

WE HEARD YOU!
EXCELLENT BENEFITS
EMPOWERING HEALTH

Benefits Summary

7/1/2024 – 6/30/2025



**Chicago
Commons**SM
Thriving across generations.

TouchCare Personal Health Assistant

Available at **NO COST** to all employees.

Healthcare concierge and caring advocacy.

Confidential, expert assistance, at no cost to you.

☎ assist@touchcare.com

🌐 www.touchcare.com



Who is TouchCare?

TouchCare is your personal health assistant. We're here to provide free, confidential assistance to help take the stress out of healthcare. Let us help find in-network doctors, get cost estimates, deal with billing issues and explain your benefits...all at no cost to you.

How can I get help?

You can reach your Health Assistant by calling 866-486-8242 (M-F, 8 am - 9 pm EST), visiting www.touchcare.com and logging into our member portal, emailing assist@touchcare.com, or by downloading our TouchCare app for your android or IOS device.

Here's how we can help you:

● Answer benefit questions in plain language

● Fix billing errors and review medical claims

● Provider searches and appointment scheduling

● Provide cost estimates for upcoming procedures

Need help with benefits?



866.486.8242

Mon - Fri: 8 AM - 9 PM EST

touchcare.com/ask

Get the app!

Confidential, compassionate support to help you save time, stress, and money.

Stay up-to-date with Touchcare on Instagram. Follow us: [@touchcarehealth](https://www.instagram.com/touchcarehealth)

Get in touch

866.486.8242 (Mon - Fri, 8 am - 9 pm EST)
assist@touchcare.com | www.touchcare.com



2024 Employee Benefits Guide

Chicago Commons takes great pride in providing you and your family with a cost-effective and high-quality benefits program. Your benefits are an important part of your overall compensation. This benefits guide will help you decide how to choose the best benefit options for yourself and your family.

For 2024, Chicago Commons will offer medical and dental insurance through Cigna. Vision insurance is managed through Equitable utilizing the VSP network.

Who is eligible? Full-Time Employees working 30-hours or more per week, and their legal dependents, including Domestic Partnerships. You are eligible for Medical, Dental and Vision benefits the 1st of the month following your Full-Time Date of Hire. For more information, please see individual plan details. NOTE: Employees with a domestic partner will need to complete an Affidavit of Domestic Partnership.

Section 125 Premium Savings Plan

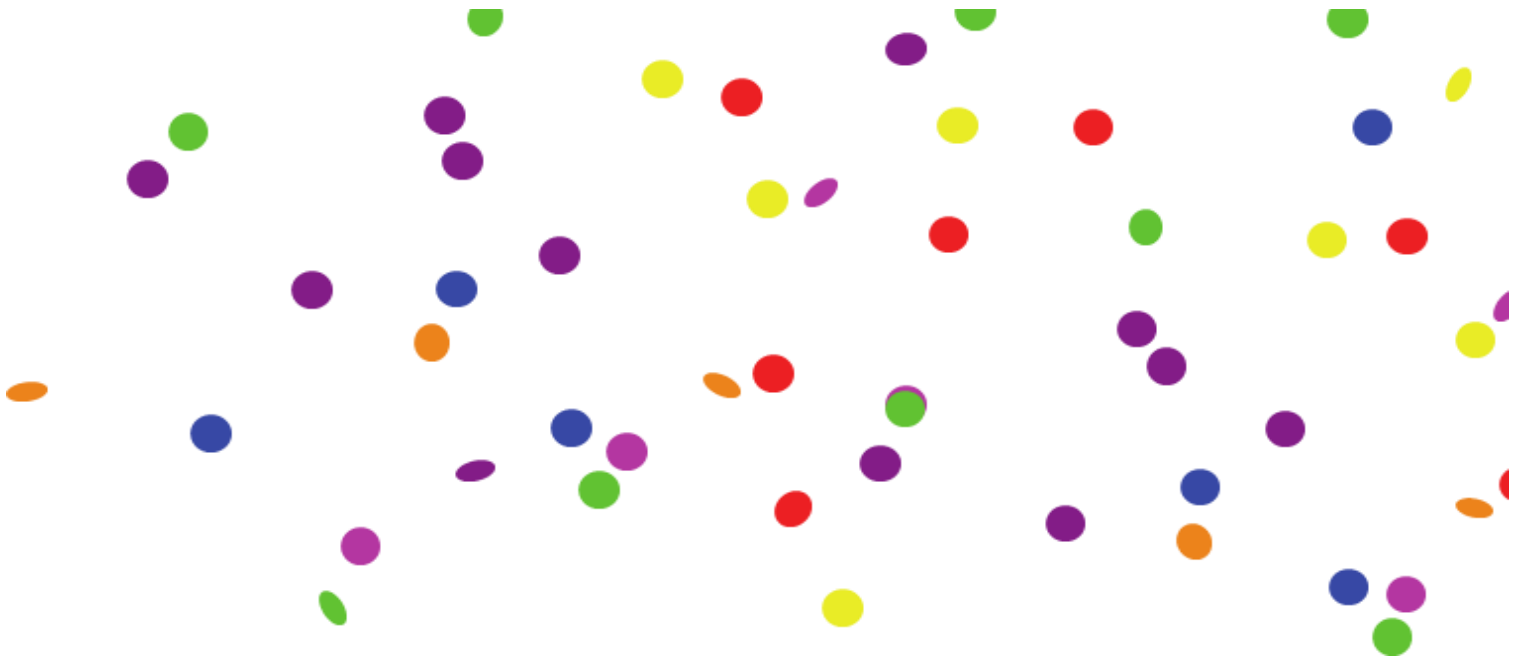
The Premium Savings Plan allows you to pay for your share of the group health, dental and vision insurance premiums on a pre-tax basis. The amount of taxes withheld lowers the “net taxable income” amount. Because your share of the premiums are deducted before taxes, your taxable income is reduced. Your take-home pay increases because federal and state income tax, FICA and Medicare tax are not paid on the premium amount deducted.

Notice of Special Enrollment Rights and Qualifying Events

You may not stop your payroll deductions or change your enrollment midyear unless you have a qualifying event.

- **Qualifying Events: You must request enrollment within 30 days of the qualifying event.**
 - * Termination of employment
 - * Change of marital status
 - * Spouse changes job
 - * Loss of Coverage
 - * Birth or adoption of a child
 - * Death of a dependent
 - * Child no longer eligible
- If you are declining enrollment for yourself or your eligible dependents because of other insurance coverage, you may be able to enroll yourself or your dependents in the future if you or your dependents lose eligibility for that other coverage (or the employer stops contributing toward your or your dependents' other coverage)
- In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents.

NOTE: This Benefit Summary is merely intended to provide a brief overview of Chicago Commons employee benefit programs. Employees should review your current employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefit Summary and such governing documents, the governing documents will control. Chicago Commons reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein.



Medical Insurance

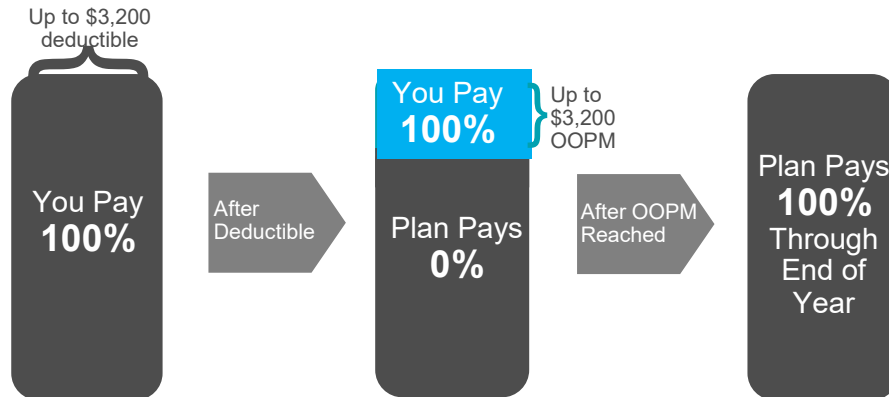




Health Insurance Basics

How Deductible and Coinsurance Works

The example below illustrates how deductible and coinsurance works on an insurance plan. The example shows a plan with a \$3,200 deductible, 100% coinsurance, and a \$3,200 out-of-pocket maximum (OOPM). Applicable to Traditional and MV/HSA plans.



Insurance Terms to Know

Premium: The amount of money charged by an insurance company for coverage.

Deductible: A set dollar amount that a person must pay before insurance coverage for medical expenses can begin.

Copayment: A specific amount you pay for health care services such as office and ER visits. Copayments are usually due at the time services are rendered.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible. The remainder percentage of costs is covered by the insurance company (80%, for example).

Out-of-Pocket Maximum (OOPM): An OOPM is the most you should have to pay for your health care during a year, excluding the monthly premium.

In-network: Typically refers to physicians, hospitals or other health care providers who have a contract with an insurance plan to provide services to its members. Coverage for services received from in-network providers will typically be greater than for services received from out-of-network providers, depending on the plan.

Out-of-network: Typically refers to physicians, hospitals or other health care providers who do not have a contract with an insurance plan to provide services to its members. Depending on the insurance plan, expenses incurred for services provided by out-of-network providers might not be covered, or coverage may be less than for in-network providers.

