



Retirement Benefits Enrollment Form

Please complete the following information. If opting out of any city-sponsored benefits, please complete the 'Demographic Information,' select 'opt out' in each section, and sign and date the form. Dependent information is only required if participating in benefits.

Demographic Information					
Last Day Worked		Retirement Effective Date			
Last Name		First Name		Mid. Initial	Birth Date (mm/dd/yyyy)
Mailing Address		Unit #	City		State
Primary Phone Number		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Nonbinary <input type="checkbox"/>	Email Address
Retiree Medical Insurance Election - Blue Cross Blue Shield of Illinois					
Refer to page 3 for Rates					
Tier		HMO - H15078	Base PPO - P14946	HCA - P14948	PPO Plus - P14940
Single Non-Medicare		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Non-Medicare + 1 Dependent Non-Medicare		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Medicare Family		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Single		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Single + 1 Dependent Medicare		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Single + 1 Dependent Non-Medicare		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Single + 2 or more Dependents Non-Medicare		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Single + 1 Dependent Medicare + 1 Dependent Non-Medicare		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Single + 2 or more Dependents Medicare		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opt Out of Medical Coverage <input type="checkbox"/>					
For HMO Plan Only					
PCP/IPA Name & PCP/IPA #		Are you an existing patient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	OB/GYN Name & OB/GYN # (if applicable)
					Are you an existing patient?
					Yes <input type="checkbox"/>
					No <input type="checkbox"/>
Retiree Dental Insurance Election - Delta Dental of Illinois					
Refer to page 3 for Rates					
Tier					
Single Non-Medicare		<input type="checkbox"/>			
Single Non-Medicare + 1 Dependent Non-Medicare		<input type="checkbox"/>			
Non-Medicare Family		<input type="checkbox"/>			
Medicare Single		<input type="checkbox"/>			
Medicare Single + 1 Dependent Medicare		<input type="checkbox"/>			
Medicare Single + 1 Dependent Non-Medicare		<input type="checkbox"/>			
Medicare Single + 2 or more Dependents Non-Medicare		<input type="checkbox"/>			
Medicare Single + 1 Dependent Medicare + 1 Dependent Non-Medicare		<input type="checkbox"/>			
Medicare Single + 2 or more Dependents Medicare		<input type="checkbox"/>			
Opt Out of Dental Coverage <input type="checkbox"/>					
Method of Payment					
Accounts Receivable <input type="checkbox"/>		Pension (IMRF) <input type="checkbox"/>	Pension (Fire) <input type="checkbox"/>	Pension (Police) <input type="checkbox"/>	

Please complete the dependent information on the next page if applicable.

Signature: _____ Date: _____

Please note the grey sections are for the HMO plan only. An additional dependent page is available if needed.

