

Retirement Guide for Firefighters



Effective January 2026



Table of Contents

Table of Contents	1
General Information	3
Personal Information	3
Notice of Retirement	4
Retirement Date	4
Recognition of Service	5
Insurance	6
Medical Insurance Coverage Options	6
Medicare	7
Dental Insurance	7
Life Insurance	8
Coverage and Election Period	8
Flexible Spending	8
Insurance Information and Retiree Rates	8
Retirement Health Savings Plan	9
Separation Pay	11
Separation Pay Taxation	12
Retirement Plans	13
Pension Information	13
457 Deferred Compensation Plans	14
Contacts	15



General Information

Thank you for your service to the City of Highland Park! This guide was developed to assist you in planning for your retirement. Please be aware that this guide may not be applicable to every circumstance or situation and though every effort has been made to keep the information current please verify information directly with the referenced individual or vendor as appropriate.

Once again, thank you for everything you have done for the residents, visitors and fellow employees of the City and best wishes on your retirement!

Personal Information

Should your address or personal contact information change, it is important to update that information with the City so we can communicate with you as needed. This is especially important in the first year following retirement so that your W-2 will reach you in a timely manner.

If you choose to remain on the City's insurance, it is also important that your contact information remain updated so that we can contact you regarding your insurance coverage.



Notice of Retirement

The City's policy on notice is found in the Employee Handbook. To meet the definition of good standing, a notice period of two weeks should be provided in writing to the Fire Chief. Per City policy, scheduled time off is not counted towards the two week notice period. Consideration may be given for special circumstances which may not allow for the requested notice period upon request.

A form is provided on HPShare for your use in notifying the Fire Chief of your retirement date, however any format is acceptable (letter, memorandum, form, email or other) as long as it is in writing and contains your retirement date.

Click for the form.



Though two weeks is the minimum requested notice period, additional time is appreciated to allow for planning. Please note that insurance elections and other benefit processes can take longer than two weeks, though every effort will be made to expedite the process as needed.

Receipt of the notice of retirement is the starting point for many of the retirement processes such as insurance elections and recognition of retirement. While information can be provided at any time upon request, the formal processes cannot begin until notice of retirement is received.

Retirement Date

In order to be recorded as the last day worked, you must work on your last day, absent special circumstances.

Example #1:

Last Shift Day – March 31

Last Day Worked (worked through morning shift change) – April 1

Retirement Date – April 1

Example 2:

Last Shift Day – June 14

Last Day Worked (worked through morning shift change) – June 15

Retirement Date – June 15



Recognition of Service

Recognition of Service

The City appreciates the service and contribution of employees, and has developed a program to recognize departing employees. Administrative Order Number 19 – Recognition of Departing Employees governs the recognition of service and contains the full details. HR will reach out to you if you qualify for recognition under AO 19 once we receive your notice of retirement.

Click to see the Administrative Order



In general, full-time employees who retire from the City in good standing qualify for recognition at the following levels.

10-19 Years of Service

Departmental Recognition

20-29 Years of service

Organizational Recognition

30+ Years of Service

City Council Recognition

Departmental recognition consists of a social reception for Department employees, a gift valuing \$10 for each year of service, a crystal piece, and an article in the Messenger.

Organizational recognition consists of the items in Departmental Recognition plus a \$100 gift card to a Highland Park business of your choice. In addition, the reception is open to all City employees.

City Council Recognition consists of the items in Departmental and Organizational Recognition along with recognition at a City Council meeting which includes a mayoral proclamation, an additional \$100 gift card to a Highland Park business of your choice for a total of \$200. Employees with 40+ years of service receive an additional \$100 gift card/s for a total of \$300.

The Department organizes the social reception and gift, and human resources coordinates the gift card/s, crystal piece, messenger article and council recognition.



Insurance

Insurance coverage in retirement is available under the City's plans provided you are covered under one of the City's insurance plans on the day immediately prior to your retirement. It is important to know that in all cases once a retiree drops coverage under the City's plans they are no longer eligible to re-enroll.

Medical Insurance Coverage Options

Several options are available:

Retiree Continuation

If you are eligible to receive a pension you can elect retiree continuation coverage. In order to elect retiree continuation coverage you do not need to receive your pension immediately, but be eligible to do so - i.e. deferred status is still eligible for retiree continuation.

Coverage is available at the full cost of the plan for as long as you elect to continue the coverage and pay the applicable premium amount. Premiums can be deducted from your pension or paid directly through accounts payable.

Once you retire, dependents (spouses, children, guardianships, step-children, etc.) cannot be added to your plan for any reason. Only dependents on your plan prior to your retirement may remain on the health plan. If a dependent leaves the health plan following your retirement, they cannot return regardless of circumstance.

Please note, a dependent must be on the City's health insurance plan (BCBSIL) immediately prior to turning the age of 65 to be eligible for the Medicare Supplemental Plan serviced by Benistar.

COBRA Coverage

Coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) must be offered to individuals who had insurance coverage as an employee and are no longer employed. Generally, individuals are eligible for up to eighteen (18) months of coverage, though there are specific circumstances which can extend eligibility.

Electing coverage under COBRA requires payment of the full premium plus a 2.0% administrative fee. If covered under COBRA, changes in coverage and/or dependents follow the same guidelines as active employees in that they can be made during open enrollment or within 30 days of a qualifying event.



Insurance

No Insurance

Retirees have the option to end their insurance coverage at the time of retirement.

Medicare

It is important to realize that once you are no longer active and Medicare eligible, the City's medical insurance plans contain a provision called "Medicare carve-out." In essence, the City's plans pay claims as if you have Medicare Parts A & B, whether or not you elect the coverage. In addition, Medicare may impose penalties if you do not enroll when you are first eligible. Accordingly, most employees enroll in Medicare Parts A & B when they are first Medicare eligible. The City's plans pay secondary to Medicare and are not designed as Medicare supplemental plans.

If you are eligible for Medicare the City also offers a group Medicare Supplemental insurance plan designed to complement Medicare. Following is information on the plan and additional information regarding this plan is available upon request.

You and/or your covered spouse will also receive information on the Medicare Supplemental plan approximately 90 days in advance of you or your covered spouse reaching the current Medicare Eligibility age of 65.

Click for The Hartford Overview



Click for Rx Overview



Click for Benistar Rates



Dental Insurance

Continuation of Dental insurance is available for retirees provided you are covered on the day immediately prior to your retirement. As with medical insurance, retirees pay the full cost of the plan.



Life Insurance

The basic life insurance policy, which is paid for by the City, may be converted into a personal policy. To learn more about the available options and to convert the policy, please contact Securian directly. Individuals have 30 days after employment ends to apply for changes.

Coverage and Election Period

The City's coverage for medical and dental insurance runs through the end of the month which contains your retirement date. For example, if the retirement date is April 10, medical and dental coverage is provided through April 30. Life insurance coverage ends on the separation date.

Though you may elect to continue coverage as soon as you receive the election paperwork, please note that the window to elect coverage ends on the last day of your retirement month. If elected, coverage will continue without interruption.

Once notice of retirement is received, human resources contact you with formal information regarding continuation options.

Flexible Spending

If enrolled in flexible spending, eligible expenses cannot be incurred following the date of separation. Claims may be filed for eligible expenses incurred up to and including the separation date for ninety (90) days following the separation date. The City's flexible spending program is administered by Wex Health.

Insurance Information and Retiree Rates

Click for 2026 Benefits Summary



Click for Retiree Rates





Retirement Health Savings Plan

Retirement Health Savings Plan

The MissionSquare VantageCare Retirement Health Savings Plan (RHS) allows participants to pay for qualifying expenses with funds in their account. Meritain Health is the Third Party Administrator (TPA) that exclusively handles claim processing for the RHS Plan.

Qualifying expenses generally include all medical expenses under IRS rules (IRC Section 213). The definition of qualifying expenses is set by the IRS and not the plan or the City.