Subscriber: The subscriber is the individual/employee enrolled in an insurance plan through his/her employer.

Member: Members are individuals covered under an insurance plan. Members include the subscriber as well as any enrolled dependents.



Health Savings Account (HSA)

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

This medical plan option is comprised of two components:

- (1) a High Deductible Health Plan (HDHP) and
- (2) a tax- exempt savings account called a Health Savings Account (HSA).

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

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified expenses throughout the year or in the future. You fund the account with tax-exempt dollars. You own the money in your HSA account and it is yours to keep – even when you change plans or retire. The funds roll over from year to year to be used when you really need them. HSA funds are payroll deducted.

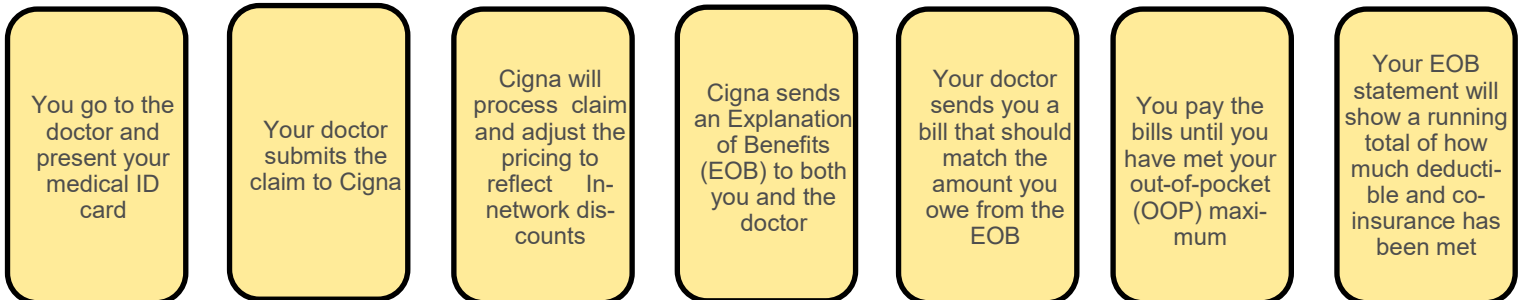
You're eligible for a health savings account if:

- You are covered by a qualified high deductible health plan (HDHP)
- You are not covered by any other medical coverage that is not considered a qualified HDHP
- You are not enrolled in Medicare (Part A included)
- You are not claimed as a dependent on someone's tax return
- You are not enrolled in a Medical Flexible Spending Account (your own or your spouse's)

To help you pay your deductible and other out-of-pocket costs, a qualified HDHP allows for you to open a Health Savings Account (HSA) and make before-tax contributions directly from your paycheck.

Upon enrollment in the HDHP-HSA Medical plan, you will receive a Welcome Enrollment Kit from Ameriflex.

How It Works





Medical Insurance | Cigna

Health Maintenance Organization (HMO)

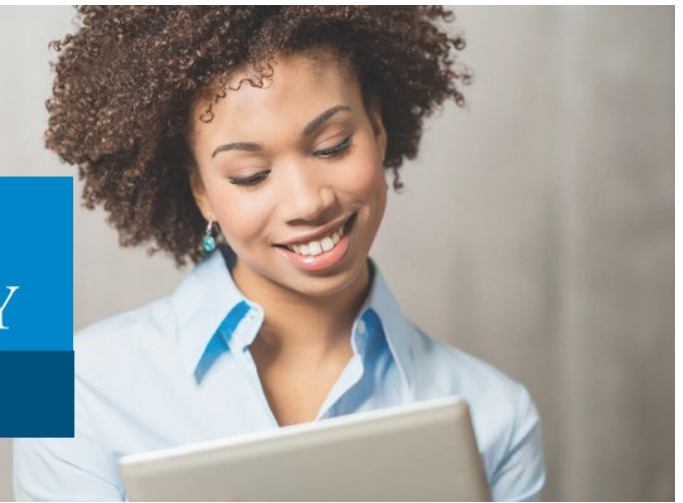
The HMO gives you access to certain doctors and hospitals, but restricts services to in-network providers only. Your care is managed by a Primary Care Physician (PCP) chosen at the time of enrollment. If you require a specialist, out-patient procedure, or hospitalization, your registered PCP must refer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

Preferred Provider Organization (PPO)

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

Choice of Plan Options:	HMO <i>In-Network Benefits Only</i>	HDHP - HSA PPO <i>(In-Network / Out-of-Network)</i>
Network	One Health	Open Access Plus
Deductible Individual Family	\$0 \$0	\$3,200 / \$6,400 \$6,400 / \$12,800
Coinsurance In-Network / Out-of-Network	100%	100% / 60%
Out-of-Pocket Max Individual Family	\$3,000 \$6,000 <i>Max in Copays</i>	\$3,200 / \$6,400 \$6,400 / \$12,800 <i>Includes Deductible</i>
Physician Services Well Adult / Well Child Physician Office / Specialist Visit X-Rays / Lab Diagnostics	100% \$20 copay / \$40 copay 100%	100% no deductible / 60% after deductible 100% / 100% after deductible 100% / 100% after deductible
Inpatient Hospital	\$500 copay per day for first 3 days of stay	100% / 100% after deductible
Emergency Room	\$250 copay	100% / 100% after deductible
Urgent Care	100%	100% / 100% after deductible
Prescription Drugs (In-Network)* Generic Copay Preferred Brand Copay Non-Preferred Brand Copay Specialty Copay Prescription Out-of-Pocket Max Individual / Family	\$8 copay \$35 copay \$75 copay N/A N/A	100% after deductible 100% after deductible 100% after deductible N/A N/A

FINDING A DOCTOR IN OUR DIRECTORY IS EASY



Is your doctor or hospital in your plan's Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS



Step 1

Go to **Cigna.com**, and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."

(If you're already a Cigna customer, log in to **myCigna.com** or the myCigna® app to search your current plan's network. To search other networks, use the **Cigna.com** directory.)



Step 2

Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.



Step 3

Answer any clarifying questions, and then verify where you live (as that will determine the networks available).



Step 4

Optional: Select one of the plans offered by your employer during open enrollment.

The screenshot shows the Cigna website's search interface. At the top, there are navigation links for "Cigna International", "Contact Us", "Español", and a search bar. The main navigation menu includes "Individuals and Families", "Medicare", "Employers", "Brokers", "Health Care Providers", and "About Us". A red circle highlights the "Find a Doctor, Dentist or Facility" button. Below this, there are three buttons for "How are you Covered?": "Employer or School", "Healthcare.gov or Direct Purchase", and "Medicare". The "Employer or School" button is selected. The next section is "Find a Doctor, Dentist, or Facility in" with a text input field containing "Wheeling, IL 60090". Below this are three buttons for search type: "Doctor by Type", "Doctor by Name", and "Health Facilities". The "Doctor by Type" button is selected. A search input field contains "Enter a specialty or type of doctor". A dropdown menu shows "Popular Doctor Types" with "Primary Care Provider (PCP)" selected. The final section is "Please Select a Plan" with a list of options: "HMO, Network" (with "Cigna One Health" highlighted), "Network, Network POS", "LocalPlus", "OAP", "Open Access Plus, OA plus, Choice Fund OA Plus" (highlighted), and "PPO, Choice Fund PPO".



Medical Insurance | Cigna

Let's face it, understanding and using your health plan isn't always easy. Well, not to worry. Your Cigna One Guide® team is ready and waiting to help. It's our highest level of personal support available.

Simply call us, click-to-chat on **myCigna.com** or use the **myCigna® App**. You'll automatically be connected with a One Guide representative who will help guide you where you need to go.

Helping you save money. And stay healthy. Your Cigna One Guide team can help you:

Understand your plan

- › Learn how your coverage works
- › Get answers to your health care or plan questions

Get care

- › Find an in-network health care provider, lab or urgent care center
- › Connect with health coaches, pharmacists and more
- › Help schedule your annual check-up and other appointments
- › Connect with dedicated, one-on-one support for complex health situations

Save and earn

- › Get cost estimates to avoid surprises



Click, call or chat. Your personal guide is ready and waiting to help.

myCigna.com

myCigna App

Call the number on the back of your ID card.

When calling in reference Group# 3346311

Cigna Value Added Benefits



First, register on myCigna.com^{®1} to access your digital ID cards and activate all available programs

When your plan year begins, register on **myCigna.com**. That way you're ready to go whenever you need to find in-network health care providers, estimate costs or use My Health Assistant.



Register now



Access virtual care

Conveniently connect with board-certified doctors, therapists, psychiatrists and dermatologists via video or phone.²



Connect with Cigna One Guide[®]

Our friendly guides have forward-thinking technology to answer questions on your plan, offer personalized advice and connect you to the right care. They can also proactively reach out.³



Ensure in-network care

myCigna and Cigna One Guide can help you stay in-network, maximize savings and avoid any surprises.



Get preventive care

Preventive care, such as check-ups, biometric screenings and wellness screenings, is available at no additional cost to you.⁴ It's even available virtually for maximum convenience.



