



CITY OF CHICAGO
RAHM EMANUEL
MAYOR

Department of Finance
Benefits Management Division
www.cityofchicagobenefits.org

OPEN ENROLLMENT FOR 2015

Important Information Guide

For Sworn Police Officers below the rank of Sergeant represented by the Fraternal Order of Police (FOP)

**CITY OF CHICAGO
BENEFITS SERVICE
CENTER
AND WEBSITE**

**PHONE: 1-877-299-5111
TOLL FREE / 8AM - 5PM / M-F**

**Online Plan Changes and
FSA re-enrollment
www.cityofchicagobenefits.org
**24 HRS
7 DAYS A WEEK****

The City of Chicago will hold the next Medical/Dental & Flexible Spending Account (FSA) Open Enrollment for all eligible employees from Monday, November 3rd through Tuesday, November 18, 2014. During this enrollment, you will have the chance to:

- Change your medical and/or dental plan
- Enroll for coverage, if you don't have coverage now
- **Enroll your eligible dependents for coverage (up to their 26th birthday), if they aren't covered now**
- Cancel coverage for yourself or your dependents
- Combine coverage if you and your spouse are both eligible City of Chicago employees and enrolled in the same medical plan
- Re-enroll online in the FSA health plan or enroll for the first time. Open Enrollment and re-enrollment website for FSA: www.cityofchicagobenefits.org

Contents Of Your Open Enrollment For 2015 Personalized Envelope:

This envelope contains the following communication materials to help you make the best plan enrollment choices and eligible dependent coverage decisions for next year:

- Your personalized cover letter
- Open Enrollment For 2015 Important Information Guide – Group B (this six page fold-out)
- Medical and Dental Summary Guide For 2015 – Group B
- Summaries of Benefits and Coverages (SBC) - Group B Cover Letter
- SBC for Medical PPO Plan B
- SBC for Medical HMO Plan B
- PayFlex HealthCare Flyer

Here's What You Need To Know And Do Now:

READ YOUR COVER LETTER

Enclosed in this envelope is a personalized Open Enrollment cover letter that provides the status of your current medical and dental coverage. It also lists eligibility information regarding your covered dependents.

Please look for any misspellings of names, incorrect dates of birth, etc. To correct any of this information, simply contact the City of Chicago Benefits Service Center at 1-877-299-5111.

SOCIAL SECURITY NUMBERS ARE REQUIRED

Look at your cover letter to see if it says "Y" or "N" for your family's social security numbers. Federal law requires social security numbers for all persons covered by City health plans, including your dependents. If any social security number is marked "N", please call 1-877-299-5111 to update your dependent's records.

DO YOU WANT TO ENROLL YOURSELF OR CANCEL YOUR COVERAGE FOR NEXT YEAR?

- If you are not currently enrolled in a City of Chicago medical plan and you wish to enroll at this time, or you are currently enrolled and you wish to cancel your coverage, you must go to: www.cityofchicagobenefits.org before 11:59 pm on November 18, 2014 or call 1-877-299-5111 before 5 pm.

DO YOU WANT TO CHANGE YOUR MEDICAL AND/OR DENTAL PLAN FOR NEXT YEAR?

- If your answer is yes, please visit: www.cityofchicagobenefits.org You can also call the City of Chicago Benefits Service Center at 1-877-299-5111.
- If your answer is no, then you will remain in the same medical plan for 2015.

DO YOU WANT TO ADD/DELETE AN ELIGIBLE DEPENDENT FOR NEXT YEAR?

- First, if you are adding or deleting a spouse, civil union spouse, domestic partner or child dependent you must go to: www.cityofchicagobenefits.org before 11:59 pm on November 18, 2014 or call 1-877-299-5111 before 5 pm.
- Second if you are adding any of the above dependents, you must submit documents to prove dependency. Read this box:



IMPORTANT NOTICE REGARDING PROOF OF DEPENDENCY REQUIREMENT

If you are adding or deleting anyone other than yourself, the process is not complete unless you provide satisfactory proof of dependency certified documents (i.e. certified marriage license, birth certificate etc).

To submit certified proof of dependency documents you must bring them or mail them to the following address by February 27, 2015:

**City of Chicago / Department of Finance
Benefits Management Division
333 South State Street / Room 400
Chicago, IL 60604-3978**

Enrollment for the person you are trying to add will not be complete if you fail to submit satisfactory proof of dependency certified documentation within the required time frame.

How Do I Re-Enroll or Enroll in the FSA Plan For 2015? During this Open Enrollment Period you must use www.cityofchicagobenefits.org from Nov. 3rd through Nov. 18, 2014 or call the Benefits Service Center at 1-877-299-5111.

OPEN ENROLLMENT FOR 2015

BENEFITS SERVICE CENTER IS HERE TO ASSIST YOU

The City of Chicago Benefits Service Center continues to provide telephone customer service assistance for all eligible City of Chicago employees and their covered dependents, if you have benefit questions or concerns. Your personalized benefit information is also available to you 24 hours a day via the internet at www.cityofchicagobenefits.org.

