

# Retirement Guide for Non-Sworn Employees



2025



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## 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.

*Click to update your personal information and access previous pay stubs/W-2s through Employee Self Service (ESS)*



Pay Stub Record Form





### 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 your supervisor. 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 your supervisor 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 (last day worked).

*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 – April 2

Last Day Worked – April 2

Retirement Date – April 2

#### *Example 2:*

Last Shift Day – June 14

Last Day Worked (6 PM – 6 AM) – June 15

Retirement Date – June 15



### 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.



## 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. Group term life insurance will end on your retirement date.

### 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 2025 Benefits Summary and Retiree Rates*







## Separation Pay

Separation pay includes pay for the following accrued but unused leave:

- Vacation
  - Up to a maximum of 300 hours
- Incentive Hours (Public Works Union only)
  - Paid out at the average hourly rate established for Credit Hours
- HP 20-D
  - Paid out at the employee’s current rate of pay according to the following formula:

$$\frac{\text{Annual Salary}}{2080} \times 96 \div 144 \times 50\% \times \text{Hours Accumulated}$$

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	Per Pay Period Accrual <i>(based upon 26 pay periods)</i>	Annual Accrual
Date of Hire through the 4 <sup>th</sup> year	3.0770	80
5 years through the 11 <sup>th</sup> year	4.6154	120
12 years through the 21 <sup>st</sup> year	6.1539	160
During the 22 <sup>nd</sup> year	6.4615	168
During the 23 <sup>rd</sup> year	6.7692	176
During the 24 <sup>th</sup> year	7.0769	184
During the 25 <sup>th</sup> year	7.3846	192
After 25 years	7.6923	200

Longevity pay will be prorated for the time of service worked in the year of retirement prior to December 1.

### Separation Pay Taxation

On your last pay check, all hours paid through separation will be taxed as regular hours, and follow regular taxation requirements.



### Retirement Plans

#### IMRF Pension

Pension benefits are established and defined by the State of Illinois Pension Code and administered by the Illinois Municipal Retirement Fund (IMRF).

To begin the retirement process, please reach out to IMRF directly at least 60 days prior to your expected retirement date. Their phone number is 800.275.4673 and you can reference our plan number which is **03356**. Information can also be found by logging into their website at [www.imrf.org](http://www.imrf.org).

After you complete their required documentation, IMRF will send correspondence to the City asking for confirmation of your retirement.

#### 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.



Medical Insurance/Dental Insurance/Flexible Spending

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

Flexible Spending

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

Deferred Compensation

- Nationwide
  - 877.677.3678 - [www.NRSforu.com](http://www.NRSforu.com)
- MissionSquare
  - 800.669.7400 - [www.missionsq.org](http://www.missionsq.org)
- Fidelity
  - 800.343.0860 - [www.fidelity.com](http://www.fidelity.com)

Pension

- IMRF
  - 800.275.4673 - [www.imrf.org](http://www.imrf.org)

Life Insurance

- Securian
  - 833.810.8260 - [www.securian.com](http://www.securian.com)
- NCPERS
  - 800.525.8056 - [NCPERS@memberbenefits.com](mailto:NCPERS@memberbenefits.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

Home Email Address:

The reason for my resignation is:


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Employee Signature

\_\_\_\_\_  
Employee Printed Name

Cc: Dept Supervisor  
Human Resources

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

**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



**PLAN FOR RETIREES OF:**  
**CITY OF Highland Park**  
**THROUGH BENISTAR EMPLOYER SERVICES TRUST (BEST)**

UNDERWRITTEN BY: HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

### PART A SERVICES

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>HOSPITALIZATION <sup>(2)</sup></b>			
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	<b>\$0</b>
61 <sup>st</sup> through 90 <sup>th</sup> day	All but 25% of Medicare Part A Deductible per day	100% of Medicare Part A Coinsurance	<b>\$0</b>
91 <sup>st</sup> through 150 <sup>th</sup> day (60 day Lifetime Reserve Period)	All but 50% of Medicare Part A Deductible per day	100% of Medicare Part A Coinsurance	<b>\$0</b>
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	<b>\$0</b>	100%	<b>\$0</b>
<b>SKILLED NURSING FACILITY CARE</b>			
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	<b>\$0</b>	<b>\$0</b>
21 <sup>st</sup> through 100 <sup>th</sup> day	All but 12.5% of Medicare Part A Deductible per day	Up to 100% of Medicare SNF Coinsurance	<b>\$0</b>
101 <sup>st</sup> through 365 day	<b>\$0</b>	<b>\$0</b>	<b>All other charges</b>

# GROUP RETIREE INSURANCE PLAN

## SUMMARY OF COVERAGE



SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expenses</b>			
When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	100%	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE – Hospital Confinement and Out-Patient Medical Expenses</b>			
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	<b>All other charges</b>