Prioritize behavioral support

229K+ behavioral health and substance use providers⁵ can help, either in person or virtually. We also have 24/7 therapy, including Talkspace and Ginger for Cigna, and digital tools, such as iPrevail and Happify™.⁶



Call our 24/7 Health Information Line

Talk with a clinician who can help you choose the right care, whenever you need it - late nights, holidays and more.



Simplify with mail-order medications

Express Scripts[®] is one of the largest pharmacies in the United States and offers convenience, savings and stress-free prescription management.



Identity Theft protection

At no additional cost.



Bounce back with RecoveryOne™ for Cigna[®]

Virtual physical therapy from the comfort of home is convenient and available at no additional cost to you.



Utilize case management programs

Complex medical conditions can be overwhelming. Our trained teams can help you coordinate care, understand benefits and reach goals through online coaching.



Cigna Value Added Benefits

YOU KNOW JUST WHO TO ASK

Nurse advocates* are ready with answers on Cigna's Health Information Line.

Unsure about a fever? Have questions about a medication? We're here to help.

Cigna's no-cost Health Information Line puts you in touch with a personal nurse advocate via chat or phone. They're here to answer your health questions and help you make the best choice for your needs.

Nurse advocates are available for questions like:

- I've had a fever for 2 days. Should I go to the emergency room?
- Is virtual care a good option for my needs?
- Is there a good orthopedic doctor in my area?
- I take a maintenance medication. How can I save on my prescription and get it delivered?

Cigna's Health no-cost Information Line is always confidential.

› **Chat**

Monday - Friday
9:00 a.m. - 8:00 p.m. EST ,
excluding holidays via
myCigna.com or the
myCigna® App.

› **Call**

24/7/365.
Just dial the number on the
back of your Cigna ID card.



Tips to Save Money



Find where to get prescription drugs

- › Find the complete list of covered medications on **myCigna.com**
- › Use cost-comparison tools on myCigna to compare prices and purchase mail-order prescriptions¹³
- › Use generics when possible
- › Know what brand-name drugs are covered in your plan
- › Ask your doctor about a 90-day supply for your maintenance medication(s) through our home delivery pharmacy service



Know where to go for care

- › Use an emergency room for true emergencies
- › Don't wait: Locate an in-network convenience care clinic, sometimes found within a grocery store, or urgent care center near you, before you need it
- › For minor medical conditions, connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit **myCigna.com**, or call MDLIVE at 888.726.3171 to talk with a doctor 24/7²
- › Don't be fooled: Some emergency rooms look like urgent care centers, so know what type of facilities are in your area



Choose the right provider

- › Know which providers are in your network by going to **myCigna.com** > Find Care & Costs
- › Choose providers who have received the Cigna Care Designation - high-performance recognition given to physicians in certain specialties who meet Cigna quality and medical cost-efficiency standards¹⁴
- › Opt to connect with a board-certified doctor, therapist or psychiatrist via video or phone²
- › Use in-network national labs to help save money



Be proactive about your health

- › Get information on the cost of medications and treatments to avoid surprises
- › Use your preventive care benefits, learn your core health numbers (blood pressure, cholesterol and blood glucose), and make use of the health improvement tools at **myCigna.com**

IMPROVE YOUR HEALTH ON YOUR OWN TIME

With My Health Assistant online coaching programs

My Health Assistant on myCigna.com includes a variety of online health management programs that can help you turn unhealthy behaviors into healthier achievements. Each program helps you establish personal goals and track your progress. Why so many programs? We want to make sure there's a program to meet your personal needs, as well as your personal health improvement style.

Control stress

Stress is unavoidable but when you learn to recognize what triggers your stress, you also can learn to better manage it. Choose from one of two programs.



Conquer stress

- › Four-week program
- › Goal: Use a Stress Tracker to record a low level of stress on at least 21 out of 28 days

Feel happier

- › Four-week program
- › Goal: Use a Mood Tracker or Mood Monitor to record a "happy" or "okay" mood on at least 21 of 28 days

Enjoy exercise

Fitness is important and can help improve your focus, productivity and overall happiness. This program can help you reach your fitness goals by raising your physical activity to a healthy range.



- › Four-week program
- › Encourages you to track your daily exercise activities
- › Goal: Record 20–30 minutes of exercise for your targeted number of days within a 28-day period

Quit tobacco

Tobacco use is a risk factor for many cancers, heart disease, stroke and other chronic illnesses. This program is designed to find the best way to help you kick the habit.



- › Multi-phase goals measure your success in eliminating tobacco usage
- › The first goal is to be tobacco-free for one day, followed by seven days, 28 days and six months
- › Nicotine replacement therapy (patch or gum) provided at no additional cost to you
- › Use the Tobacco Tracker to record instances of tobacco usage each day

Manage diabetes

This six-month program helps you better track and manage your hemoglobin A1c, LDL cholesterol and blood pressure levels. It will also help you stick with your daily medication regimen.



Lose weight

Learn new behaviors to help you lose weight and keep it off. This program incorporates diet and exercise to help you reach weight loss goals that are tailored to meet your personal needs.



- › Six-month program
- › Goal: Achieve a target weight 5%-10% less than your current weight
- › Once you reach your target weight in this time frame, you can re-enroll if you want to lose more weight

Eat better

Eating healthy is essential to your overall well-being. This program can help you develop better eating habits, improve your diet and reduce health risks.



- › Four-week program
- › Goal: Use the Track Nutrition activity to record that you're eating healthy on at least 21 out of 28 days

Manage heart disease

This six-month program helps you better track and manage your LDL and HDL cholesterol and blood pressure levels. It will also help you stick with your daily medication regimen.



Manage heart failure

This six-month program helps you more carefully control your daily weight and not increase more than your doctor recommends. It will also help you stick with your daily medication regimen.



Manage COPD

This six-month program helps you track things that are critical to better managing your COPD, including an annual flu vaccination, a one-time pneumococcal vaccine and tobacco cessation, if you smoke. It will also help you stick with your daily medication regimen, get daily exercise, and not overuse your rescue inhaler.



Manage asthma

This six-month program helps you track things that are critical to better managing your asthma, including an annual flu vaccination, a one-time pneumococcal vaccine, an annual spirometry test of lung function and tobacco cessation, if you smoke. It will also help you stick with your daily medication regimen, get daily exercise, and not overuse your rescue inhaler.



KNOW BEFORE YOU GO



Lower

Cost and time

Greater

	Virtual care	Convenience care clinic	Health care provider's office	Urgent care center	Emergency room
Conditions treated**	For minor medical conditions. Connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit myCigna.com , or call MDLIVE at 888.726.3171 to talk with a doctor 24/7.*	For minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends.	The best place to go for routine or preventive care or to keep track of medications. Many PCPs offer virtual care. Contact your PCP to schedule an in-person or virtual care visit. Find a PCP on myCigna.com .	For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.	For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest ER. *“Freestanding” ER locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities.
	<ul style="list-style-type: none"> › Colds and flu › Rashes › Sore throats › Headaches › Stomachaches › Fever › Allergies › Acne › Urinary tract infections (UTIs) and more 	<ul style="list-style-type: none"> › Colds and flu › Rashes or skin conditions › Sore throats, earaches, sinus pain › Minor cuts or burns › Pregnancy testing › Vaccines 	<ul style="list-style-type: none"> › General health issues › Preventive care › Routine check-ups › Vaccines and screenings 	<ul style="list-style-type: none"> › Fever and flu symptoms › Minor cuts, sprains, burns, rashes › Headaches › Lower back pain › Joint pain › Minor respiratory symptoms › UTIs 	<ul style="list-style-type: none"> › Sudden numbness, weakness › Uncontrolled bleeding › Seizure or loss of consciousness › Shortness of breath › Chest pain › Head injury/major trauma › Blurry or loss of vision › Severe cuts or burns › Overdose
Your cost and time	<ul style="list-style-type: none"> › Costs the same or less than a visit with your primary care provider (PCP) › Appointments typically in an hour or less › No need to leave home or work 	<ul style="list-style-type: none"> › Same or lower than provider's office › No appointment needed 	<ul style="list-style-type: none"> › May charge copay/coinsurance and/or deductible › Usually need appointment › Short wait times 	<ul style="list-style-type: none"> › Costs lower than emergency room (ER) › No appointment needed › Wait times vary 	<ul style="list-style-type: none"> › Highest cost › No appointment needed › Wait times may be long

1 Find your perfect gym from 12,500+ options nationwide.

2 Enroll online in minutes, with no long-term contracts or annual fees.

3 Start working out today! Your membership also includes the option to purchase a membership for your spouse.¹

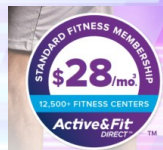
PLUS

› **8,500+ Premium Gym Options** at exercise studios, outdoor experiences, and others with **20% – 70% discounts at most locations.**²

› **Get Fit at Home™ for Free** with 12,000+ on-demand workout videos before you enroll! **Just create an account.**

\$0 Enrollment Fee With Code: STAYSTRONG³

Get Started: <https://discoverhealthyrewards.sites.cigna.com>



MDLIVE Suite of virtual services

Primary Care

- Preventive care wellness screenings at no additional cost²
- Routine care visits allow employees to establish relationship with same PCP
- Prescriptions available through home delivery or local pharmacies, if appropriate

Urgent Care

- Available 24/7, including after hours, holidays
- Care for 80+ minor medical conditions
- Less expensive than urgent care and ER

Dermatology

- Access to board-certified dermatologists (no appointment required)
- Treatment plans and, if necessary, prescriptions, within 24 hours
- Care for the most common hair, skin and nail conditions

Behavioral Care

- Access to psychiatrists and therapists
- Flexible video and phone options
- Ability to select same provider each session

NEW to MDLIVE

Chronic care management for hypertension

Standard Fitness Network



One Health HMO



Physicians and facilities
that are easy to find and access.