IRS 213(d) Eligible Medical Expenses



Typical examples of qualifying expenses for you, your spouse or dependents include:

- Medical Insurance Premiums
- Medical Out-of-Pocket Expenses
- Medicare Part B Insurance Premiums
- Medicare Part D Insurance Premiums
- Medicare Supplemental Insurance Premiums
- Dental Insurance Premiums
- Dental Out-of-Pocket Expenses
- Vision Insurance Premiums
- Vision Out-of-Pocket Expenses
- Qualified Long-Term Care Insurance Premiums
- Non-Prescription Medications allowed under IRS guidance.

Typical non-allowed expenses include:

- Pre-tax insurance Premiums
- Life Insurance Premiums
- Accidental, Death and Dismemberment (AD&D) Insurance Premiums
- Cancer Insurance Policy (and similar fixed-indemnity policies) Premiums
- Direct Long-Term Care Expenses

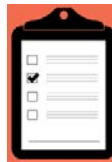
Participants have several options when utilizing their plan benefits and this information is not exhaustive.



Retirement Health Savings Plan

When using RHS plan funds for insurance premiums you can either pay the premium yourself either through direct payment of the premiums to the City or deduction from your pension and filing for reimbursement from your RHS plan (either per payment or on a recurring basis). The option is also available to have payments sent directly from your RHS account to the City in the amount of your insurance premium costs. Other qualifying expenses can be reimbursed by filing a claim with Meritain Health.

Reimbursement Form – Expenses Recurring & Non-Recurring (to Account Holder)



For recurring and non-recurring expenses paid to you (the Account Holder), the form should be submitted directly to Meritain Health as instructed at the top of the form.

Reimbursement Form – Recurring Expenses (to City)



For recurring expenses paid to the City, please notify Human Resources of your request to have your premiums paid directly from your account to the City in writing and Human Resources will complete the form and submit it to Meritain Health.

The Finance Department will notify MissionSquare of your retirement following the last deposit into your RHS account which is typically the payroll period that includes your retirement date. MissionSquare will then send your information to Meritain Health. Meritain may not have access to your account details until that data transfer takes place.

Additional Information about the RHS plan can be found on MissionSquare's website:
<https://www.missionsq.org/products-and-services/retirement-health-savings.html>

For your reference, the City's RHS plan number is **803219**.



Separation Pay

100% of separation pay is deposited to the employee's RHS account. The following leave hours are paid out upon separation of employment:

- Vacation*
 - 24 Hour Shift Employees – Accrued, but unused days to a maximum of 14 days.
 - 8 Hour Shift Employees – Accrued, but unused days to a maximum of 30 days.
- Accrued but unused holiday, work reduction, incentive hours, and personal days.
- Sick Leave per the terms of the collective bargaining agreement.

Wellness time earned through fitness bonus tests is not paid out upon separation.

If, upon retirement, leave already taken exceeds the amount accrued up to that time, then you shall pay back the amount in excess. Essentially, a “true up” of leave time is completed prior to calculating any applicable separation pay.

In order to assist in determining what leave has been accrued, following is a breakdown of when leave accrues per the employee handbook.

Vacation time is accrued on a per pay period basis according to the following schedule:

Years of Continuous Service	Amount of 24 Hour Shift Days	Per Pay Period Accrual (based upon 26 pay periods)
After 1 year through 5 years	5.0	4.6154
After 5 years through 12 years	7.0	6.4616
After 12 years through 22 years	10.0	9.2308
After 22 years through 23 years	10.5	9.6924
After 23 years through 24 years	11.0	10.1539
After 24 years through 25 years	11.5	10.6154
After 25 years through 26 years	12.0	11.0770
After 26 years	12.5	11.5385



Separation Pay

Holiday time is accrued as of each of the following pay periods:

- 1st pay period in February
- 2nd pay period in April
- 1st pay period in July
- 2nd pay period in September
- 1st pay period in December

Work Reduction Days are accrued as of the pay period containing each of the following dates:

- February 1st
- April 1st
- June 1st
- August 1st
- October 1st
- December 1st

Incentive hours are credited on the last pay period of the year for use in the following year.

Per the collective bargaining agreement, 100% of separation pay is placed in your Retirement Health Savings account.

Separation Pay Taxation

As with regular contributions to your Retirement Health Savings account, separation pay placed into your Retirement Health Savings account is not subject to Federal or State taxes, but is subject to Medicare.



Retirement Plans

Pension Information

Pension benefits are established and defined by the State of Illinois Pension Code and administered by the Highland Park Firefighters Pension Board. The Highland Park Firefighters Pension Board contracts with the firm of Lauterbach & Amen, LLC to provide accounting services.

Generally speaking, for Tier I members who are service eligible, the effective date of your pension will be the latter of your 50th birthday or the day after the last day worked. To begin the process of receiving your pension, written notice of your retirement date must be provided to the Pension Board along with the completed new pensioner packet. The enclosed pay grade and longevity forms are provided by the Pension Board to assist in estimating and calculating your pension.

Pension Board Letter to New Retiree



Pay Grade and Longevity Information



Click for New Pensioner Packet



The completed packet and written notice will be reviewed and signed off on by the Pension Board and sent to Lauterbach & Amen. Upon receipt of the completed packet, your income and years of service will be verified by Lauterbach & Amen with the City prior to processing your pension.

Once your pension is approved by the Pension Board and processed, you will receive one paycheck monthly, at the end of each month, by direct deposit.

Commonly requested pension forms are available on the Lauterbach & Amen website:

<https://www.lauterbachamen.com/pension#forms>



457 Deferred Compensation Plans

You may have contributed to one of the City's three deferred compensation plans during your employment. The City offers three different deferred compensation plans through Nationwide, MissionSquare, and Fidelity.

If you have funds in any of the deferred compensation plans, you may choose to either leave your funds in the account, rollover your funds to another tax-deferred account, or request a distribution of funds from your account. Distributions of funds, and non-qualifying rollover transactions may be subject to taxes and penalties by the IRS.

Per IRS regulations, retirees may be required to take minimum required distributions from their deferred compensation plans. Generally, required minimum distributions must be made by April 1 of the year you turn 72, however circumstances vary and should be discussed with a tax advisor.

For individuals enrolled in any of the deferred compensation plans with the City, the Finance Department will notify the provider of separation of employment when your final pay check is processed.



Contacts

Medical Insurance/Dental Insurance/Flexible Spending

- City of Highland Park Human Resources
 - Tracy Vigan, Human Resources Generalist
 - 847.926.1007 - tvigan@cityhpil.com
 - Emily Taub, Assistant City Manager
 - 847.926.1005 - etaub@cityhpil.com
 - Nick Barnes, Human Resources Manager
 - 847.926.1013 - nbarnes@cityhpil.com

Meritain Health - VantageCare

- 888.587.9441(phone)
- 888.665.8495 (fax)
- VantageCare RHS Plan
c/o Meritain Health, Inc.
P.O. Box 30136
Lansing, MI 48909-7611

Flexible Spending

- Wex Health
 - 866.451.3399 - <https://benefitslogin.wexhealth.com/>

Deferred Compensation

- Nationwide
 - 877.677.3678 - www.NRSforu.com
- MissionSquare
 - 800.669.7400 - www.missionsq.org
- Fidelity
 - 800.343.0860 - www.fidelity.com

Firefighters Pension

- Matt Grasso, Secretary of the Firefighters Pension Board
 - 847.924.7653 - mgrasso@cityhpil.com

Life Insurance

- Securian
 - 833.810.8260 - www.securian.com

Separation Notice

Date of Notice: _____

To: _____
Department Head

This notice is to inform you that I will ☐ resign ☐ retire from my position as
(Choose one)

_____ for the City of Highland Park, effective ____/____/____.
Job Title mm / dd / yyyy

Please mail my final pay check to: _____
Street Address

City, State, Zip Code

Phone Number

(For Resignation Only)

The reason for my resignation is:

☐ I have accepted employment with _____
New Employer


as _____. I will start in my new position on
Job Title

_____.
mm / dd / yyyy

Employee Signature

Employee Printed Name

Cc: Dept Supervisor
Human Resources

	ADMINISTRATIVE ORDER	Approved By:	No. 19
		City Manager	Effective Date: September 1, 2016
Subject: Recognition of Departing Employees			

A. Purpose

The purpose of this administrative order is to recognize the service and contribution of departing employees to the organization.