Retiree Dependent Information													
Spouse/Partner (skip if not applicable)													
Last Name			First Name			Mid. Initial	Birth Date (mm/dd/yyyy)			Social Security #			
Mailing Address (if different)				Unit #		City			State		Zip Code		
Spouse <input type="checkbox"/>			Civil Union Partner <input type="checkbox"/>			Male <input type="checkbox"/>	Female <input type="checkbox"/>	Nonbinary <input type="checkbox"/>	Medical <input type="checkbox"/>	Dental <input type="checkbox"/>	Flex Spend <input type="checkbox"/>		
PCP/IPA Name & PCP/IPA #			Are they an existing patient?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	OB/GYN Name & OB/GYN #			Are they an existing patient?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child/Dependent													
Last Name			First Name			Mid. Initial	Birth Date (mm/dd/yyyy)			Social Security #			
Mailing Address (if different)				Unit #		City			State		Zip Code		
Are they a full time student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
Biological Child <input type="checkbox"/>	Adopted Child <input type="checkbox"/>	Stepchild <input type="checkbox"/>	Legal Guardianship <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Nonbinary <input type="checkbox"/>	Medical <input type="checkbox"/>	Dental <input type="checkbox"/>	Flex Spend <input type="checkbox"/>				
PCP/IPA Name & PCP/IPA #			Are they an existing patient?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	OB/GYN Name & OB/GYN #			Are they an existing patient?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child/Dependent													
Last Name			First Name			Mid. Initial	Birth Date (mm/dd/yyyy)			Social Security #			
Mailing Address (if different)				Unit #		City			State		Zip Code		
Are they a full time student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
Biological Child <input type="checkbox"/>	Adopted Child <input type="checkbox"/>	Stepchild <input type="checkbox"/>	Legal Guardianship <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Nonbinary <input type="checkbox"/>	Medical <input type="checkbox"/>	Dental <input type="checkbox"/>	Flex Spend <input type="checkbox"/>				
PCP/IPA Name & PCP/IPA #			Are they an existing patient?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	OB/GYN Name & OB/GYN #			Are they an existing patient?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child/Dependent													
Last Name			First Name			Mid. Initial	Birth Date (mm/dd/yyyy)			Social Security #			
Mailing Address (if different)				Unit #		City			State		Zip Code		
Are they a full time student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
Biological Child <input type="checkbox"/>	Adopted Child <input type="checkbox"/>	Stepchild <input type="checkbox"/>	Legal Guardianship <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Nonbinary <input type="checkbox"/>	Medical <input type="checkbox"/>	Dental <input type="checkbox"/>	Flex Spend <input type="checkbox"/>				
PCP/IPA Name & PCP/IPA #			Are they an existing patient?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	OB/GYN Name & OB/GYN #			Are they an existing patient?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child/Dependent													
Last Name			First Name			Mid. Initial	Birth Date (mm/dd/yyyy)			Social Security #			
Mailing Address (if different)				Unit #		City			State		Zip Code		
Are they a full time student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
Biological Child <input type="checkbox"/>	Adopted Child <input type="checkbox"/>	Stepchild <input type="checkbox"/>	Legal Guardianship <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Nonbinary <input type="checkbox"/>	Medical <input type="checkbox"/>	Dental <input type="checkbox"/>	Flex Spend <input type="checkbox"/>				
PCP/IPA Name & PCP/IPA #			Are they an existing patient?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	OB/GYN Name & OB/GYN #			Are they an existing patient?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

HMO Monthly Rate	
Single Non-Medicare	\$ 695.51
Single Non-Medicare + 1 Dependent Non-Medicare	\$ 1,643.71
Non-Medicare Family	\$ 2,179.52
Medicare Single	\$ 465.98
Medicare Single + 1 Dependent Medicare	\$ 1,101.27
Medicare Single + 1 Dependent Non-Medicare	\$ 1,161.50
Medicare Single + 2 or more Dependents Non-Medicare	\$ 2,109.72
Medicare Single + 1 Dependent Medicare + 1 Dependent Non-Medicare	\$ 1,717.77
Medicare Single + 2 or more Dependents Medicare	\$ 1,476.80

Base PPO Monthly Rate	
Single Non-Medicare	\$ 859.39
Single Non-Medicare + 1 Dependent Non-Medicare	\$ 1,705.45
Non-Medicare Family	\$ 2,558.81
Medicare Single	\$ 575.80
Medicare Single + 1 Dependent Medicare	\$ 1,142.67
Medicare Single + 1 Dependent Non-Medicare	\$ 1,435.20
Medicare Single + 2 or more Dependents Non-Medicare	\$ 2,281.27
Medicare Single + 1 Dependent Medicare + 1 Dependent Non-Medicare	\$ 2,037.81
Medicare Single + 2 or more Dependents Medicare	\$ 2,002.06