Advocate

- Advocate Christ Medical Center
- Advocate Condell Medical Center
- Advocate Good Samaritan Hospital
- Advocate Illinois Masonic Hospital
- Advocate Lutheran General Hospital
- Advocate Sherman Hospital
- Advocate South Suburban Hospital
- Advocate Trinity Hospital
- Advocate Good Shepherd Hospital

AMITA Health

- AMITA Health Adventist Medical Center Bolingbrook
- AMITA Health Adventist Medical Center GlenOaks
- AMITA Health Adventist Medical Center Hinsdale
- AMITA Health Adventist Medical Center Lagrange
- AMITA Health Alexian Brothers Medical Center Elk Grove Village
- AMITA Health St. Alexius Medical Center Hoffman Estates
- AMITA Health Saint Francis Hospital Evanston
- AMITA Health Saint Joseph Medical Center Joliet
- AMITA Health Saint Joseph Hospital Elgin
- AMITA Saint Joseph Hospital Chicago
- AMITA Health Resurrection Medical Center Chicago
- AMITA Health St. Mary's Hospital Kankakee
- AMITA Health Saints Mary and Elizabeth Medical Center Chicago (Saint Mary Campus)
- AMITA Health Saints Mary and Elizabeth Medical Center Chicago (Saint Elizabeth Campus)
- AMITA Health Mercy Medical Center Aurora
- AMITA Health Resurrection Medical Center Chicago

Community Health System of Indiana

- Community Hospital
- St. Catherine Hospital
- St. Mary Medical Center

Cook County Health System

- John H. Stroger Hospital
- Provident Hospital

Edward-Elmhurst Health

- Edward Hospital
- Elmhurst Memorial Hospital

Loyola Medicine

- Gottlieb Memorial Hospital
- Loyola University Medical Center
- MacNeal Hospital

NorthShore University HealthSystem

- Evanston Hospital
- Glenbrook Hospital
- Highland Park Hospital
- Skokie Hospital
- Swedish Hospital
- Northwest Community Hospital

Northwestern Medicine

- Northwestern Medicine Central DuPage Hos
- Northwestern Medicine Delnor Hospital
- Northwestern Medicine Kishwaukee Hospit
- Northwestern Medicine Lake Forest Hospita
- Northwestern Memorial Hospital
- Northwestern Medicine Valley West Hospita
- Northwestern Medicine Palos Hospital
- Northwestern Medicine Huntley Hospital
- Northwestern Medicine Woodstock Hospital
- Northwestern Medicine McHenry Hospital

Rush System For Health

- Rush Copley Memorial Hospital
- Rush Oak Park Hospital
- Rush University Medical Center

University of Chicago Medicine

- Ingalls Memorial Hospital
- University of Chicago Hospitals

Vista Health System

- Vista Medical Center East

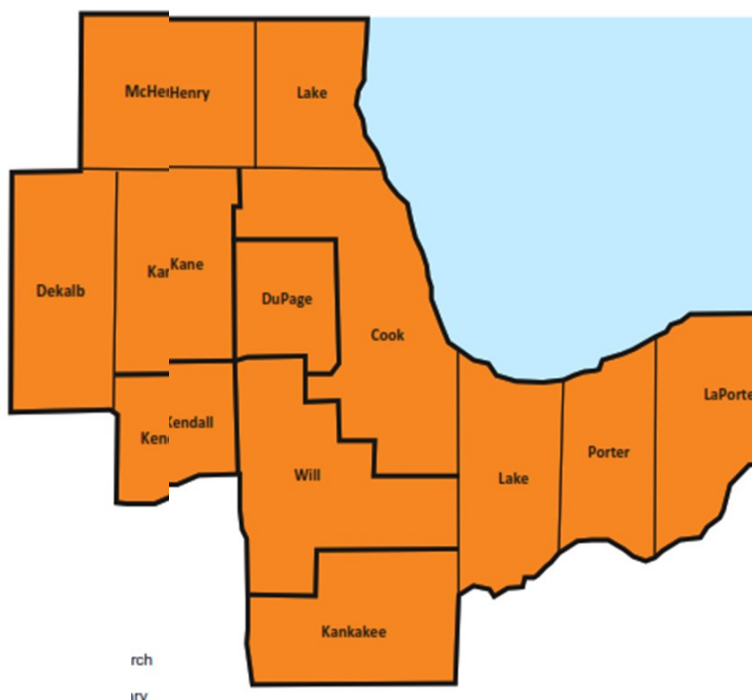
Other Independent Hospitals

- Jackson Park Hospital
- La Rabida Children's Hospital & Research Center
- OSF Healthcare Little Company of Mary Medical Center
- Loretto Hospital
- Insight Hospital and Medical Center
- Humboldt Park Health
- Roseland Community Hospital
- South Shore Hospital
- St. Anthony Hospital/Chicago
- St. Bernard Hospital and Health Care Center
- Thorek Memorial Hospital

Locations in **orange** represent Cigna Collaborative Care programs.

	HMO
In-Network PCP Required?	✔ Yes
Specialist Referrals Needed?	✔ (Except for OB/GYN services)
Out-of-Network Coverage Included?	✔ Emergencies only*

*Emergency and urgent care services as defined by your health plan documents will be covered at the in-network level.



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CHOOSE A PLAN WITH CONFIDENCE

Cigna One Guide service can help.

We understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make a decision with confidence. That's why **Cigna One Guide® service is available to you now.**

Call a Cigna One Guide representative during preenrollment to get personalized, useful guidance.

Your personal guide will help you:

- › Easily understand the basics of health coverage
- › Identify the types of health plans available to you
- › Check if your doctors are in-network to help you avoid unnecessary costs
- › Get answers to any other questions you may have about the plans or provider networks available to you

The best part is, during the enrollment period, your personal guide is just a call away.

Don't wait until the last minute to enroll.

Call **(888)806-5042** to speak with a Cigna One Guide representative today.

After enrollment, the support continues for Cigna customers.

Cigna One Guide service will be there to guide you through the complexities of the health care system, and help you avoid costly missteps. Our goal is a simpler health care journey for you and your family.

Cigna One Guide service provides personalized assistance to help you:

- › Resolve health care issues
- › Save time and money
- › Get the most out of your plan
- › Find hospitals and health care providers in your plan's network
- › Get cost estimates and avoid surprise expenses
- › Understand your bills

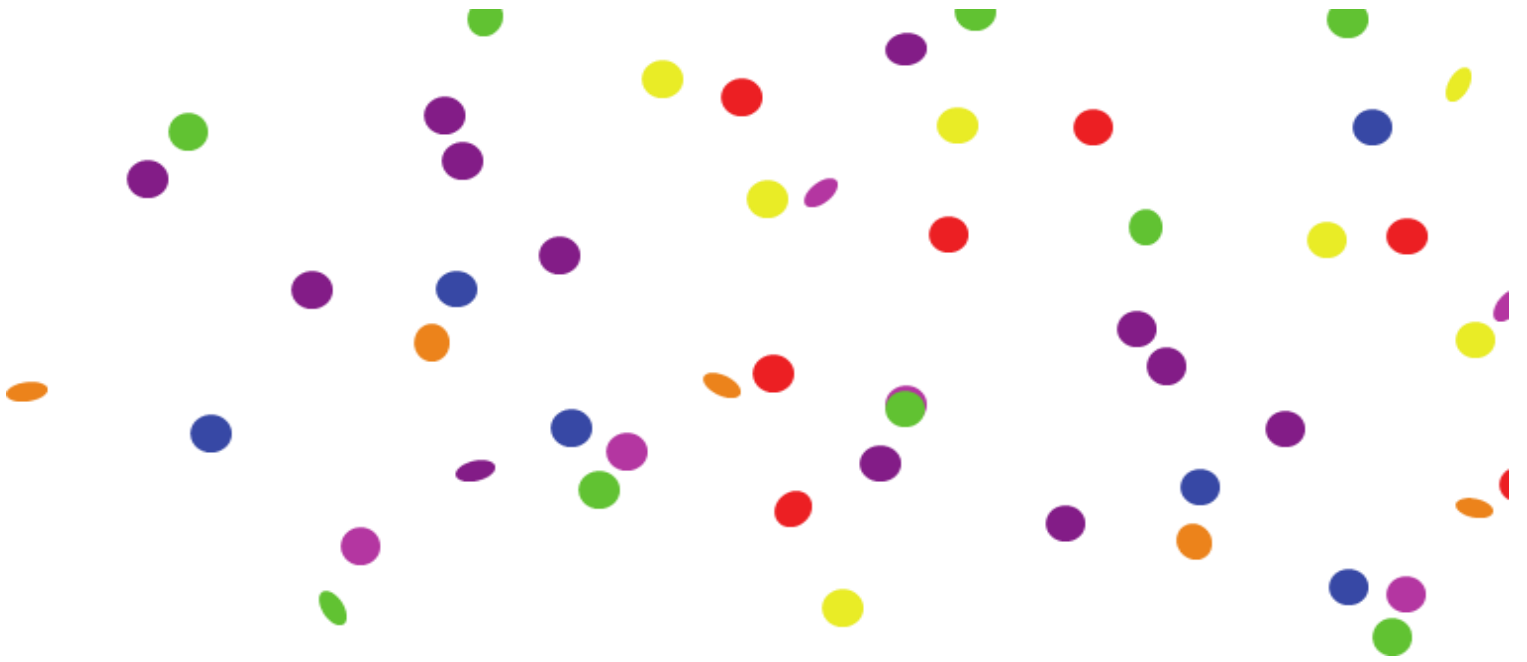
Access Cigna One Guide - after enrollment - in the way that's most convenient for you:

myCigna.com or the myCigna® app

Live chat

Phone





Dental and Vision Insurance





Dental Insurance | Cigna

Dental Health Maintenance Organization (DHMO)

