees to promote health and wellness. Employees will be reimbursed for up to \$21 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 CMAP 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 CMAP employees as part of your Mutual of Omaha coverage. Add-on products or services may have additional out-of-pocket costs.

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
- 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

¹⁷ Exceptions to this policy will be made for life-changing events.

- In the event of death, assist in the return of mortal remains
- Assistance obtaining prescription drugs or other necessary personal medical items
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days

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; include 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 member's responsibility. 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

As a CMAP employee, you can access free legal will preparation. This benefit is administered by Epoq, Inc. and managed by Mutual of Omaha. Epoq can assist with the following 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.

Carrier information

Blue Cross Select PPO	
Carrier	BlueCross BlueShield
Website	bcbsil.com
Phone number	800-541-2767
Policy number	BCBS Select 4024

Blue Cross Options PPO	
Carrier	BlueCross BlueShield
Website	bcbsil.com
Phone number	800-541-2767
Policy number	BCBS Options 3013

PPO/HSA	
Carrier	BlueCross BlueShield
Website	bcbsil.com
Phone number	800-541-2767
Policy number	Medical HSA MPEQ1Z0726

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

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

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

FSA and HSA	
Carrier	Health Equity
Website	healthequity.com
Phone number	866-346-5800

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

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

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

Deferred compensation 457 plan	
Carrier	Empower 1-800-701-8255
Website	participant.empower-retirement.com