B. Definition

"Departing Employee" is defined as a full-time employee who leaves employment with the City in Good Standing.

"Good Standing" requires that:

1. The Employee provided at least two weeks' notice in advance of separation, exclusive of vacation or other paid time off (unless the employee was unable to work for the two-week period prior to separation due to a serious medical condition as defined under the Family and Medical Leave Act);
2. The employee was not terminated by the City; and
3. The Employee did not resign to avoid termination proceedings.

The Human Resources Manager shall have the discretion to make the determination of "good standing" in all cases.

C. Tiers of Recognition

1. A Departing Employee with at least ten (10) years but less than twenty (20) years of full-time service to the City completed shall receive Departmental Recognition, as defined in Section D. Employees with nine (9) years or less of full-time service can be recognized per the Department's discretion.
2. A Departing Employee with at least twenty (20) years but less than thirty (30) years of full-time service to the City completed shall receive Departmental and Organizational Recognition, as defined in Section D.
3. A Departing Employee with at least thirty (30) years of full-time service to the City completed shall receive Departmental Recognition and Departmental and City Council Recognition, as defined in Section D.

D. Types of Recognition

1. Departmental Recognition

- a. If desired by the Departing employee, the department that employs the Departing Employee shall host a social reception recognizing his or her accomplishments.
 - i. At a minimum, the social reception shall consist of refreshments and a gift of a value that totals \$10 for each year of service. A gift certificate may be used in place of the gift.
 - ii. City funds may be used for the purchase of the gift and up to \$100 for reception expenses.
 - iii. The receptions of a respective department should be fair and equitable in terms of content, location, gifts, and refreshments.
 - iv. The reception shall be scheduled so that a representative of the City Manager's Office can be in attendance to present the departing employee with a crystal piece that includes the City seal and an engraved message.
- b. The Departing Employee may invite family members and friends to the social reception.
- c. An article that details the accomplishments of the employee shall be published in a subsequent edition of The Messenger (the City employee newsletter).
- d. The Departing Employee may opt out of the Departmental Recognition.

2. Organizational Recognition

- a. The department that employs the Departing Employee shall host a social reception recognizing his or her accomplishments and inviting all City employees to attend.
 - i. At a minimum, the social reception shall consist of refreshments of up to \$100.00 and a gift of a value that totals \$10 for each year of service. A gift certificate may be utilized as the gift.
 - ii. The reception shall be scheduled so that the City Manager or a Representative and the Director of the employee's department

can be in attendance.

- b. The Director of the department that employs the Departing Employee shall present the accomplishments of the Departing Employee to the assembled staff.
- c. The City Manager or Representative shall congratulate the Departing Employee and present him or her with a crystal piece that includes the City seal and an engraved message along with a \$100 gift card chosen by the employee to a Highland Park business.
- d. The Departing Employee may invite family members and friends to the organizational recognition event.
- e. An article that details the accomplishments of the employee shall be published in a subsequent edition of The Messenger (the City employee newsletter).
- f. The Departing Employee may opt out of the organizational recognition event.

3. City Council Recognition

- a. The City Council shall recognize the accomplishments of the Departing Employee during a City Council meeting.
 - i. The Mayor shall detail the accomplishments of the Departing Employee to the audience and present the Departing Employee with the recognition gift, as defined below.
 - 1. Departing Employees with at least thirty (30) years but less than forty (40) years of full-time service to the City shall receive a crystal piece that includes the City seal and an engraved message along with a \$200 gift card chosen by the employee to a Highland Park business.
 - 2. Departing Employees with at least forty (40) years of full-time service to the City shall receive a crystal piece that includes the City seal and an engraved message along with a \$300 gift card chosen by the employee to a Highland Park business.
 - ii. The Departing Employee will have the option of receiving a proclamation in their name.
 - iii. The Departing Employee may invite family members and

friends to City council recognition event.

- b. An article that details the accomplishments of the employee shall be published in a subsequent edition of The Messenger (the City employee newsletter).
- c. The Departing Employee may opt out of City Council recognition.

E. Responsibilities

- 1. The department of the Departing Employee shall be responsible for the following:
 - a. Hosting the social reception
 - b. Purchasing of gift or gift certificate
 - c. Producing a list of accomplishments by the Departing Employee
- 2. The City Manager's Office shall be responsible for the following:
 - a. Purchasing of the crystal piece and gift card
 - b. Arranging for City Council recognition
 - c. Producing The Messenger article

GROUP RETIREE INSURANCE PLAN

SUMMARY OF COVERAGE



BENISTAR EMPLOYER SERVICES TRUST

PLAN 1

PLAN FOR RETIREES OF:

INTERGOVERNMENTAL PERSONNEL BENEFIT COOPERATIVE (IPBC)

UNDERWRITTEN BY: HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Calendar Year Deductible: \$0

Calendar Year Maximum: Unlimited

PART A SERVICES

SERVICES	MEDICARE PAYS ⁽¹⁾	PLAN PAYS ⁽¹⁾	YOU PAY
HOSPITALIZATION ⁽²⁾			
Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but the Part A Deductible	100% of Medicare Part A Deductible	\$0
61 st through 90 th day	All but 25% of the Part A Deductible	100% of Medicare Part A Coinsurance	\$0
91 st through 150 th day (60 day Lifetime Reserve Period)	All but 50% of the Part A Deductible	100% of Medicare Part A Coinsurance	\$0
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	\$0	100%	\$0
SKILLED NURSING FACILITY CARE			
Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies. You must meet Medicare's requirement which includes hospitalization of at least 3 days. You must enter a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but 12.5% of the Part A Deductible per day	Up to 100% of Medicare SNF Coinsurance	\$0

GROUP RETIREE INSURANCE PLAN

SUMMARY OF COVERAGE



SERVICES	MEDICARE PAYS ⁽¹⁾	PLAN PAYS ⁽¹⁾	YOU PAY
BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expenses When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	100%	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Pain relief, symptom management and support services for terminally ill.			
As long as Physician certifies the need	All costs, but limited to costs for out-patient drug and in-patient respite care	Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare	All other charges

PART B SERVICES

SERVICES	MEDICARE PAYS ⁽¹⁾	PLAN PAYS ⁽¹⁾	YOU PAY
OUT-PATIENT MEDICAL EXPENSES The Policy may cover the following Medicare Part B Benefits: <ul style="list-style-type: none"> Physician Services Benefit Specialist Services Benefit Outpatient Hospital Services and Ambulatory Surgical Care Benefit Outpatient Diagnostic and Radiology Services Benefit Outpatient Mental Health and Substance Abuse Services Benefit Outpatient Rehabilitative and Cardiac Rehabilitative Services Benefit Emergency Care Benefit Urgent Care Benefit Ambulance Services Benefit Durable Medical Equipment and Prosthetics Benefit All Medicare Part B Benefits are based on per visit, except Ambulance Services Benefit, which is based on per trip, and Durable Medical Equipment and Prosthetics Benefit, which is based on per device.			
Medicare Part B Deductible	\$0	100%	0%
Remainder of Medicare-approved amounts	80%	100%	0%
Part B Excess Charges for Non-Participating Medicare providers covers the difference between the 115% Medicare limiting fee and the Medicare-approved Part B charge	\$0	100%	\$0

GROUP RETIREE INSURANCE PLAN

SUMMARY OF COVERAGE



ADDITIONAL SERVICES

SERVICES	MEDICARE PAYS ⁽¹⁾	PLAN PAYS ⁽¹⁾	YOU PAY
PREVENTIVE MEDICAL CARE & CANCER SCREENINGS⁽³⁾ Coverage for expenses incurred by a covered person for physical exams, preventive screening tests and services, cancer screenings, and any other tests or preventive measures determined to be appropriate by the attending Physician. Refer to your Medicare and You handbook for more information on Preventive services.			
"Welcome to Medicare" Physical Exam -within first 12 months of Part B enrollment	100%	\$0	\$0
Annual Wellness Visit	100%	\$0	\$0
Vaccinations	100%	\$0	\$0
Preventive Care Cancer Screening Benefits ⁽³⁾	Generally 100% for most preventive screenings. Some screenings subject to the Medicare Part B Deductible and Coinsurance	100% of remaining covered expenses Incurred not covered by Medicare	\$0

GROUP RETIREE INSURANCE PLAN

SUMMARY OF COVERAGE



FOREIGN TRAVEL EMERGENCY			
Medically necessary emergency care services.			
Emergency services needed due to Injury or Sickness of sudden and unexpected onset during the first 60 days while traveling outside the United States.	\$0	80% after \$250 Deductible (to a lifetime maximum of \$50,000)	\$250 Deductible and then 20% of expenses incurred (to a lifetime maximum of \$50,000, then 100% thereafter)
CHIROPRACTIC SERVICES			
Services performed by a licensed chiropractor to correct structural alignment	\$0 ⁽⁴⁾	100% of remaining covered expenses incurred, after the copayment	\$25 copay per exam
ACUPUNCTURE SERVICES			
Services performed by a licensed acupuncturist to treat pain	\$0	100% of remaining covered expenses incurred, after the copayment, up to the benefit maximum of \$500 per calendar year	\$25 copay per exam (to a calendar year maximum of \$500, then 100% thereafter)

¹ This chart describes coverage that is only available to persons who are Medicare-eligible. Medicare amounts typically change January 1 of each year.