PPO HCA Monthly Rate	
Single Non-Medicare	\$ 916.89
Single Non-Medicare + 1 Dependent Non-Medicare	\$ 1,819.61
Non-Medicare Family	\$ 2,730.14
Medicare Single	\$ 614.32
Medicare Single + 1 Dependent Medicare	\$ 1,219.14
Medicare Single + 1 Dependent Non-Medicare	\$ 1,531.22
Medicare Single + 2 or more Dependents Non-Medicare	\$ 2,433.96
Medicare Single + 1 Dependent Medicare + 1 Dependent Non-Medicare	\$ 2,005.88
Medicare Single + 2 or more Dependents Medicare	\$ 1,695.50

PPO Plus Monthly Rate	
Single Non-Medicare	\$ 939.23
Single Non-Medicare + 1 Dependent Non-Medicare	\$ 1,863.92
Non-Medicare Family	\$ 2,796.59
Medicare Single	\$ 629.31
Medicare Single + 1 Dependent Medicare	\$ 1,248.82
Medicare Single + 1 Dependent Non-Medicare	\$ 1,568.52
Medicare Single + 2 or more Dependents Non-Medicare	\$ 2,493.21
Medicare Single + 1 Dependent Medicare + 1 Dependent Non-Medicare	\$ 2,059.54
Medicare Single + 2 or more Dependents Medicare	\$ 1,736.80

Dental Monthly Rate	
Single	\$ 41.86
Single + 1	\$ 77.26
Family	\$ 101.08

Dental Plan

Benefits	Delta Dental PPO Option Delta Dental of Illinois	
	PPO* and Premier** Network	Non-Network***
Deductible		
Individual	\$25	\$25
Family	\$75	\$75
Waived for Type A	Yes	Yes
Waived for Orthodontics	Yes	Yes
Annual Maximum	\$1,000	\$1,000
Ortho Lifetime Maximum	\$1,000	\$1,000
Type A- Preventive Services Cleanings, fluoride treatment, exams, x-rays, sealants	Deductible waived, reimbursed at 100%	Deductible waived, reimbursed at 100%
Type B - Diagnostic/Basic Services Amalgam fillings, oral surgery, periodontics, endodontics	70%	70%
Type C - Major Services Cast restorations (inlays, onlays, crowns) partial/full dentures, repair of fixed partial dentures, bridgework, stainless steel crowns, denture reline/repair, recementation of crowns, inlays, onlays, bridges	70%	70%
Orthodontics	Deductible waived, reimbursed at 50%	Deductible waived, reimbursed at 50%

Note: The comparisons are outlines of the Benefit Schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15 - 40% discount off of average billed charges nationally.

**Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers a 5 - 15% discount off of average billed charges nationally

***Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 90th MDR.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge.



This summary is designed to give you an outline of the health benefit programs offered through the City of Highland Park. Contained in this summary is a comparison of our medical and dental plans and tips for you on using the plans.

JANUARY 2025

Benefit Summary

The Who's Who of Your City of Highland Park's Benefit Plans

HMO:

- **Blue Cross Blue Shield (BCBS)** is the claims administrator for the City of Highland Park's HMO medical plan.
»Contact BCBS for questions concerning membership, plan benefits, or status of claim payments. HMO Customer Service Representatives can be reached at **800.892.2803**; Monday through Friday from 8:00 a.m. to 5:00 p.m. CST.
»BCBS's website is both user-friendly and informative. The site allows you to seek answers about BCBS and available HMO doctors and hospitals, and to link to vendor sites. Their web address is www.bcbsil.com.
- **Blue Cross Blue Shield** offers convenient online tools and personalized telephone services that help support, inform and motivate individuals in their wellness efforts. All employees, spouses, and dependents covered under the City of Highland Park's medical plan can participate at no charge to you.
»**Well onTarget®** is a program that can give you the support you need to make healthy choices while rewarding you for your hard work. **Blue Points** is a program that rewards you for engaging in healthy activities including filling out a Health Assessment, syncing a fitness device, and more. Join the low cost Fitness Program with access to more than 10,000 fitness locations nationwide. Employees can access Well onTarget through BlueAccess for Members or www.wellontarget.com.