### PART B SERVICES

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>OUT-PATIENT MEDICAL EXPENSES</b>			
The Policy may cover the following Medicare Part B Benefits:			
<ul style="list-style-type: none"> <li>• <i>Physician Services Benefit</i></li> <li>• <i>Specialist Services Benefit</i></li> <li>• <i>Outpatient Hospital Services and Ambulatory Surgical Care Benefit</i></li> <li>• <i>Outpatient Diagnostic and Radiology Services Benefit</i></li> <li>• <i>Outpatient Mental Health and Substance Abuse Services Benefit</i></li> <li>• <i>Outpatient Rehabilitative and Cardiac Rehabilitative Services Benefit</i></li> <li>• <i>Emergency Care Benefit</i></li> <li>• <i>Urgent Care Benefit</i></li> <li>• <i>Ambulance Services Benefit</i></li> <li>• <i>Durable Medical Equipment and Prosthetics Benefit</i></li> </ul>			
<i>All Medicare Part B Benefits are based on per vist, except Ambulance Services Benefit, which is based on per trip, and Durable Medical Equipment and Prosthetics Benefit, which is based on per device.</i>			
Medicare Part B Deductible	\$0	100% of Medicare Part B Deductible	\$0
Remainder of Medicare-approved amounts	80%	100% of the remaining Medicare Part B Coinsurance	\$0

# GROUP RETIREE INSURANCE PLAN

## SUMMARY OF COVERAGE



SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
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

### ADDITIONAL SERVICES

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>PREVENTIVE MEDICAL CARE &amp; CANCER SCREENINGS<sup>(3)</sup></b>			
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 <sup>(3)</sup>	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
<b>FOREIGN TRAVEL EMERGENCY</b>			
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)

## GROUP RETIREE INSURANCE PLAN SUMMARY OF COVERAGE



- <sup>1</sup> This chart describes coverage that is only available to persons who are at least 65 and Medicare-eligible. Medicare amounts typically change January 1 of each year.
- <sup>2</sup> 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.
- <sup>3</sup> 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.

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

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This proposal 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 proposal 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.

# Benefit Overview

Express Scripts Medicare® (PDP)



**EXPRESS SCRIPTS®**  
Medicare (PDP)

## YOUR 2025 PRESCRIPTION DRUG PLAN BENEFIT:

### City of Highland Park, IL

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service. For maintenance medications, you have the choice of filling prescriptions for more than a one-month supply at pharmacies with preferred cost-sharing, including CVS and select retail pharmacies. These pharmacies may offer you lower cost-sharing than the standard cost-sharing offered by other pharmacies within our network.

<b>Deductible stage</b>	You do not pay a yearly deductible				
<b>Initial Coverage stage</b>	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$2,000:				
	<b>Tier</b>	<b>Retail One Month (31-day) Supply</b>	<b>Retail Two Month (32-60-day) Supply</b>	<b>Retail Three Month (90-day) Supply</b>	<b>Express Scripts® Pharmacy Home Delivery* Three Month (90-day) Supply</b>
	<b>Tier 1: Generic Drug</b>	\$5 Copayment	\$10 Copayment	<b>Preferred cost-sharing</b> \$10 Copayment <b>Standard cost-sharing</b> \$15 Copayment	\$10 Copayment
	<b>Tier 2: Preferred Brand Drugs</b>	\$25 Copayment	\$50 Copayment	<b>Preferred cost-sharing</b> \$50 Copayment <b>Standard cost-sharing</b> \$75 Copayment	\$50 Copayment
<b>Tier 3: Non-Preferred Drugs</b>	\$50 Copayment	\$100 Copayment	<b>Preferred cost-sharing</b> \$125 Copayment <b>Standard cost-sharing</b> \$150 Copayment	\$125 Copayment	

	Tier 4: <b>Specialty Tier Drugs</b>	\$50 Copayment	\$100 Copayment	<b>Preferred cost-sharing</b> \$125 Copayment <b>Standard cost-sharing</b> \$150 Copayment	\$125 Copayment
<p>If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p>*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts Pharmacy. Other pharmacies are available in our network.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts Pharmacy<sup>SM</sup>. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.</p> <p>If you have any questions about this coverage, please contact the Retiree Customer Service Center at 1.800.236.4782 Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.</p>					
<b>Catastrophic Coverage stage</b>	<p><b>If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.</b></p> <p><b>You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.</b></p>				

## IMPORTANT PLAN INFORMATION

### Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand name drugs in amounts of 14 days or less at a time. They may also dispense less than a one-month supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

### Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact the plan or the Retiree Customer Service Center for more details.

### Additional Information About This Coverage

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at [express-scripts.com/pharmacies](https://www.express-scripts.com/pharmacies).
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- A PDF of our printed drug list for 2025 will be available by logging into [express-scripts.com/documents](https://www.express-scripts.com/documents) beginning on October 15, 2024.
- Most adult Part D vaccines are covered at no cost to you.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- Starting in 2025, the Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an *Explanation of Benefits* (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, [express-scripts.com](https://www.express-scripts.com), or by contacting the Retiree Customer Service Center at 1.800.236.4782, Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.