² A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row. Hospital does not include any institution or part thereof that is used primarily as a nursing home, convalescent home, or Skilled Nursing Facility; a place for rest, custodial, educational or rehabilitative care; a place for the aged; or, a place for alcoholism or drug addiction.

³ If any of the cancer screening tests are not covered by Medicare, the plan will pay the usual and customary charges incurred. Please refer to your certificate for a full description of preventive screenings.

⁴ Medicare only covers spinal manipulations.

Please note this policy also may cover certain benefits mandated by DE, the state where this policy is situated, or mandated by the state where you reside. Refer to your certificate for a description of any additional benefits.

GROUP RETIREE INSURANCE PLAN

SUMMARY OF COVERAGE



The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.thehartford.com.

All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This brochure/presentation explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2019 The Hartford.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

Limitations & Exclusions: The Hartford's Insurance Plan does not cover any expense that is not a Medicare Eligible Expense or beyond the limits imposed by Medicare for such expenses or excluded by name or specific description by Medicare, except as specifically provided in the policy. The plan does not cover: Any part of a covered expense to the extent paid by Medicare; benefits payable under one benefit of the policy to the extent covered under another benefit of the policy; or expense incurred after coverage terminates, except as stated in the Extension-of-Benefits provision of the policy.



Blue Cross Group MedicareRx (PDP)SM



live
your
Blue
lifeSM



Maximize your Part D coverage.

Look inside for details about your group retiree Medicare prescription drug plan.

Keep this information for reference.

Estos materiales están disponibles en español. Póngase en contacto con Servicio al Cliente para obtener ayuda.



Get to know Blue Cross Group MedicareRxSM

Let's talk about your group retiree Medicare Part D prescription drug benefit, including how it works, how to enroll, and what to expect once your coverage begins.

Blue Cross Group MedicareRx helps you stay healthy and protects you against high pharmacy costs.

Medicare Part D covers common outpatient medications, like those used to treat high blood pressure, high cholesterol, depression, and arthritis. These types of prescription drugs are not covered under Original Medicare Part A or Part B.

Due to Medicare reforms, the most out-of-pocket costs you'll pay in 2026 for Part D drugs is \$2,100. Each year, annual limits will be adjusted based on inflation. This cap does not apply to out-of-pocket spending on Part B drugs. Review the Summary of Benefits to understand your costs.

How does Medicare Part D work?

Copay and Deductible

You may have a copay or coinsurance for your prescriptions. You may need to meet a deductible before benefits start. Review the Summary of Benefits to understand the details of your group retiree Part D plan.

List of Covered Drugs (Formulary)

Within the formulary, you will see that prescription drugs are placed into tiers. The costs for drugs in each tier are generally different. Tier 1 includes the drugs prescribed for common conditions and usually cost the least.



Before you enroll, you can search for your medicines online at www.myprime.com.*

Select 'Medicines,' then:

- 'Find medicines,' followed by
- 'Continue without sign in.'

Under 'Select Your Health Plan':

- Select BCBS Illinois.
- Answer 'Yes.'
- Select the Blue Cross Group MedicareRx plan with your drug list.
- Click 'Continue.'

Type your medicine and dosage.

- Review the drug tier and requirements.
- Refer to the Summary of Benefits for your cost.

Your drug list name is located on the Plan Chart in your Enrollment Kit. Call the Education Helpline if you don't have a chart or need help finding out your drug list name.

Insulin and Vaccine Costs

Insulin: You won't pay more than \$35 for a one-month supply of each covered insulin product. It doesn't matter what cost-sharing tier it's on.

Vaccines: Your plan covers most Part D vaccines at no cost to you. These vaccines are covered under Medicare Part D: Shingles, Tetanus/diphtheria (Td), Tetanus, diphtheria, and pertussis (whooping cough) (Tdap), Hepatitis A, Hepatitis B and other vaccines recommended by Advisory Committee on Immunization Practices (ACIP).

You don't need to meet any required deductible for these items.

* MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, a separate company providing pharmacy benefit management services for your plan.



Managing your medications.

Your prescription drug plan includes programs designed to encourage safe, cost-effective and appropriate use of medications. These include prior authorization, step therapy and quantity limits. If a drug requires one or more of these programs, it will be noted in the online formulary which you can find at www.myprime.com.

Transition Benefit

During your first 90 days of coverage, you may be able to fill a one-month supply of Part D eligible, non-formulary drugs or drugs that have restrictions. You and your provider will be alerted by mail of the transition fill and the requirements needed to continue receiving your drug. Such requirements include your provider submitting a formulary exception by calling the number on your new member ID card or filling out the formulary exception form found on www.myprime.com. If the formulary exception is approved, you will pay the non-preferred drug tier cost-share.

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that helps you manage your budget when it comes to out-of-pocket drug costs. It spreads costs across monthly payments throughout the plan year, instead of you paying all at once at the pharmacy. While the new payment option might help you manage your expenses, it doesn't save you money or lower your drug costs. While the program is for anyone with Part D, it might not be right for everyone.

Do you need financial support for your drugs?

You can apply for Extra Help any time before or after you enroll in Part D. Visit Social Security to learn more at www.ssa.gov. Choose 'Medicare,' then 'Apply for Part D Extra Help.'

Pharmacies near and far

Our national pharmacy network includes thousands of locations. All major national retail and grocery pharmacy chains participate in the network, including:



Other pharmacies are available in our network.

The following mail order and specialty pharmacies are in the network.

Once you enroll in your new plan, you will want to bookmark these websites and save the numbers to your phone:

Mail-Order Pharmacies

Walgreens Mail Service

Visit www.walgreensmailservice.com

Call **1-888-277-5475** TTY 711

Amazon Pharmacy

Visit <https://pharmacy.amazon.com>

Call **1-855-393-4279** TTY 711

Express Scripts Pharmacy

Visit www.express-scripts.com/rx

Call **1-833-715-0944** TTY 711

Specialty Pharmacies

Walgreens Specialty Pharmacy

Visit www.walgreensspecialtyrx.com

Call **1-877-627-6337** TTY 711

Accredo

Visit www.accredo.com

Call **1-833-721-1619** TTY 711

Please note: Federal law forbids people who have Medicare from using coupons or other discounts with their Part D plan. These may only be used outside of your Part D benefit.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by Blue Cross and Blue Shield of Illinois (BCBSIL) to provide pharmacy benefit management services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Amazon Pharmacy is contracted to provide pharmacy home delivery services to Blue Cross and Blue Shield of Illinois members.

Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of Illinois. Accredo is a trademark of Express Scripts Strategic Development, Inc.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Illinois. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Walgreens Mail Service is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Illinois. Prime Therapeutics LLC provides pharmacy benefit management services for Blue Cross and Blue Shield of Illinois and is owned by 19 Blue Cross and Blue Shield Plans, subsidiaries or affiliates of those plans.

Walgreens Specialty Pharmacy is contracted to provide specialty pharmacy services to members of Blue Cross and Blue Shield of Illinois. Prime Therapeutics LLC provides pharmacy benefit management services for Blue Cross and Blue Shield of Illinois and is owned by 19 Blue Cross and Blue Shield Plans, subsidiaries or affiliates of those plans.