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

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

Dental Preferred Provider Organization (DPPO)

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

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

Preventive:

- Annual cleanings
- X-rays
- And more

Basic:

- Fillings
- Simple extractions
- Root canals
- And more

Major:

- Dentures/bridges/partials
- Crowns
- And more

Choice of Plan Options:	DHMO <i>In-Network Benefits Only</i>	DPPO <i>In-Network / Out-of-Network</i>
Network Name	Dental Care Access Plus	Cigna DPPO
Individual Deductible (Individual Deductible Per Covered Person)	None	\$50 / \$50
Office Visit Copay	None	None
Preventive Coinsurance	Scheduled Fee	100% / 100%
Basic Coinsurance	Scheduled Fee	80% / 80%
Major Coinsurance	Scheduled Fee	50% / 50%
Annual Plan Maximum	Unlimited	\$3,000 / \$3,000
Orthodontia Coinsurance	Various copays apply	50% / 50%



Vision Insurance | Equitable VSP

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

By accessing in-network vision providers, you are able to reap the benefits of true vision insurance coverage. You are eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. Out-of-network providers will merely offer you an allowance towards your vision services.

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Network	VSP		
Eye Exam	Every 12 months	\$10 copayment	\$45 max allowance
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 months	\$25 copayment	Allowance varies
Frames	Every 24 months	\$150 allowance + 20% off remaining balance over \$150	\$70 max allowance
Contact Lenses, Medically Necessary	\$0 copay	Paid In Full	\$210 max allowance
Elective Contacts	Every 12 months*	\$150 allowance	\$105 max allowance
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price		N/A
Additional Pairs Benefit	Members also receive a 40% off complete pair eye-glass purchase and a 15% discount off conventional contact lenses once the funded benefit has been used.		N/A

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

Walmart, Costco, Sam's Club, Visionworks and Pearle Vision are also included in the network and are the most frequently asked chains.



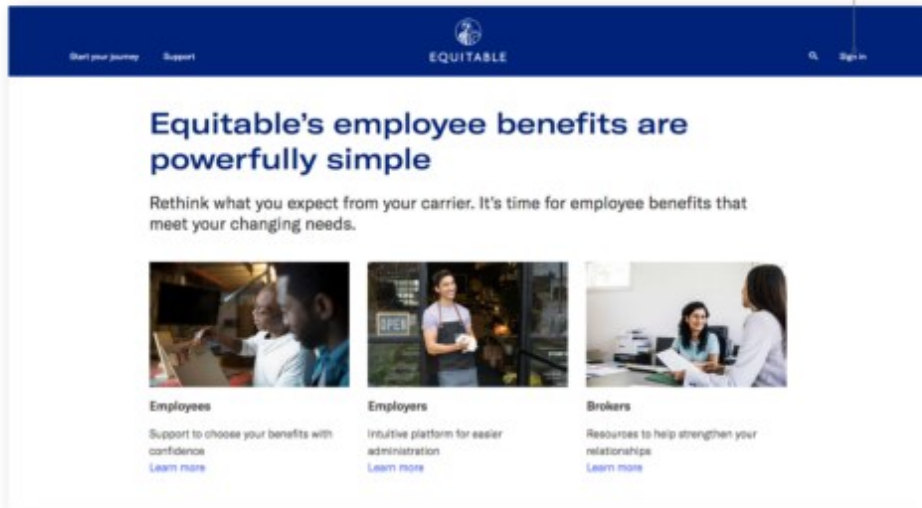
How to print your member vision card and view benefits

Employees can simply use their Social Security number to verify coverage with their provider. To easily download a member vision card, you have two options: From EB360® or directly from VSP® at any time. Simply review vision information on your smartphone or tablet via your EB360® personalized dashboard through VSP®. Effortlessly print your own card so you can carry it with you.

Welcome to Equitable!

Access your Member Vision Card on the VSP® Vision Care's website by following the instructions below:

- 1 Go to equitable.com/employeebenefits and click **Sign in**



- 2 Enter the User ID and password you set up during registration.

- 3 Click **Visit Website** to the right of the details of your vision policy. The VSP® website will open up in a separate tab in your browser.



- 4 Create an account and log in at <https://www.vsp.com/register.html>.

- 5 Access and print your Member Vision Card.

- 6 Don't forget to view special offers from VSP® by visiting: vsp.com/specialoffers.

For additional assistance, contact our Customer Service Team at **(866) 274-9887**, Monday - Thursday 8:00 a.m.-6:30 p.m. ET. Friday 8:00 a.m.-5:30 p.m ET.

Medical Insurance Rates

(24-Payroll Deductions)

HMO	Per Paycheck You Pay
Employee Only	\$100.45
Employee & Spouse	\$289.58
Employee & Child(ren)	\$175.58
Family	\$485.43

HDHP/ HSA	Per Paycheck You Pay
Employee Only	\$106.41
Employee & Spouse	\$252.06
Employee & Child(ren)	\$226.73
Family	\$388.05

For 2024: Chicago Commons will contribute into your Health Savings Account.

Individual: \$1,200
Family: \$1,200



Dental & Vision Insurance Rates

DENTAL PPO PLAN	Per Paycheck You Pay
Employee Only	\$19.47
Employee & Spouse	\$36.72
Employee & Child(ren)	\$42.44
Family	\$64.81

DENTAL HMO PLAN	Per Paycheck You Pay
Employee Only	\$5.76
Employee & Spouse	\$10.48
Employee & Child(ren)	\$10.41
Family	\$15.91

VISION PLAN	Per Paycheck You Pay
Employee Only	\$3.08
Employee & Spouse	\$6.15
Employee & Child(ren)	\$6.58
Family	\$10.52

Medical Insurance Rates

(18-Payroll Deductions)

Type 04 Teachers Only

HMO	Per Paycheck You Pay
Employee Only	\$133.93
Employee & Spouse	\$386.11
Employee & Child(ren)	\$234.11
Family	\$647.24

HDHP/ HSA	Per Paycheck You Pay
Employee Only	\$141.88
Employee & Spouse	\$336.08
Employee & Child(ren)	\$302.31
Family	\$517.40

For 2024: Chicago Commons will contribute into your Health Savings Account.

Individual: \$1,200
Family: \$1,200



Dental & Vision Insurance Rates

DENTAL PPO PLAN	Per Paycheck You Pay
Employee Only	\$25.95
Employee & Spouse	\$48.95
Employee & Child(ren)	\$56.59
Family	\$86.41

DENTAL HMO PLAN	Per Paycheck You Pay
Employee Only	\$7.67
Employee & Spouse	\$13.97
Employee & Child(ren)	\$13.87
Family	\$21.21

VISION PLAN	Per Paycheck You Pay
Employee Only	\$4.10
Employee & Spouse	\$8.20
Employee & Child(ren)	\$8.77
Family	\$14.02



Basic Life and AD&D Insurance | Equitable

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

Basic Life / Accidental Death & Dismemberment	
Benefit Amount* * Executives are covered at 1.5 x salary	1 x salary per employee- Life 1 x salary per employee - AD&D
Age Reductions	Benefits reduce by 33% of the original amount at age 65; and further reduce by 55% of the original amount at age 70



Vol. Term Life/AD&D Insurance | Equitable

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

An employee's maximum benefit election cannot exceed 5x their basic annual earnings or \$500,000. A spouse's maximum election cannot exceed 50% of what the employee takes out on themselves.

The cost of the benefit is 100% paid for by you. Your age and the amount of insurance you elect determines the premium you'll pay. Costs will go up, and benefits will reduce, as you age. See your plan documents for more detail.

	Employee	Spouse	Child(ren)
Coverage Increments	\$10,000	\$5,000	Under 14 days: \$500 15 days– 6 months: \$1,000
Maximum Benefit Amount	\$500,000	\$100,000	\$10,000
Guaranteed Issue Amount*	\$150,000	\$50,000	\$10,000

* Guarantee issue applies to new hires only



Short & Long-Term Disability | Equitable

If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time.