»**Wondr** assists you in losing weight and improving your health at no cost to you! Wondr is a digital behavioral change program that teaches skills to help you create a healthy relationship with food, lose weight, sleep better, lower stress, and improve your overall quality of life without counting calories, restricting foods, or giving up the foods you love.

PPO:

- **Blue Cross Blue Shield (BCBS)** is the claims administrator for the City of Highland Park's PPO medical plans.
»Contact BCBS for questions concerning membership, plan benefits, status of claim payments, and more. PPO Customer Service Health Advocates are available at **877.245.5681**, 24 hours a day, 358 days of the year (closed for major holidays).
»**Health Advocacy Solutions:** Your personal Health Advocate can help you with understanding your benefits,schedulemedical appointments, navigate a chronic illness or new diagnosis, prepare for upcoming surgery, get a preauthorization, or save money on your health care. You can also engage via multiple 24/7 communication channels including the BCBSIL mobile app and the My Evive digital member hub – both of which feature live chat and secure messaging with a Health Advocate. The My Evive Hub also offersproactive engagement, mobile-first design connecting you with your other benefit carriers, in addition to your BCBSIL medical plan!
»**The Evive Digital Member Hub** will get you access to BCBSIL's website as well as links to other carrier and vendor websites. Their web address is www.myevive.com.

»**Well onTarget®** is a program that can give you the support you need

to make healthy choices while rewarding you for your hard work. **Blue Points** is a program that rewards you for engaging in healthy activities including filling out a Health Assessment, syncing a fitness device, and more. Join the low cost Fitness Program with access to more than 10,000 fitness locations nationwide. Employees can access Well onTarget through EVIVE at www.myevive.com.

»**Member Rewards** is a program that offers cash rewards when a lower cost, high-quality provider is selected. This program allows you to minimize your out-of-pocket costs, and gives you a cash reward. Speak with a Health Advocate for more information.

»**MDLIVE:** Call a Health Advocate at **877.245.5681** or download the EVIVE app to access MDLIVE and connect with a board certified doctor 24/7 (Virtual Visit). You will pay your portion of the Virtual Visit based on your medical plan provisions.

- **Express Scripts** manages the prescription drug program for the City of Highland Park. Retail and mail-order prescription services for the medical programs are administered through Express Scripts.

»Express Scripts member service representatives can be reached at **800.294.7041**, 24 hours a day, 7 days a week (except Thanksgiving and Christmas). Contact Express Scripts for questions regarding orders, account information, or to refill prescriptions.

»Or you can visit Express Scripts online at www.express-scripts.com to order refills, check order status, compare medication costs, find potential lower-cost options, receive time-sensitive alerts and reminders, print forms, and much more. If you are a first time visitor to our site, take a moment to register. Please have your member ID number and a recent prescription number available.

- **Express Scripts Smart90 Program**
If you take maintenance medications (long-term medications), be sure to obtain a 90-day/3-month supply from Walgreens, CVS or through Express Scripts home delivery to avoid paying the full cost of the prescription. Call **800.294.7041** or visit www.express-scripts.com/90day for more information.

- **Delta Dental** is the claims administrator of dental benefits for you and your family. Delta Dental offers both telephonic and web access to your personal information to assist you in managing your dental benefits.

»**Telephonic:** A Delta Dental Customer Service Representative can be reached at **800.323.1743** Monday through Thursday from 7:00 a.m. to 7:00 p.m. CST, Friday from 7:00 a.m. to 6:00 p.m. CST, or the automated system is available 24 hours a day, seven days a week. Here you can verify eligibility status, review plan benefits, check on the status of a claim, and get claim forms.

»**Web:** Employees can access their benefits at www.deltadentalil.com. This website offers you the ability to view claim status and eligibility information, view a summary of your dental benefits, as well as locate a dentist in your area.