Blue Access for MembersSM

Register for BAMSM at www.mybam.bcbsil.com.

BAM is a secure website and, along with our mobile app, is designed to give you quick, easy access to the health information you need. You can:

- Access your Evidence of Coverage.
- Search for pharmacies.
- See your prescription history.
- Link to **www.myprime.com** to view your drug list/formulary.
- View claims status and up to 18 months of activity.
- Request an ID card or print a temporary ID.
- and much more.



If you already have a BAM account, you will not need to create a new one.



Important details about your new member ID card:

Your member ID card will be mailed to you. You can also find it on BAM. It will have this information:

- **Your name**
- **The name of your group retiree Medicare plan**
- **Your new member ID number**—This number is unique to you.
- **Plan and Group numbers**—These numbers are used by the plan only.
- **Copays**—These are the fixed amounts you may have to pay when you visit a provider.
- **Customer service phone number**
- **Our website**

Be sure to show the new card to your pharmacy. Remind them that your old ID and number are no longer valid, even if you were a BCBSIL member before enrolling in this Medicare Part D plan. If they do not use the new card and number, your benefits cannot be confirmed and there may be delays in processing your claims.

Remember to keep your ID card safe like you would a credit or debit card. You won't need to use your red, white and blue Medicare card at the pharmacy, so don't carry it with you. Keep it secure, not in your wallet.

You may want to update the customer service number you have saved in your phone or other devices with the number listed on the back of your new card.



Frequently Asked Questions about Medicare and Medicare Part D plans.

Q. What is Medicare?

A. Medicare is the federal government health care program designed for people ages 65 and over. Most U.S. citizens earn the right to enroll in Medicare by working and paying their taxes for a minimum of 10 years. The earliest someone who is turning age 65 can sign up for Original Medicare Parts A and B is three months before the month they will turn age 65. Under certain circumstances, people under 65 may be eligible for Medicare.

There are four parts of Medicare related to specific services:

Part A — Hospital coverage

Part B — Medical coverage

Part C — Medicare Advantage Plans (private insurers like BCBSIL that contract with the government to provide Medicare coverage through a variety of insurance products)

Part D — Prescription drug coverage

IMPORTANT: To participate in a group retiree Medicare plan, you will need to enroll in both Parts A and B. If you do not enroll in Medicare Parts A, B and D when you are first eligible, you may be subject to late enrollment penalties.

Q. Where can I find additional Medicare resources?

A. The following websites may be helpful: www.medicare.gov; www.ssa.gov; www.cms.gov.

Q. How do I enroll in Medicare?

A. Medicare enrollment is done through the Social Security Administration. It takes time to process. If you plan to retire at 65, we recommend enrolling three months prior to your 65th birthday.

Most people should enroll in Medicare Part A (hospital coverage) during the Initial Enrollment Period. This is the period during which you can

enroll in Medicare for the first time. It is a seven-month period that begins three months before the month you turn 65, includes the month you turn 65, and runs for three months after the month you turned 65. For example, if you were born in June, your window to enroll is March 1 through September 30. SSA will send you enrollment instructions at the beginning of your IEP.

If you're already receiving Social Security benefits, you will be automatically enrolled in Medicare Part A at the start of your IEP. However, you will need to contact SSA to sign up for Part B. If you do not receive instructions from the SSA, call **1-800-772-1213** (TTY **1-800-325-0778**) or go to www.ssa.gov to enroll in Medicare.

Q. When will my Medicare Parts A and B coverage be effective?

A. Coverage is effective on the first day of the month following the date the application was processed or the Medicare Parts A and B effective date, whichever is later.

Q. Do I need to enroll in both Original Medicare and this Medicare Part D plan?

A. You have two separate enrollments: Original Medicare and this plan. Enrollment in Medicare Parts A and B through the federal government is required to be eligible for any Medicare plans, including this group retiree plan. To have full coverage, you must sign up for Medicare Parts A and B and continue to pay any required premiums. You will need to do this first and get your 11-character Medicare Beneficiary Identifier before you can enroll in your group retiree plan.

When enrolling in your Medicare Part D plan, you will provide your MBI located on your red, white and blue Medicare card, along with your effective date.



Q. I am already enrolled in a Medicare Part D plan. Will it continue?

A. You can only be enrolled in one Medicare Part D plan at a time. When your enrollment in this group retiree plan is final, Medicare will automatically cancel your previous Medicare Part D plan coverage. We can offer support as you go through this change.

Q. When will my group retiree Medicare Part D plan start?

A. Coverage is effective on the first day of the month following the date your application was processed or your Medicare Part A and Part B effective date, whichever is later.

Q. When will I get my new Medicare Part D member ID card?

A. You should receive it within 10-14 days after Medicare approves your enrollment. You will receive three separate mailings: an acknowledgment letter followed by a confirmation letter and then your new card.

Q. What are the costs of Medicare outside my group retiree plan?

A. Part A will not cost you anything if you or your spouse paid into Social Security for a minimum of 10 years. You pay a premium each month for **Part B**. Most people will pay the standard premium amount. Your Part B premium will be automatically deducted from your benefit payment if you get benefits from one of these:

- Social Security
- Railroad Retirement Board
- Office of Personnel Management

If you don't get these benefit payments, you will receive a Part B premium bill.

Part B and Part D monthly premiums change each year. And, if your income is above a certain limit, you'll pay a surcharge to the government in addition to your premium. This is called **IRMAA**: Income-Related Monthly Adjustment Amount. Any Part B and Part D IRMAA surcharge is based on the modified adjusted gross income reported on your IRS tax return from two years ago. A notice from Medicare will be mailed to those who will pay the IRMAA surcharge(s).

If you've had a life-changing event that reduced your household income, you can ask Social Security to lower the additional amount you'll pay.

Q. What happens if I do not pay my Part B premiums?

A. Non-payment of Part B premiums and/or IRMAA surcharges will result in termination of coverage.

Q. Can my spouse or partner be on a different plan?

A. All Medicare-based plans are individual plans. A retiree and their eligible spouse/partner each enroll as individuals, even if they choose the same plan.

Q. Can I continue to use manufacturer coupons and/or discount cards with this plan?

A. Federal law forbids people who have Medicare from using coupons or other discounts with their Part D plan. These may only be used outside of your Part D benefit.

Q. Are there resources to help with the high cost of drugs?

A. Financial assistance to help with the costs of prescription drugs, like deductibles and copays, may be available through the government's Low Income Subsidy program, also called Extra Help. You can apply for it any time. Visit the Social Security web site at www.ssa.gov and click 'Medicare,' then 'Apply for Part D Extra Help'.

Q. Will I receive a periodic Medicare Part D statement?

A. You will receive your Explanation of Benefits from Blue Cross and Blue Shield of Illinois. How often you receive one depends on how often you fill a prescription. The EOB is a statement, not a bill. It simply details what you have paid and indicates the level of benefits you've used.





Questions about your group retiree Medicare plan?

Talk to your benefit administrator or refer to the plan documents for details.

Or call the Education Helpline for more information. 1-877-842-7564 (TTY 711)

We are open October 1 – March 31: Daily, 8:00 a.m. to 8:00 p.m., Local Time

April 1 – September 30: Monday through Friday, 8:00 a.m. to 8:00 p.m., Local Time.

Alternate technologies (for example, voicemail) will be used on weekends and holidays.

Prescription drug plans provided by Blue Cross and Blue Shield of Illinois, which refers to Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HCSC's plans depends on contract renewal.