*Up to \$7,500 per month for executives

**Social Security Normal Retirement Age

Disability Coverage	Short -Term	Long -Term
Waiting Period	Begins on the 15th day of continuous injury or illness	Begins on the 91st day of continuous injury or illness
Benefit Amount	60% of weekly earnings	60% of monthly earnings
Maximum Benefit	\$1,000 per week	\$4,000 per month*
Length of Payment Period	11 weeks	SSNRA**
Premium Contribution	<u>Company paid</u>	<u>Company paid</u>



Accident Insurance | Cigna

Accident Insurance pays a cash benefit on a schedule basis.

- **Treatment:** Pays a specific benefit amount for emergency-room treatment, X-rays, diagnostic exams, physical therapy and follow-up treatment
- **Ambulance:** Pays a specific benefit amount for ambulance or air-ambulance transportation to a hospital
- **Hospital confinement:** Pays a specific benefit amount for each day the policyholder is confined in a hospital due to injuries sustained in a covered accident and sickness rider
- **Accidental death benefit rider:** Pays a lump-sum cash death benefit for covered common carrier accidents and other accidents. *Employee benefit \$100,000, Spouse \$50,000, Child \$25,000.*
- **24 Hour Coverage for OFF the job.**
- **Other:** Pays a specific benefit amount for concussions, breaks, sprains, burns, dislocations, lacerations and more

See your plan documents for more details and complete list of lump sum dollars applied to each accident.

The cost of this benefit is 100% paid for by you.

Cigna — Accident Plan 24-Payroll Deductions

Per Paycheck Contributions:	You Pay
Employee Only	\$6.08
Employee & Spouse	\$16.82
Employee & Child(ren)	\$14.32
Family	\$17.43

Cigna — Accident Plan 18-Payroll Deductions

Per Paycheck Contributions:	You Pay
Employee Only	\$8.10
Employee & Spouse	\$16.82
Employee & Child(ren)	\$14.32
Family	\$17.43



Hospital Indemnity Insurance | Cigna

Cigna Hospital Indemnity Insurance can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose. The cost of this benefit is 100% paid for by you.

Sub-category	Benefit Limits (Applies to Subcategory)	Benefit	Amount
Admission Benefit	2 time(s) per calendar year	Admission	\$1,000
		ICU Supplemental Admission (Paid concurrently with the Admission benefit when admitted to ICU)	\$1,200
Confinement Benefit	15 days per year	Confinement	\$200
		ICU Supplemental Confinement (Will pay an additional benefit for 15 of those days when confined to ICU)	\$200

24-Payroll Deductions

Per Pay Check:	You Pay
Employee Only	\$10.78
Employee & Spouse	\$18.23
Employee & Child(ren)	\$16.08
Family	\$23.58

18-Payroll Deductions

Per Pay Check:	You Pay
Employee Only	\$14.37
Employee & Spouse	\$24.31
Employee & Child(ren)	\$21.43
Family	\$31.43



Critical Illness | Cigna

Critical Illness insurance can help safeguard your finances by providing you with a lump-sum payment upon diagnosis for many conditions when your family needs it the most. The payment you receive is yours to spend as you see fit, in addition to any other insurance you may have. The cost of this benefit is 100% paid for by you. See your plan highlight sheet for specific coverage details.

Critical Illness insurance is available in \$10,000, \$20,000 and \$30,000. Spouse and Child(ren) coverage is 50% of the Employee's amount.

<u>Partial Life of Benefit for Covered Conditions</u>	<u>Initial Benefit</u>	<u>Recurrence Benefit</u>
Alzheimer's Disease	25% of Benefit Amount	NONE
Coronary Artery Bypass Graft	25% of Benefit Amount	100% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	100% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	100% of Benefit Amount
Heart Attack	100% of Benefit Amount	100% of Benefit Amount
End-Stage Renal (Kidney)	100% of Benefit Amount	100% of Benefit Amount
Major Organ Failure	100% of Benefit Amount	100% of Benefit Amount
Stroke	100% of Benefit Amount	100% of Benefit Amount
Listed Conditions: See Policy Certificate for a complete list of conditions.	<p>Receive 25% of the initial benefit amount for 22 conditions:</p> <p>Addison's disease; Lou Gehrig's disease; cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; encephalitis; Huntington's disease; Legionnaire's disease; malaria; multiple sclerosis; muscular dystrophy; necrotizing fasciitis; rabies; sickle cell anemia (excluding sickle cell trait); SLE; systemic sclerosis (scleroderma); tetanus; and tuberculosis. A Covered Person may only receive one benefit payment for a Listed Condition in his/her lifetime.</p>	
Benefit Suspension Period	<p>After a covered condition occurs there is a 365 days Benefit Suspension Period during which the plan does not pay Recurrence benefits. The Benefit Suspension Period does not apply to first occurrences of distinct covered conditions. Plan does not pay Recurrence benefits for Full Benefit Cancer or Partial Benefit Cancer benefits unless the insured has not been treated nor had symptoms for at least 180 days.</p>	

Premium Structure Monthly Premium for \$1,000 of Coverage				
Attained Age	Employee Only	Employee + Spouse	Employee + Children	Family
<25	\$0.65	\$0.99	\$0.71	\$1.05
25-29	\$0.65	\$0.99	\$0.71	\$1.05
30-34	\$1.03	\$1.55	\$1.08	\$1.60
35-39	\$1.03	\$1.55	\$1.08	\$1.60
40-44	\$1.85	\$2.79	\$1.91	\$2.85
45-49	\$1.85	\$2.79	\$1.91	\$2.85
50-54	\$3.20	\$4.90	\$3.26	\$4.96
55-59	\$3.20	\$4.90	\$3.26	\$4.96
60-64	\$5.05	\$7.72	\$5.12	\$7.78
65-69	\$5.05	\$7.72	\$5.12	\$7.78
70-74	\$5.05	\$7.72	\$5.12	\$7.78
75+	\$5.05	\$7.72	\$5.12	\$7.78

PREMIUM CALCULATOR	EXAMPLE:	YOUR DATA:
1. Find your age and write the rate here :	Age 30 is \$8.10	
2. Divide the desired benefit amount by 1,000:	$\$10,000 / 1,000 = 10$	
3. Multiply the answer to #2 by the rate in #1. This is your monthly cost::	$10 \times 8.10 = \$81$	
4. Multiply the answer to #3 by 12 and then divide by 24 This is your per pay check cost:	$\$81 \times 12 / 24 = \10.13	

Accidental Injury, Critical Illness, and Hospital Indemnity wellness incentive.

Wellness Treatment, Health Screening Test or Preventive Care

Cigna Healthcare Critical Illness Insurance

Your Cigna HealthcareSM Accidental Injury, Critical Illness, and Hospital Care insurance plans comes with a **\$50** Wellness Treatment*, Health Screening Test or Preventive Care]incentive benefit. This benefit is paid for each covered person who completes at least one wellness treatment, health screening test or preventive care service, as specified below. This benefit is limited to one per year per covered person on each plan they are enrolled in.

Wellness treatments

- Adult immunizations
- Annual routine ophthalmological exam including refraction
- Annual routine preventative dental exam
- Cancer screenings
- Colorectal cancer screenings
- General health exams
- Lead poisoning screenings
- Osteoporosis screenings
- Routine gynecological exams
- Routine prostate exams
- Well child care – including visits, labs and immunizations]

Health screening tests

- Bone marrow testing
- Breast cancer blood test (CA 15-3)
- Breast ultrasound
- Chest x-ray
- Colon cancer blood test (CEA)
- Colonoscopy
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool specimen
- Mammography
- Myeloma blood test (serum protein electrophoresis)
- Ovarian cancer blood test (CA125)
- Pandemic infectious disease immunization
- Pandemic infectious disease test and screening
- Pap smear for women over age 18
- Prostate-specific antigen (for prostate cancer)
- Serum cholesterol test to determine levels of HDL and LDL
- Stress test on a bicycle or treadmill
- Thermography
- Triglycerides blood test]

*In Washington, Wellness Benefits are known as Health Screening Benefits.





Pet Insurance | Pet Benefit Solutions



Chicago Commons is offering Total Pet Plan to employees.

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy.

That's why we're offering **Total Pet Plan**, which makes pet care more affordable. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

\$11.75/month for one pet or \$18.50/month for a family plan	Per Paycheck—
	24 checks \$5.88 one pet \$9.50 more than one pet

For more details and how to enroll, visit petbenefits.com/land/chicagocommons.

\$7.83 one pet \$12.33 more than one pet	Per Paycheck—
	18 checks

TOTAL PET PLAN INCLUDES:



DISCOUNTS ON PRODUCTS & RX

- Up to 40% off on products like prescriptions, preventatives, food, toys and more
- Shipping is always free and same-day pickup is available for most human-grade prescriptions

View available products and pricing at petplusbenefit.com.



DISCOUNTS ON VETERINARY CARE

- Instant 25% savings on all of your pet's in-house medical services at participating vets
- No exclusions due to age, health, pre-existing conditions or type of pet

Visit petbenefits.com/search to locate a participating vet.



24/7 PET TELEHEALTH

- Access real-time vet support, even when your vet's office is closed
- Unlimited support on your pet's health, wellness, behavior and more



LOST PET RECOVERY SERVICE

- Durable tag can be scanned from any smart phone to access your contact information, helping lost pets return home quicker than a microchip
- Easily update your information online with no need to request a new tag

wishbone
PET HEALTH INSURANCE

YOUR BEST FRIEND.
THEIR BEST LIFE.