This information is not a complete description of benefits. Call Customer Service at the numbers listed above for more information.

**Important Message About What You Pay for Insulin** – You won't pay more than \$35 for a one-month supply for each insulin product covered by our plan, no matter its cost-sharing tier. If your plan covers insulin at a lower cost-sharing amount, you will pay the lower amount. If your plan has a deductible, there is no deductible for covered insulins.

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.  
Enrollment in Express Scripts Medicare depends on contract renewal.

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## **Group Medicare Supplemental Plan**

Plan servicing and administration are provided by Benistar Admin Services, Inc.

**Retiree Medical Plan through The Hartford  
Retiree Prescription Drug Program through ESI**

### **Monthly Premium Rates\*** January 1, 2025 through December 31, 2025

<b>Age</b>	<b>Rate</b>
65-69	\$ 560.24
70-74	\$ 601.56
75-79	\$ 653.67
80-84	\$ 701.59
85 and over	\$ 723.27

**\*Rates do not apply to Florida residents.**  
Residents of Florida should contact Benistar customer service for rate information.

Benistar Retiree Customer Service  
800.236.4782

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

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

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

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

<b>Dental Monthly Rate</b>	
Single	\$ 41.86
Single + 1	\$ 77.26
Family	\$ 101.08

# Dental Plan

Benefits	Delta Dental PPO Option Delta Dental of Illinois	
	PPO* and Premier** Network	Non-Network***
<b>Deductible</b>		
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
<b>Type A - Preventive Services</b> Cleanings, fluoride treatment, exams, x-rays, sealants	Deductible waived, reimbursed at 100%	Deductible waived, reimbursed at 100%
<b>Type B - Diagnostic/Basic Services</b> Amalgam fillings, oral surgery, periodontics, endodontics	70%	70%
<b>Type C - Major Services</b> 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%
<b>Orthodontics</b>	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.



## 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](http://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](http://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](http://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](http://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](http://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](http://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](http://www.deltadentalil.com). This website offers you the ability to view claim status and eligibility information, view a summary of your dental benefits, as well as locate a dentist in your area.
- **Securian** is the life insurance carrier for your basic employer-paid and supplemental employee-paid life insurance benefits. Securian's Customer Service Representatives are managed through Ochs and can be reached at **800.392.7295**, Monday through Friday from 8:00 a.m. to 4:30 p.m. CST.



# Medical Plans – All Employees

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

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



*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.*

*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.

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



## How to Access Employee Self-Service (ESS) for Inactive Employees

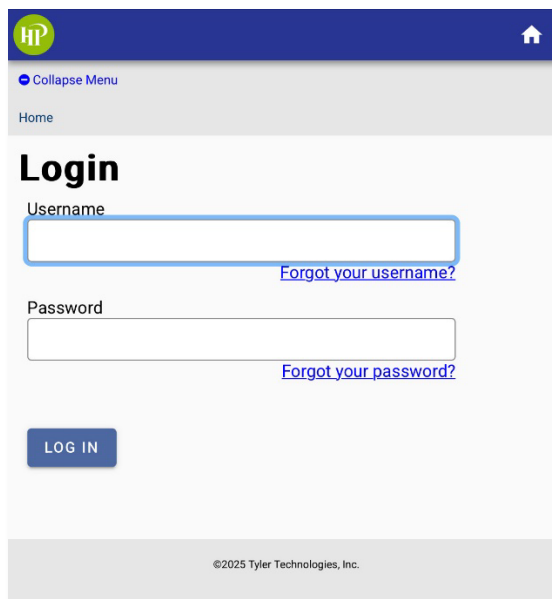
1. Go to HP Employee Self-Service (ESS) - <https://selfservice.cityhpil.com/ess/default.aspx>
2. Select “**LOG IN**” located in the top right corner



3. Your new **Username** will be your personal email address.

**Reset your Password** by clicking on the ‘[Forgot your password](#)’ link.

An email with the link to reset your password will be sent to your personal email address.



4. Use ESS to access and manage your personal information. (i.e., update home address, access previous paystubs or W-2 information.)



## Employee Paystub Record Form

<b>Name:</b>	
<b>Department:</b>	
<b>Position:</b>	
<b>Last Day of Employment:</b>	

Under company policy and legal requirements, we provide you the option to receive a record of your pay stubs for the past year. Please indicate your response below.

Employee Response:

I accept the offer and request a record of my pay stubs for the past year:

Email to: \_\_\_\_\_

Mail to: \_\_\_\_\_

I decline the offer and do not wish to receive a record of my pay stubs.

Date of Offer: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Human Resources Representative Signature: \_\_\_\_\_

Please retain a copy of this form for your records.