RETIREE MEDICAL PLAN OPTION RATES – coverage through <i>The Hartford</i> . Enrollers must continue to pay their Medicare Part B premium.	
Plan Options	Election Options - check off both Retiree and Spouse coverage if electing both
Premium Plan	<div> <input type="checkbox"/> Retiree Coverage <input type="checkbox"/> Spouse or Surviving Spouse Coverage </div> <div> Age: under 65 \$628.31 Age: under 65 \$628.31 </div> <div> Age: 65+ \$548.75 Age: 65+ \$548.75 </div>
MEDADVANTAGE PLAN OPTION RATES – coverage through <i>Blue Cross Blue Shield</i> . Enrollers must continue to pay their Medicare Part B premium.	
Plan Options	Election Options - check off both Retiree and Spouse coverage if electing both
Premier Plan	<div> <input type="checkbox"/> Retiree Only \$508.25 <input type="checkbox"/> Spouse Only or Surviving Spouse Only Coverage \$508.25 <input type="checkbox"/> Retiree & Spouse Coverage \$1,017.00 </div>
Choice Plan	<div> <input type="checkbox"/> Retiree Only \$412.25 <input type="checkbox"/> Spouse Only or Surviving Spouse Only Coverage \$412.25 <input type="checkbox"/> Retiree & Spouse Coverage \$824.50 </div>
Classic Plan	<div> <input type="checkbox"/> Retiree Only \$181.25 <input type="checkbox"/> Spouse Only or Surviving Spouse Only Coverage \$181.25 <input type="checkbox"/> Retiree & Spouse Coverage \$362.50 </div>

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 2026

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, schedule medical 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 offers proactive 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 Coverage	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 - B04714
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.





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 - B04714	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	\$ 719.84
Single Non-Medicare + 1 Dependant Non-Medicare	\$ 1,701.22
Non-Medicare Family	\$ 2,255.78
Medicare Single	\$ 482.28
Medicare Single + 1 Dependant Medicare	\$ 1,139.80
Medicare Single + 1 Dependant Non-Medicare	\$ 1,202.15
Medicare Single + 2 or more Dependents Non-Medicare	\$ 2,183.54
Medicare Single + 2 or more Dependents Medicare	\$ 1,528.48

Base PPO Monthly Rate	
Single Non-Medicare	\$ 917.83
Single Non-Medicare + 1 Dependant Non-Medicare	\$ 1,821.42
Non-Medicare Family	\$ 2,732.81
Medicare Single	\$ 614.95
Medicare Single + 1 Dependant Medicare	\$ 1,220.37
Medicare Single + 1 Dependant Non-Medicare	\$ 1,532.79
Medicare Single + 2 or more Dependents Non-Medicare	\$ 2,436.40
Medicare Single + 2 or more Dependents Medicare	\$ 2,138.20

PPO HCA Monthly Rate	
Single Non-Medicare	\$ 979.24
Single Non-Medicare + 1 Dependant Non-Medicare	\$ 1,943.34
Non-Medicare Family	\$ 2,915.79
Medicare Single	\$ 656.09
Medicare Single + 1 Dependant Medicare	\$ 1,302.04
Medicare Single + 1 Dependant Non-Medicare	\$ 1,635.34
Medicare Single + 2 or more Dependents Non-Medicare	\$ 2,599.47
Medicare Single + 2 or more Dependents Medicare	\$ 1,810.79

PPO Plus Monthly Rate	
Single Non-Medicare	\$ 1,003.10
Single Non-Medicare + 1 Dependant Non-Medicare	\$ 1,990.67
Non-Medicare Family	\$ 2,986.76
Medicare Single	\$ 672.10
Medicare Single + 1 Dependant Medicare	\$ 1,333.74
Medicare Single + 1 Dependant Non-Medicare	\$ 1,675.18
Medicare Single + 2 or more Dependents Non-Medicare	\$ 2,662.75
Medicare Single + 2 or more Dependents Medicare	\$ 1,854.90

Dental Monthly Rate	
Single	\$ 43.74
Single + 1	\$ 80.74
Family	\$ 105.63

IRS Code Section 213(d) Eligible Medical Expenses

An eligible expense is defined as those expenses paid for care as described in **Section 213 (d)** of the Internal Revenue Code. Below are two lists which may help determine whether an expense is eligible.

For more detailed information, please refer to **IRS Publication 502** titled, "Medical and Dental Expenses," If tax advice is required, you should seek the services of a competent professional.

Deductible Medical Expenses

- | | | |
|---|--|--|
| <ul style="list-style-type: none">• Abdominal supports• Abortion• Acupuncture• Air conditioner (when necessary for relief from difficulty in breathing)• Alcoholism treatment• Ambulance• Anesthetist• Arch supports• Artificial limbs• Autoette (when used for relief of sickness/disability)• Birth Control Pills (by prescription)• Blood tests• Blood transfusions• Braces• Cardiographs• Chiropractor• Christian Science Practitioner• Contact Lenses• Contraceptive devices (by prescription)• Convalescent home (for medical treatment only)• Crutches• Dental Treatment• Dental X-rays• Dentures• Dermatologist• Diagnostic fees• Diathermy• Drug addiction therapy• Drugs (prescription) | <ul style="list-style-type: none">• Elastic hosiery (prescription)• Eyeglasses• Fees paid to health institute prescribed by a doctor• FICA and FUTA tax paid for medical care service• Fluoridation unit• Guide dog• Gum treatment• Gynecologist• Healing services• Hearing aids and batteries• Hospital bills• Hydrotherapy• Insulin treatment• Lab tests• Lead paint removal• Legal fees• Lodging (away from home for outpatient care)• Metabolism tests• Neurologist• Nursing (including board and meals)• Obstetrician• Operating room costs• Ophthalmologist• Optician• Optometrist• Oral surgery• Organ transplant (including donor's expenses)• Orthopedic shoes• Orthopedist• Osteopath | <ul style="list-style-type: none">• Oxygen and oxygen equipment• Pediatrician• Physician• Physiotherapist• Podiatrist• Postnatal treatments• Practical nurse for medical services• Prenatal care• Prescription medicines• Psychiatrist• Psychoanalyst• Psychologist• Psychotherapy• Radium Therapy• Registered nurse• Special school costs for the handicapped• Spinal fluid test• Splints• Sterilization• Surgeon• Telephone or TV equipment to assist the hard-of-hearing• Therapy equipment• Transportation expenses (relative to health care)• Ultra-violet ray treatment• Vaccines• Vasectomy• Vitamins (if prescribed)• Wheelchair• X-rays |
|---|--|--|

Eligible Over-the-Counter Drugs

- | | | |
|--|---|--|
| <ul style="list-style-type: none">• Antacids• Allergy Medications• Pain Relievers• Cold medicine• Anti-diarrhea medicine• Cough drops and throat lozenges | <ul style="list-style-type: none">• Sinus Medications and Nasal sprays• Nicotine medications and nasal sprays• Pedialyte• First aid creams• Calamine lotion | <ul style="list-style-type: none">• Wart removal medication• Antibiotic ointments• Suppositories and creams for hemorrhoids• Sleep aids• Motion sickness pills |
|--|---|--|

Non-Deductible Medical Expenses

- Advancement payment for services to be rendered next year
- Athletic Club membership
- Automobile insurance premium allocable to medical coverage
- Boarding school fees
- Bottled Water
- Commuting expenses of a disabled person
- Cosmetic surgery and procedures
- Cosmetics, hygiene products and similar items
- Funeral, cremation, or burial expenses
- Health programs offered by resort hotels, health clubs, and gyms
- Illegal operations and treatments
- Illegally procured drugs
- Maternity clothes
- Non-prescription medication
- Premiums for life insurance, income protection, disability, loss of limbs, sight or similar benefits
- Scientology counseling
- Social activities
- Special foods and beverages
- Specially designed car for the handicapped other than an autoette or special equipment
- Stop-smoking programs
- Swimming pool
- Travel for general health improvement
- Tuition and travel expenses a problem child to a particular school
- Weight loss programs

Ineligible Over-the-Counter Drugs

- Toiletries (including toothpaste)
- Acne treatments
- Lip balm (including Chapstick or Carmex)
- Cosmetics (including face cream and moisturizer)
- Suntan lotion
- Medicated shampoos and soaps
- Vitamins (daily)
- Fiber supplements
- Dietary supplements
- Weight loss drugs for general well being
- Herbs



VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN BENEFITS REIMBURSEMENT REQUEST FORM - Page 1 of 2