SINCE 1986
**CHICAGO
COMMONS**
Helping families **GO** further

**Chicago Commons
is offering Wishbone Pet Insurance
to employees.**

Nobody wants to imagine their pet getting sick or injured - but when it comes to your pet's health, it's best to expect the unexpected.

Enroll in pet health insurance from Wishbone and receive 90% reimbursement on your pet's veterinary care. With a low deductible of \$250, protecting your pet's health and your finances has never been easier!

Wishbone Pet Insurance is accepted at any vet in the U.S., including emergency hospitals. Once you file a claim, expect to be reimbursed via mailed check in 5 business days or less. It's that easy!

POLICYHOLDERS ENJOY:



Optional Routine
Care Plans



Fast Claims
Processing



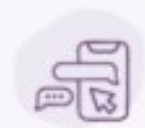
Easy-to-Use Member
Account



Short Waiting
Periods



Lost Pet Recovery
Service from
ThePetTag



24/7 Pet
Telehealth
from **AskVet**

Get a quote & enroll at www.wishboneinsurance.com/chicagocommons

Wishbone Pet Insurance is program managed by Odie Pet Insurance Marketing, Inc. and is underwritten by Clear Blue Insurance Group. Please visit www.getodie.com for more information.

Term Life Insurance | Equitable / Fidelity Life

How it Works

An Example of How LifeTime Benefit Term with LTC Works

If an employee needs to utilize the Accelerated Death Benefit for Long Term Care Rider, below is how the Long Term Care payments will work. LTC Benefits include home health care, assisted living or adult day care.

Initial Death Benefit	\$100,000
<i>1st Month LTC Payment</i>	-\$4,000
Balance of Death Benefit	\$96,000
<i>2nd Month LTC Payment</i>	-\$4,000
Balance of Death Benefit	\$92,000
<i>3rd Month LTC Payment</i>	-\$4,000
Balance of Death Benefit	\$88,000

Eligibility & Underwriting Requirements

Issue Age and Maximum Benefit Amount

Employee Coverage

- Guaranteed Issue — Ages 19 through 70 up to \$75,000
- Conditional Issue — Ages 19 through 70 up to \$150,000
- Simplified Issue — Ages 19 through 70 up to \$200,000
- Simplified Issue — Ages 71 through 80 up to \$50,000

Spouse Coverage

- Modified Guaranteed Issue — Ages 19 through 70 up to \$25,000
- Conditional Issue — Ages 19 – 70 up to \$50,000
- Simplified Issue — Ages 19 through 70 up to \$75,000

Dependent Child Coverage

- Child Term Rider — Ages 15 days through 25 years up to \$30,000
- LifeTime Benefit Term Certificate — Ages 15 days through 25 years - \$30,000



Plan 1

LifeTime Benefit Term Employee: age 19–80; Spouse: age 19–70, Child: 15 days – 25 years

Life insurance premiums will not increase and are guaranteed to age 100. After that, no additional premium is due and the coverage can continue through age 120. While the policy is in force, the death benefit is 100% guaranteed for the longer of 25 years from issue or age 70. After age 70, the death benefit is guaranteed to never be less than 50% of the original death benefit. Based on current interest rates and mortality assumptions, the original death benefit is designed to last a lifetime.

Accelerated Death Benefit for Long Term Care (LTC) Employee: age 19–80, Spouse: age 19–70

If employees are unable to perform two of six Activities of Daily Living and require nursing home, home health care, assisted living, or adult day care services, they will receive 4% of their death benefit each month for up to 25 months. Insurance premiums are waived during the time this benefit is being paid.

Terminal Illness Benefit Employee: age 19–80, Spouse: age 19–70, Child: 15 days – 25 years

You can receive up to 50% of the death benefit (not to exceed \$100,000) if you are diagnosed as terminally ill, with the remaining death benefit being paid to your beneficiary.

Accidental Death Benefit Employee: age 19–60, Spouse: age 19–60

Pays up to double the death benefit to their beneficiary if death results from accident.

Waiver of Premium Employee: age 19–55, Spouse: age 19–55

Waives the insured's premium payment if they become totally disabled.

Child Term Rider Child: 15 days – 25 years

Death Benefits available up to \$30,000. Guaranteed conversion to individual coverage at age 26—up to 5 times the benefit amount.

Included Riders

Accelerated Death Benefit for Long Term Care (LTC) Rider

If an employee is unable to perform two of six Activities of Daily Living and require nursing home, home health care, assisted living, or adult day care services or they have a Severe Cognitive Impairment that requires Substantial Supervision to protect them from threat of health or safety, they will receive 4% of their death benefit per month while they are living for up to 25 months to help pay for LTC. Insurance premiums are waived while this benefit is being paid. Long Term Care Rider premiums are not guaranteed and may be increased in accordance with the terms of the policy.

Terminal Illness Benefit

Employees can receive 50% of their death benefit immediately, up to \$100,000, if they are diagnosed as terminally ill, with the remaining being paid to their beneficiary.

Accidental Death Benefit

Pays up to double the death benefit to their beneficiary if death results from accident.

Waiver of Premium

Waives the insured's premium payment if they become totally disabled.

Optional Benefit Riders

Child Term Benefit

Issued to children age 15 days through 25 years. Death Benefits available up to \$30,000. Guaranteed conversion to individual coverage at age 26—up to 5 times the benefit amount.

Employee Assistance Program | Equitable

Available at **NO COST** to all employees.

EAP service offers caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents.

There is no cost, it's just there for you when you need it.



Confidential emotional support

Our highly trained clinicians will listen to your concerns and help you or your immediate family members with a variety of issues and, if needed, refer you to other resources. Talk to us for:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts
- Need to speak with someone? Receive up to three face-to-face sessions per issue/year.



Work-life solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events
- Locating pet care



Online will preparation

EstateGuidance® lets you quickly and easily create a will online at no cost. You can:

- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children



Online support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand training
- "Ask the Expert" personal responses to your questions

Online: guidanceresources.com

App: GuidanceNow™

Web ID: EQUITABLE3



Financial resources

Our financial experts can assist with a wide range of issues. Talk to us about strategies pertaining to:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



Identity theft services

We can help you repair your credit and restore your name with tools, such as:

- Support from legal and financial professionals
- Counseling to address emotional issues
- Work-life assistance



Legal guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more.
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Phone/live support

Your Employee Assistance Program provides someone to talk to, and resources to consult whenever and wherever you need them.

Call: (833) 256-5115

TDD: (800) 697-0353

Direct, 24/7 access to a GuidanceConsultant™ who will answer your questions and, if needed, refer you to a counselor or other resources.



EQUITABLE

Contact your Employee Assistance Program for 24/7 support, resources & information

Call: (833) 256-5115

TDD: (800) 697-0353

Online: guidanceresources.com

App: GuidanceNow™

Web ID: EQUITABLE3



Flexible Spending Account (FSA) | Ameriflex

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

You're eligible to contribute to a Health Care FSA, Dependent Care FSA. IRS maximums apply. Funds must be used for qualified expenses to avoid penalty.

Health Care FSA - You may contribute up to \$3,200 per plan year to pay for qualified medical, dental and vision expenses for yourself and eligible family members.

Dependent Care FSA - You may contribute up to \$5,000 per plan year to pay for qualified eligible dependent care expenses. Funds in this account are saved on a tax-free basis. FSAs do have a use-it-or-lose-it provision, so be conservative when electing how much to contribute. You are eligible to rollover up to \$610 to the next year for the Health Care FSA.

Commuter Benefits - You may contribute up to \$315 a month to pay for commuter expenses (train, parking or bus) to and from work.



Health Reimbursement Account (HRA) | Ameriflex

An HRA is an employer-funded account that is designed to reimburse employees for qualified medical expenses.

The HRA is for HMO in-patient expenses only. The employee is responsible for the first \$150 of the in-patient hospital copay and Chicago Commons will pay the remaining \$350 for the first three days of the in-patient stay.

Employees will be responsible for submitting their claim to Ameriflex for reimbursement by the following:

Phone – 888-868-3539

Email – claims@myameriflex.com

Fax – 888-631-1038 – Attn: Claims Department

Mail – Ameriflex Claims Department

P.O. Box. 269009

Plano, TX 75026



Emergency Travel Assistance | Equitable

Available at **NO COST** to all employees.



Support before, during and after travel

Congratulations! You and your dependents are now part of the Emergency Travel Assistance Program provided by AXA Assistance USA, Inc. As a member, you can access a broad range of worldwide travel, emergency medical transportation and concierge services 24 hours a day, 365 days a year.

Within the United States
(855) 327-1476

Outside the United States
(312) 356-5980

Medical assistance services¹

Emergency medical transportation

- Emergency medical evacuation
- Medical repatriation
- Return of mortal remains
- Transportation of travel companion
- Transportation of family member to accompany patient
- Escort of dependent children

Medical assistance

- Medical and dental referrals
- Coordination of hospital admission
- Critical care monitoring
- Dispatch of physician
- Dispatch of prescription medication

Concierge services

Make your life simpler and easier. Concierge services are designed to fulfill various travel and entertainment requests, including restaurant and entertainment recommendations, locating available business services, airfare and car rental and much more.

