2026 Benefits At A Glance

MEDICAL – *BlueCross BlueShield of Illinois*

	PPO		HMO	HSA	
	Participating Provider Organization		Blue Advantage HMO	Participating Provider Organization	
	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network
Annual Deductible Individual / Family	$500/$1,500	$1,000 / $3,000	$0/$0	$5,000/ $10,000	$10,000/ $20,000
Annual Out-of-Pocket Maximum Individual / Family	$2,500/$7,500	$5,000/ $15,000	$1,500/$3,000	$5,000/ $10,000	$10,000/ $20,000
Preventive Care	Plan pays 100%	Plan pays 60%*	Plan pays 100%	Plan pays 100%	Plan pays 100%*
Office Visit (OV) Primary Care Physician / Specialist	$20 / 40 copay then plan pays 100%	Plan pays 60%*	$20 / 40 copay then plan pays 100%	Plan pays 100%*	Plan pays 100%*
Lab and X-ray	Complex Imaging: 20%* All Other: $20 PCP/$40 SPC copay then plan pays 100%	Plan pays 60%*	Plan pays 100%	Plan pays 100%*	Plan pays 100%*
Emergency Room	$150 Copay then plan pays 100% (Waived if admitted)		$150 Copay then plan pays 100% (Waived if admitted)	Plan pays 100%*	
Urgent Care	Plan pays 80%* (applicable copay may apply)	Plan pays 60%* (applicable copay may apply)	Plan pays 100% (applicable copay may apply) Referral Required	Plan pays 100%*	
Inpatient Hospitalization	Plan pays 80%*	$300 admission copay then plan pays 60%*	Plan pays 100%	Plan pays 100%*	$300 admission copay then plan pays 100%*
Outpatient Surgery	Plan pays 80%*	Plan pays 60%*	Plan pays 100%	Plan pays 100%*	

- *After deductible*
- *Please see Benefits Guide for HSA Contributions*

PHARMACY PROGRAM – *BCBSIL*

	PPO		HMO	HSA	
	Participating Provider Organization		Blue Advantage HMO	Participating Provider Organization	
	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network
Annual Prescription Out-of-Pocket Limit	Separate from Medical $1.000/individual $3,000/family		Separate from Medical $1.000/individual $3,000/family	Included with Medical Out-of-Pocket Maximum	
Retail | 30-Day Supply (Generic / Preferred Brand / Non-Preferred Brand)	$10/$15 copay $40/$50 copay $60/$70 copay then plan pays 100%	$15/$50/$70 copay (covered at 50% of contracted pharmacy amount after copay)	$10/$40/$60 copay (then plan pays 100%)	Plan pays 100% after deductible	Plan pays 100% after deductible (covered at 50% of contracted pharmacy amount after copay)
Mail Order | 90-Day Supply (Generic / Preferred Brand / Non-Preferred Brand)	$20/$80/$120 copay (then plan pays 100%)	Not Covered	$20/$80/$120 copay (then plan pays 100%)	Plan pays 100% after deductible	Not Covered

2026 Benefits At A Glance

DENTAL – *Delta Dental*

	PPO			HMO
	PPO In - Network	Premiere In - Network	Out-of-Network	
Annual Deductible Individual / Family	$50 / $100			$0
Annual Maximum Benefit	$2,000/ individual			$0
Diagnostic & Preventive Services	Plan pays 100% of reduced fee	Plan pays 100% of MPA	Plan pays 100% of MPA	Plan pays 100%
Basic Services	Plan pays 80% of reduced fee (after deductible)	Plan pays 80% of MPA (after deductible)	Plan pays 80% of MPA (after deductible)	Fillings (amalgam) $24-$54 (resin) $32-$55
Major Services	Plan pays 50% of reduced fee (after deductible)	Plan pays 50% of MPA (after deductible)	Plan pays 50% of MPA (after deductible)	Crowns $313-$397 Bridges $394
Orthodontic Services	Plan pays 50%			Children: $2,560 copay for all services Adults: $3,055 copay for all services
Lifetime Orthodontia Maximum	$1,500 (Adults and children up to age 19)			-

VISION – *MetLife Vision*

	Plan	
	In-Network	Out-of-Network (Max Allowance)
Frequency of Services Vision Exam Lenses Frames Contact lenses	Once every calendar year Once every calendar year Once every other calendar year Once every calendar year	
Materials	$25 copay then plan pays 100%	See schedule below
Vision Exam	$10 copay then plan pays 100%	Reimbursed up to $45
Standard Plastic Lenses (per pair) Single Vision Bifocal Trifocal	Plan pays 100%) of basic lens (materials copay applies)	Reimbursed up to $30 Reimbursed up to $50 Reimbursed up to $65
Frames	Reimbursed up to $130 plus an additional 20% discount applied to overage	Reimbursed up to $70
Contact Lenses	Reimbursed up to $150	Reimbursed up to $105

2026 Benefits At A Glance

LIFE AND DISABILITY – *Mutual of Omaha*

NITA provides Basic Life and Accidental Death and Dismemberment (AD&D) coverage through Mutual of Omaha at no cost to you.

	Benefit Coverage
Basic Life and AD&D Insurance	Option 1: 2 x covered annual earnings up to a maximum of $500,000
	Option 2: 2 x covered annual earnings up to a maximum of $50,000

DISABILITY – *Mutual of Omaha*

NITA provides Short-Term Disability (STD) and Long-Term Disability (LTD) coverage through Mutual of Omaha at no cost to you.

	Benefit Coverage
STD	The NITA provides Short-Term Disability ("STD") leave and benefits of up to 180 calendar days in a rolling 12-month period for approved absences resulting from the employee's non-work-related illness or injury at no cost to the employee. Employees must have completed 30 days of continuous service prior to the date of the illness or injury to be eligible under the Plan. STD benefits paid out under the Plan will be considered as taxable income to employees (see handbook for further details about STD).
LTD	60% of your monthly pre-disability earnings to a maximum of $13,000 per month. Benefits begin after 180 calendar days of disability and is payable to the Social Security Retirement Age. See full benefits guide for maximum payment period.

SUPPLEMENTAL LIFE – *Mutual of Omaha*

If you need additional protection beyond the Basic Life Insurance provided to you, you may purchase Supplemental Life Insurance for yourself and your eligible dependents.

	Coverage Amount	Guarantee Issue
Employee *	Increments of $10,000 up to the lesser of 5x base salary or $500,000	Up to the lesser of 5x base salary or $200,000
Spouse / Domestic Partner	Increments of $5,000 up to the lesser of 100% of employee's benefit or $250,000	Up to the lesser of 100% of employee's benefit or $30,000
Children **	$5,000 or $10,000 (coverage may not exceed 100% of employee's coverage)	Up to the lesser of 100% of employee's benefit or $10,000

** Coverage is subject to reduction beginning at age 70.*
*** Children are eligible from 14 days old through 21 years of age or 25 if a student.*

Other Benefits Available (please see full benefits guide for more information):

- Health Savings Account
- Flexible Spending Account
- Onsite Gym Discount
- Tuition Reimbursement
- Mission Square Retirement 457
- Empower Roth 401K and 401K
- Pet Insurance Discount

For a full outline of benefit offerings, please refer to your Benefit Guide, Policy Documents, or contact your Benefits team.

NITA
NORTHERN ILLINOIS TRANSIT AUTHORITY