- Complete this form and send with supporting documentation to **VantageCare RHS Plan, c/o Meritain Health, Inc., P.O. Box 30136, Lansing, MI 48909-7611**. You may also fax this request with supporting documentation to 888-665-8495 for processing.
- **For privacy and security reasons, ICMA-RC removed Social Security Number as an identifier on this form. Please provide your ICMA-RC Reference Code instead of your Social Security Number. If you do not know your Reference Code, it is available through Account Access (www.icmarc.org/login) on the My Profile tab and on your ICMA-RC statements.**
- Each form of documentation must contain the date(s) of service, provider name, provider address, description of treatment, service or supply, amount charged, insurance payments, as well as the name of the claimant. **Supporting documentation may consist of: Itemized Bills, Explanation of Benefits, Premium Notices, Itemized Receipts.**

PLEASE NOTE: SIGNATURE IS REQUIRED FOR PROCESSING. Do **not** submit claims for charges eligible under your insurance or Medicare. A medical care expense may not be reimbursed from a Flexible Spending Account (FSA) if the expense has been reimbursed or is reimbursable under any other accident or health plan. If a medical care expense is eligible for coverage by both a Health Reimbursement Arrangement (HRA) and a health FSA, amounts available under a HRA must be exhausted before reimbursement may be made from a health FSA. This requirement does not apply to medical care expenses which are reimbursed from a health FSA but are not reimbursable by a HRA. In no case may a participant be reimbursed for the same medical care expense by both a HRA and a health FSA. Do **not** submit claims for services provided prior to your benefit eligibility date. Claims are processed upon receipt of documents in good order.

If you are able to access funds from your RHS plan in the same year in which you contribute to your Health Savings Account (HSA) administered through another provider, please consult your tax advisor prior to submitting reimbursement to your RHS account. There are specific rules governing HSAs when an employee is also enrolled in a HRA, like the RHS plan, that may affect the tax treatment of the HSA contributions.

Note to Survivor: Upon the death of the RHS Plan Participant, all claims for decedent's qualified medical expenses should be submitted using the *VantageCare Retirement Health Savings Plan Benefits Reimbursement Request Form*, **prior** to submitting the *VantageCare Retirement Health Savings Plan Decedent Information Form*.

Part A: Plan and Participant Information

Employer Plan Number 803219	Employer Name City of Highland Park	State IL
Participant Name (Last, First, and Middle Initial) _____ Reference Code _____ Daytime Phone Number (_____) _____ - _____ <small>AREA CODE</small>	Address _____ <small>STREET</small> _____ <small>CITY</small> _____ <small>STATE</small> _____ <small>ZIP</small> NOTE: If this is a new address, please contact ICMA-RC at 800-669-7400 to update your address. Your check will be mailed to the address on file with ICMA-RC.	

Part B: Request for Reimbursement of Non-Recurring Expenses

Use this section to request a reimbursement of non-recurring expenses (e.g., co-payments, medications, out-of-pocket expenses).

Summary of Healthcare Expenses

Incurred Date*	Applicant's Full Name (last, first, middle initial)	Provider (e.g. doctor name/pharmacy name)	Claim for (self, spouse, dependent child, other dependent)	Description of Service	Amount to be Reimbursed
					\$
					\$
					\$
* Incurred date is the date of service, not the billing or payment date.					Total reimbursement request: \$

READ CAREFULLY AND SIGN BELOW FOR PROCESSING.

The undersigned certifies all expenses for which reimbursement or payment is claimed by submission of this form were incurred by the participant, the participant's spouse, or the participant's eligible dependents while the undersigned was eligible to receive benefits under the RHS Plan. The undersigned also certifies as follows:

- The medical expenses have not been reimbursed and are not reimbursable under any other health/dental plan or Medicare.
- The undersigned is responsible for requesting cessation of automated reimbursement of recurring expenses when the expense is no longer being incurred, and will retain sufficient documentation for all recurring expenses. Meritain Health, Inc. reserves the right to periodically request documentation for all automated payment requests.

The undersigned understands he/she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim. The undersigned understands he/she will be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan for non-qualifying expenses.

Participant Signature _____

Date _____



VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN BENEFITS REIMBURSEMENT REQUEST FORM - Page 2 of 2

Participant Name (Last, First, and Middle Initial)

Reference Code

Part B: Request for Reimbursement of Recurring Expenses

Use this section to request automated reimbursement of recurring expenses (e.g. insurance premiums). **Note:** Payment must be made to the account holder. Payment will **not** be made directly to an insurance company or other third party.

You are responsible for ensuring automated reimbursements are for qualifying medical expenses. You are also responsible for ensuring automated reimbursements are stopped if you are no longer incurring the expense(s). You must provide documentation of the recurring expense with this request, and you must retain sufficient documentation for all recurring expenses. Supporting documentation must show the premium is paid with after-tax funds and include the following: (i) Insurance Carrier; (ii) Type of Insurance; (iii) Policy Holder's Name; (iv) Amount; and (v) Coverage Period. Meritain Health, Inc. reserves the right to periodically request documentation for all automated payment requests.

1. ☐ **BEGIN** recurring reimbursement of \$ _____

Beginning Date: Insert date you wish payments to begin ____ / ____ / ____ (MM/DD/YYYY)

Frequency (Check one): ☐ Annual ☐ Quarterly ☐ Monthly

Ending Date: Insert date of last payment ____ / ____ / ____ (MM/DD/YYYY)

2. ☐ **CHANGE** recurring payment amount from \$ _____ to \$ _____

Effective date of change ____ / ____ / ____ (MM/DD/YYYY)

3. ☐ **END** recurring payment of \$ _____

Ending Date: Insert date of last payment ____ / ____ / ____ (MM/DD/YYYY)

Note: Payments will continue until your account is depleted, unless an ending date is provided. Any changes to your payment must be received by Meritain Health at least 10 business days prior to next payment. Otherwise the change will take effect on the next scheduled reimbursement.

READ CAREFULLY AND SIGN BELOW FOR PROCESSING.

The undersigned certifies all expenses for which reimbursement or payment is claimed by submission of this form were incurred by the participant, the participant's spouse, or the participant's eligible dependents while the undersigned was eligible to receive benefits under the RHS Plan. The undersigned also certifies as follows:

- The medical expenses have not been reimbursed and are not reimbursable under any other health/dental plan or Medicare.
- The undersigned is responsible for requesting cessation of automated reimbursement of recurring expenses when the expense is no longer being incurred, and will retain sufficient documentation for all recurring expenses. Meritain Health, Inc. reserves the right to periodically request documentation for all automated payment requests.

The undersigned understands he/she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim. The undersigned understands he/she will be liable for payment of all related taxes, including federal, state, or local income tax on amounts paid from the Plan for non-qualifying expenses.

Participant Signature

Date

PLEASE RETAIN A COPY FOR YOUR RECORDS

Send completed form to: VantageCare Retirement Health Savings (RHS) Plan, c/o Meritain Health, Inc., P.O. Box 30136, Lansing, MI 48909-7611 • 888-587-9441



VANTAGECARE RETIREMENT HEALTH SAVINGS PLAN REQUEST FOR AUTOMATED REIMBURSEMENT OF MEDICAL EXPENSES/INSURANCE PREMIUMS

Complete this form and mail to: VantageCare RHS Plan, c/o Meritain Health, Inc., P.O. Box 30136, Lansing, MI 48909-7611

Employer Name: City of Highland Park

State: Illinois

Employer Plan Number: 803219

The employer hereby requests automated reimbursement of medical expenses for the participants listed on the attached sheet(s). Payment is to be made to the address listed, for the purpose listed, and at the frequency requested. Any changes to this request, including a request for cessation of automated reimbursement, must be received in writing by Meritain Health at least 10 business days prior to the effective date of the change. Otherwise, the change will take effect on the next scheduled reimbursement.

Number of Sheets attached: 1

☐ **New Request**

☐ **Revision**

Reimbursement made payable to: City of Highland Park

Reimburse mailed to: 1707 St Johns Avenue

Highland Park, IL 60035

Employer Contact Name: Emily Taub

Employer Contact Title: Assistant City Manager

Employer Contact Phone Number: (847) 926-1005

Meritain Health will make the reimbursements requested, at the frequency requested, to the payee named above. Automated reimbursement will continue until Meritain Health is notified in writing of a change to the request, until notified in writing that automated reimbursement should cease, or until the participant's account balance is fully depleted. Employer acknowledges that it is solely responsible for the accuracy of the information supplied to Meritain Health, and that neither Meritain Health nor ICMA-RC has any responsibility to verify any information so provided.