International medical teleconsultation²

24/7 Medical care at your fingertips

With the international medical teleconsultation service, you and your family can receive virtual medical care when traveling abroad.

For minor ailments and conditions, licensed medical practitioners provide medical advice, treatment options, assistance with prescription refills and provider referrals, through your smartphone or tablet.

International medical teleconsultation²

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For minor ailments and conditions, licensed medical practitioners provide medical advice, treatment options, assistance with prescription refills and provider referrals, through your smartphone or tablet.

Carrier Information

Medical HMO

Carrier	Cigna
Website	www.mycigna.com
Phone Number	800.244.6224
Network	One Health
Policy Number	3346311

Medical HDHP HSA

Carrier	Cigna
Website	www.mycigna.com
Phone Number	800.244.6224
Network	Open Access Plus
Policy Number	3346311

Dental PPO

Carrier	Cigna
Website	www.mycigna.com
Phone Number	800.244.6224
Network	Cigna DPPO
Policy Number	3346311

Dental HMO

Carrier	Cigna
Website	800.244.6224
Phone Number	1 (866) 444-6001
Network	Dental Care Access Plus
Policy Number	3346311

Basic Life, Vol Life, Short & Long Term Disability

Carrier	Equitable
Website	www.equitable.com
Phone Number	866.274.9887
Policy Number	TBD

CIGNA ONE GUIDE NAVIGATION HELP

Carrier	Cigna
Phone Number	888-806-5042

Vision

Carrier	Equitable
Website	www.equitable.com/employeebenefits
Phone Number	866.274.9887
Network	VSP
Policy Number	TBD

Pet Insurance

Carrier	Pet Benefit Solutions
Website	https://www.petbenefits.com
Phone Number	800.891.2565

HSA/Flexible Spending Account

Carrier	Ameriflex
Website	www.myameriflex.com
Phone Number	844-423-4636

Accident, Hospital Indemnity, Critical Illness

Carrier	Cigna
Website	www.mycigna.com
Phone Number	1 (800) 997-1654
Policy Number	TBD

Human Resources Contact Information

Contact	Andrea Carroll-McGary
Email Address	carrolla@chicagocommons.org
Phone Number	773-826-3742

Human Resources Contact Information

Contact	Misty Epperson
Email Address	eppersonm@chicagocommons.org
Phone Number	773-826-3742



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

403(b) Thrift Plan of Chicago Commons Association Plan Highlights

Eligibility/Plan Entry

- Immediate

Employee Contributions

- In 2023, you can contribute up to a maximum of \$22,500.00. If you are age 50 or over, you can contribute additional catch-up contributions of \$7,500.
 - Pre-tax Contributions: Contributions come out of your paycheck before taxes are taken out.
 - Roth Contributions (after-tax) are permitted: Contributions come out of your paycheck but are still counted as taxable income in the current year.

Employer Match

- The company match is discretionary which means the Employer may at their discretion provide a match.
 - Match: 50% up to the first 8% deferred.

Vesting

- You are always 100% vested in your own pre-tax and Roth contributions.
- Employer contributions are on a 3-year vesting schedule:
 - 1yr-34%, 2yr-67%, 3yr-100%.

Distributions

- You may take a distribution upon:
 - Termination of employment.
 - Disability and death.
 - Hardship scenario (subject to approval of reason/documentation).
 - In-Service distributions are permitted at age 59.5.

- Loans are permitted: 1 outstanding at a time.

Enrollment and contribution changes should be completed online.

www.julyservices.com

- Plan Password: chi30156
- Username: Full Social Security Number (no dashes)
- Password: Last 4 digits of Social Security Number
-

JULY Services Employee Service Desk: 888.333.6315

This document highlights the major features of this Plan. It is not a substitute for the Summary Plan Description. The provisions of the Plan are complex, and you should always look at the Summary Plan Description if you have any questions about the Plan. If, after reading the Summary Plan Description, you still have questions, please contact the Plan Administrator.



2024-2025 Benefit Highlights

This highlight sheet is meant to give an overview of the benefits we offer our employees. Please refer to your plan document for specific plan details.

HMO Cigna

HMO (One Health)	Employee Semi-Monthly Contribution	Teacher 4 Semi-Monthly Contribution	Employer Monthly Contribution
Employee	\$100.45	\$133.94	\$538.62
Employee + Spouse	\$289.58	\$386.41	\$859.79
Employee + Child(ren)	\$175.58	\$234.10	\$991.07
Family	\$485.43	\$647.24	\$1,326.42

HDHP/HSA Cigna

PPO (Open Access Plus)	Employee Semi-Monthly Contribution	Teacher 4 Semi-Monthly Contribution	Employer Monthly Contribution
Employee	\$106.41	\$141.88	\$597.82
Employee + Spouse	\$252.06	\$336.09	\$1,076.56
Employee + Child(ren)	\$226.73	\$302.30	\$1,020.73
Family	\$388.05	\$517.40	\$1,749.38

Choice of Plan Options:	HMO <i>In-Network Benefits Only</i>	HDHP - HSA <i>(In-Network / Out-of-Network)</i>
Network	One Health	Open Access Plus
Deductible Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	\$0 \$0	\$3,200 / \$6,400 \$6,400 / \$12,800
Coinsurance In-Network / Out-of-Network	100%	100% / 60%
Out-of-Pocket Max Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	\$3,000 \$6,000 <i>Max in Copays</i>	\$3,200 / \$6,400 \$6,400 / \$12,800 <i>Includes Deductible</i>
Physician Services (In-Network) Well Adult / Well Child Physician Office / Specialist Visit X-Rays / Lab	100% \$20 copay / \$40 Copay 100%	100% no ded / 60% after deductible 100% / 100% after deductible 100% / 100% after deductible
Inpatient Hospital (In-Network)	\$500 Copay per day / first 3 days	100% / 100% after deductible
Emergency Room	\$250 Copay	100% / 100% after deductible
Urgent Care (In-Network)	100% (referral required)	100% / 100% after deductible
Prescription Drugs (In-Network) *Generic/Preferred Brand/Non-Preferred/ Specialty	Copays: \$8 / \$35 / \$75 N/A	100% / 100% / 100% / after deductible N/A N/A
Prescription Out-of-Pocket Max Individual / Family	N/A	N/A

Dental Cigna

Dental PPO	Employee Semi-Monthly Contribution	Teacher 4 Semi-Monthly Contribution	Employer Monthly Contribution
Employee	\$19.47	\$25.95	\$7.75
Employee + Spouse	\$36.72	\$48.95	\$21.37
Employee + Child(ren)	\$42.44	\$56.59	\$24.70
Family	\$64.81	\$86.41	\$37.73

Dental HMO	Employee Semi-Monthly Contribution	Teacher 4 Semi-Monthly Contribution	Employer Monthly Contribution
Employee	\$5.76	\$7.67	\$2.46
Employee + Spouse	\$10.48	\$13.97	\$5.93
Employee + Child(ren)	\$10.41	\$13.87	\$5.89
Family	\$15.91	\$21.21	\$8.99

Choice of Plan Options:	DHMO <i>In-Network Benefits Only</i>	DPPO <i>In-Network / Out-of-Network</i>
Network Name	Cigna Dental HMO	Cigna Dental PPO
Individual Deductible (Individual Deductible Per Covered Person)	None	\$50 / \$50
Office Visit Copay	None	None
Preventive Coinsurance	Scheduled Fee	100% / 100%
Basic Coinsurance	Scheduled Fee	80% / 80%
Major Coinsurance	Scheduled Fee	50% / 50%
Annual Plan Maximum	Unlimited	\$3,000 / \$3,000
Orthodontia Coinsurance	Various copays apply	50% / 50%

Vision VSP

Vision	Employee Semi-Monthly Contribution	Teacher 4 Semi-Monthly Contribution
Employee	\$3.08	\$4.10
Employee + Spouse	\$6.15	\$8.20
Employee + Child(ren)	\$6.58	\$8.77
Family	\$10.52	\$14.02

Other Benefits Provided by Chicago Commons

- Employer Paid Life Insurance
- Employer Paid STD Insurance
- Employer Paid LTD Insurance
- Employee Assistance Program
- 403b Retirement & Savings
- Flexible Spending Accounts
- Wellness Program
- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Pet Benefits
- Credit Union Membership
- Voluntary Term Life & AD&D Insurance
- Life Time Benefit Life Insurance

Paid Time Off

(Accruals detailed in Chicago Commons Employee Handbook)

Vacation Leave (per fiscal year, 7/1 – 6/30)

- Full-Time/Exempt (12 months = 22 days)
- Full-Time/Non-Exempt (12 months = 12 days)
- PEL Type 04 Teacher (10 months = 10 days)
- Part-Time/Exempt or Non-Exempt (12 months = 6 half days)
- No Vacation – Temporary or under 20 Hours per week

Sick Leave (per fiscal year, 7/1 – 6/30)

- All Full-Time Employees (12 days per year)
- PEL Type 04 Teacher (10 days per year)
- All Part-Time Employees (12 months = 6 half-days)
- No Sick Leave - Temporary or Under 20 Hours per week

Personal Business Day (per fiscal year, 7/1 – 6/30)

- Full-Time (2 per year)
- Part-Time (1 full day, equivalent to two half days per year)

9 Paid Holidays

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Juneteenth Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day