- **Securian** is the life insurance carrier for your basic employer-paid and supplemental employee-paid life insurance benefits. Securian's Customer Service Representatives are managed through Ochs and can be reached at **800.392.7295**, Monday through Friday from 8:00 a.m. to 4:30 p.m. CST.

Medical Plans – All Employees

Benefits	Blue Cross Blue Shield PPO Plus - P14940	Blue Cross Blue Shield HCA - P14948
Major Medical Coverage		
Treatment Facility	Personal Choice	Personal Choice
Service Area	Nationwide	Nationwide
Designation of Primary Care Physician	Not required	Not required
Specialist Referrals	Not required	Not required
Coinsurance	90% / 70%	90% / 70%
Office Visit Copay	None	None
Deductible	\$750 single / \$2,250 family	\$1,500 single / \$4,500 family
Out-of-Pocket Maximum (Deductible Included)	\$2,250 single / \$4,250 family	\$3,000 single / \$6,500 family
Health Reimbursement Account – Employer Funding	n/a	\$500 single / \$1,000 single+1 / \$1,500 family
Emergency Room Copay	\$75 (waived if admitted)	\$75 (waived if admitted)
Routine Exams, Preventive Care, Immunizations, and Mental Health	100%, no deductible	100%, no deductible
Chiropractic	90% / 70% after deductible	90% / 70% after deductible
Coinsurance, Hospital Care, Surgery, Maternity	With preauthorization, 90% / 70% after deductible	With preauthorization, 90% / 70% after deductible
Vision	Annual eye exam covered at 100% for all ages. Age 19 and over have \$150 allowance every 24 months for frames, lenses or contacts. Under the age of 19 — one pair of glasses and one pair of contacts allowed at 100% per benefit year.	Annual eye exam covered at 100% for all ages. Age 19 and over have \$150 allowance every 24 months for frames, lenses or contacts. Under the age of 19 — one pair of glasses and one pair of contacts allowed at 100% per benefit year.
Prescription Drugs (Express Scripts)		
Retail (34-day supply)	\$15 generic / \$30 formulary / \$50 non-formulary	\$15 generic / \$30 formulary / \$50 non-formulary
Mail Order (102-day supply)	\$30 generic / \$60 formulary / \$100 non-formulary	\$30 generic / \$60 formulary / \$100 non-formulary
Prescription Out-of-Pocket (Network)	\$5,350 individual / \$10,700 family	\$4,350 individual / \$8,500 family

This benefit schedule is for illustrative purposes only; please consult benefits booklet for more information.

This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

Blue Cross Blue Shield Base PPO - P14946	Blue Cross Blue Shield HMO - H15078
Network Only	Network Doctor and Hospitals Only
Nationwide	IL: Cook, DuPage, Kankakee, Kendall, Kane, Lake, McHenry, Will; IN: Porter, and Lake
Not required	Required
Not required	Required
80% / N/A	100% / N/A
None	\$10 PCP / \$20 Specialist
\$500 single / \$1,200 family	n/a
\$2,500 single / \$5,200 family	Max aggregate copays for basic healthcare \$1,500 per individual / \$3,000 per family / yr.
n/a	n/a
\$75 (waived if admitted)	\$75 (waived if admitted)
100%, no deductible	100% after \$10 copay for exam
80% / 0% after deductible	100%
With preauthorization, 80% / 0% after deductible	100% / In-network only
Annual eye exam covered at 100% for all ages. Age 19 and over have \$150 allowance every 24 months for frames, lenses or contacts. Under the age of 19—one pair of glasses and one pair of contacts allowed at 100% per benefit year.	Vision discounts available
\$5 generic / \$20 formulary / \$35 non-formulary	\$15 generic / \$30 formulary / \$50 non-formulary
\$10 generic / \$40 formulary / \$70 non- formulary	\$30 generic / \$60 formulary / \$100 non- formulary
\$4,600 individual / \$9,450 family	\$5,350 individual / \$10,700 family

The City of Highland Park complies with applicable Federal civil rights and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The City of Highland Park does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