Employer Signature: _____

Printed Name: Emily Taub

Title: Human Resources Manager

Date: _____

MERITAIN HEALTH USE ONLY

Received by Meritain Health: _____

Processed by: _____ **Date Processed:** _____



Date Submitted: _____ Sheet 1 of 1

VantageCare Retirement Health Savings (RHS) Plan, c/o Meritain Health, Inc., P.O. Box 30136, Lansing, MI 48909 • 1-888-587-9441



HPFD PENSION BOARD
1130 CENTRAL AVENUE
HIGHLAND PARK, ILLINOIS 60035
Email: mgrasso@cityhpil.com
Cell: 847-924-7653



January 19, 2018

Dear Sir,

Please complete the following instructions for the submission of your retirement pension benefit:

1. Select a retirement date and provide written notification to the pension board.
NOTE: Your employer provided health insurance will continue throughout the remainder of only that calendar month. (Ex: If you select the 1st you will have approx. 30 days coverage remaining, and if you choose the 28th you will have approx. 2 days remaining).
NOTE: Pensioner will receive one paycheck monthly, at the end of each month, by direct deposit.
2. Decide if you will continue your post-retirement health insurance coverage through the City of Highland Park, or if you will obtain it from an outside provider.
NOTE: Once you discontinue your City of Highland Park coverage you CAN NOT reinstate, so please invest your time in developing your personal options.
-Highland Park Human Resources: 847-926-1000
-Medicare (if applicable): 866-218-3555 www.medicare.gov
3. a) Union members refer to the attached Pay Grade and Longevity forms for your calculations.
b) Non-Union members will require a certified document from the City Finance Director for your income calculations. - Julie Logan: 847-926-1020
4. Please complete the attached packet from our accounting firm, Lauterbach & Amen, LLC.

Please provide me the above requested documents so that they may be reviewed, signed off, and submitted for approval.

Thank you,

Matt Grasso
Highland Park Fire Dept.
Pension Board Secretary

**APPENDIX D
WAGE SCHEDULE**

1/1/25- 12/31/25	6.00%								
Grade	Description	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
56020	Firefighter		\$83,948.94	\$88,197.84	\$92,664.45	\$97,354.36	\$102,283.20	\$107,464.36	\$112,901.78
56030	Firefighter EMT I		\$85,725.34	\$89,974.79	\$94,440.28	\$99,131.28	\$104,059.56	\$109,237.95	\$114,678.74
65350	Firefighter EMT II		\$90,866.86	\$95,234.64	\$99,824.09	\$104,647.97	\$109,714.15	\$115,039.38	\$120,629.18
68050	Fire Lieutenant EMT I		\$99,086.46	\$104,011.82	\$109,188.80	\$114,624.86	\$120,338.21	\$126,340.44	\$132,646.38
74070	Fire Lieutenant EMT II		\$104,191.52	\$109,235.63	\$114,537.21	\$120,104.48	\$125,954.00	\$132,100.07	\$138,556.01

1/1/26- 12/31/26	3.00%								
Grade	Description	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
56020	Firefighter		\$86,467.41	\$90,843.78	\$95,444.38	\$100,275.00	\$105,351.70	\$110,688.29	\$116,288.83
56030	Firefighter EMT I		\$88,297.10	\$92,674.04	\$97,273.49	\$102,105.22	\$107,181.35	\$112,515.09	\$118,119.10
65350	Firefighter EMT II		\$93,592.87	\$98,091.68	\$102,818.81	\$107,787.41	\$113,005.57	\$118,490.56	\$124,248.06
68050	Fire Lieutenant EMT I		\$102,059.05	\$107,132.18	\$112,464.46	\$118,063.61	\$123,948.36	\$130,130.65	\$136,625.77
74070	Fire Lieutenant EMT II		\$107,317.27	\$112,512.70	\$117,973.33	\$123,707.61	\$129,732.62	\$136,063.07	\$142,712.69

1/1/27- 12/31/27	3.00%								
Grade	Description	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
56020	Firefighter		\$89,061.43	\$93,569.09	\$98,307.71	\$103,283.25	\$108,512.25	\$114,008.94	\$119,777.50
56030	Firefighter EMT I		\$90,946.02	\$95,454.26	\$100,191.70	\$105,168.38	\$110,396.79	\$115,890.54	\$121,662.67
65350	Firefighter EMT II		\$96,400.66	\$101,034.43	\$105,903.38	\$111,021.03	\$116,395.74	\$122,045.28	\$127,975.50
68050	Fire Lieutenant EMT I		\$105,120.82	\$110,346.15	\$115,838.40	\$121,605.52	\$127,666.81	\$134,034.57	\$140,724.54
74070	Fire Lieutenant EMT II		\$110,536.79	\$115,888.08	\$121,512.53	\$127,418.84	\$133,624.60	\$140,144.97	\$146,994.07

Step designations are as follows:

Start	Step 2
6 months	Step 3
After 18 months	Step 4
After 30 months	Step 5
After 42 months	Step 6
After 54 months	Step 7
After 66 months	Step 8

ARTICLE XVIII

SALARIES AND OTHER COMPENSATION

Section 18.1 Salaries. Effective January 1, 2025, all base salaries shall be increased as stated in Appendix D and as follows:

January 1, 2025 – 6.00%, all members

January 1, 2026 – 3.00%, all members

January 1, 2027 – 3.00%, all members

Salary increases shall be retroactive to January 1, 2025 for all employees on the payroll at any time since January 1, 2025, (hour for hour for all paid hours). The employees shall receive their retroactive wage payments no later than two pay periods following City Council approval or this Agreement.

Upon promotion to Lieutenant the employee shall be placed at the lowest established step above the employee's former salary provided said salary is a minimum of a 2% salary increase. Newly appointed lieutenants shall move from their starting salary to the next step upon completing six months of appointment and then to the next step one year later (one and one-half years following appointment date), and from one step to the next step thereafter annually until reaching the top step.

Section 18.2 Longevity Pay. Employees on the active payroll with continuous unbroken service with the City in a position covered by this Agreement shall receive longevity pay with their first pay check in December of each year in accordance with the following schedule:

Upon completion of 10 years – 2½% of annual salary;
Upon completion of 15 years -- 3% of annual salary;
Upon completion of 20 years -- 4% of annual salary.
Upon completion of 25 years -- 5% of annual salary.
Upon completion of 30 years -- 7% of annual salary.
Upon completion of 35 years -- 9% of annual salary.

Upon termination employees shall receive pro rata longevity pay.

Section 18.3 Working Out of Classification.

(a) Working Out Of Classification Pay. Whenever an employee covered by this Agreement is assigned to and performs the duties of a higher-rated classification (firefighter assumes lieutenant's duties; lieutenant assumes Battalion Chief duties) for a period of two (2) consecutive hours or more, then such employee shall be paid additional pay for all such hours worked performing the duties of the higher-rated classification. Such pay shall be pursuant to the following formula, for the purpose of this Section:

$$\frac{\text{Annual Salary}}{121.33} \text{ divided by } 24 \times 6\% \times \text{number of hours worked}$$

An employee who is assigned to such higher-rated classification shall not be removed from such position for the purpose of avoiding premium pay.

(b) Assignment of an Acting Lieutenant. Whenever there is a need to assign a Firefighter to the position of Acting Lieutenant for a period of two or more consecutive hours and the need is known prior to the start of the shift, then the employee(s) assigned to serve as Acting Lieutenant(s) shall be a regular member(s) of that shift, and shall be on the then-current active lieutenant promotional eligibility list, if one exists. If more than one employee on the shift is on the then-current active lieutenant eligibility list, acting lieutenant assignments shall be fairly distributed. If there is no active eligibility list, or if none of the regular members of the on-duty shift who are on the eligibility list are on-duty for the needed times, or if the need for an Acting Lieutenant is for less than four hours, or if the need for an Acting Lieutenant is not known until after the start of the shift, then the shift commander shall select the firefighter to assign to the Acting Lieutenant position as that shift commander feels appropriate.