The full-service website allows you to do the following:

- Make Annual Enrollment elections for 2015.
- Review your current benefit elections.
- Verify personal information, such as address or dependent information.
- Make changes to your benefit elections because of a life event such as marriage, civil union, birth or adoption of a child, or divorce, etc.
- Access online enrollment and reinstatement options.

Access City of Chicago Benefits

November 3 - 18, 2014, go to:

www.cityofchicagobenefits.org

from any computer or cell phone with internet access or even from your local library.

If you do not have access to a computer, you can call the City of Chicago Benefits Service Center.

**PHONE: 1-877-299-5111
TOLL FREE / 8AM - 5PM / M-F**

IMPORTANT NEWS

For Sworn Police Officers Below the Rank of Sergeant Represented by the Fraternal Order of Police

This fall your bargaining unit voted on a new collective bargaining agreement. As part of that agreement, certain changes/enhancements to the Employee PPO Medical Plan will be implemented effective January 1, 2015.

These include the following:

I. Voluntary Programs in PPO:

Maternity Management Incentive Program

The Maternity Management Program is a voluntary program that provides support to members during a pregnancy to encourage the birth of a healthy baby. Women who participate in maternity counseling calls will receive a \$100.00 benefit upon successful completion of their program. The \$100.00 benefit will be a taxable benefit. The benefit applies to those who enroll within 30 days of first Telligen contact (but no later than the date that is four months prior to expected delivery). For more information on the program, call Telligen at 1-800-373-3727.

Diabetes Management Program

Diabetes counseling and waived or reduced prescription co-payments will be offered under either (1) the Taking Control of Your Health (TCOYH) program, where specially trained pharmacist counselors counsel diabetics; or (2) Telligen diabetes management, with coordination of care for those with multiple chronic diagnoses. The programs both offer free generic prescription fills for ACE inhibitors and ARB medications (blood pressure medications), in addition to traditional diabetes medications.

II. Other Changes to PPO:

Outpatient Speech and Occupational Therapy

Outpatient Speech and Occupational Therapy services provided in-network are no longer subject to co-insurance or the deductible and instead are subject to a \$20 co-payment per visit. Services related to acquisition of function are now a covered benefit. These services continue to be subject to medical necessity review as they are today.

Elimination of exclusion for self-inflicted injuries and Lifetime Maximum

The exclusion of coverage for intentionally self-inflicted injuries and the lifetime maximum are now eliminated.

Preventive Care Benefits

The \$600 per year "wellness benefit" is replaced by the preventive care benefits required by federal law. The plan will pay for preventive services if the preventive service:

- Has an A or B grade from the United States Preventive Health Services Task Force;
- The service is provided in accordance with the recommendations of the Task Force; and,
- The service is provided by an in-network provider.

For example, annual adult physical examinations are recommended. If you use a provider who is in the PPO Network, your annual physical examination will be provided at no cost to you. If you use an out-of-network provider, the preventive services will not be covered. If you would like to review the covered preventive care services, you can go to <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>

Upon approval by the City Council, the Benefits Management Office will proceed to have these programs added and benefits updated. There will not be a second open enrollment opportunity given that these are enhancements only.

GROUP HEALTH PLAN

Medical PPO Option For Police

NOTICE TO ENROLLEES of Mental Health Parity and Addiction Equity Act Exemption for 2015

Applies to coverage under Plan B for sworn police officers below the rank of sergeant represented by the Fraternal Order of Police

Group health plans sponsored by state and local governmental employers, such as the City of Chicago (the “City” or “plan sponsor”) must comply with federal law requirements in title XXVII of the Public Health Service Act, and the amendments thereto set forth in the Mental Health Parity and Addiction Equity Act. However, these governmental employers are permitted to elect to exempt a plan from all of the requirements listed below for any part of the plan that is self-funded by the employer, rather than provided through a health insurance policy. This Notice is to inform you of the following regarding such requirements applicable to the Medical Plan for Police.

1. *Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan (sometimes referred to as “mental health parity requirements”).* The plan sponsor has elected to maintain the existing terms and conditions of the Medical Plan by exempting the Medical Plan from this requirement. Therefore, the City will continue in place the current requirement that Plan Participants who receive outpatient mental health and substance abuse treatment by a behavioral health specialist must obtain pre-certification by a Medical Advisor, under the Plan’s Medical Advisor Review Program, after the first seven sessions each year with one or more such providers. This requirement will remain in effect for the 2015 plan year, and may be renewed for subsequent plan years, unless modified through the collective bargaining process.
2. *Protection against limiting hospital stays in connection with the birth of a child to less than 48 hours for a vaginal delivery, and 96 hours for a cesarean section.* The Medical Plan currently meets this requirement and thus this requirement will continue to apply under the terms of the Medical Plan without regard to an exemption.
3. *Certain requirements to provide benefits for breast reconstruction after a mastectomy.* The Medical Plan currently meets this requirement and thus this requirement will continue to apply under the terms of the Medical Plan without regard to an exemption.
4. *Continued coverage for up to one year for a dependent child who is covered as a dependent under the plan solely based on student status, who takes a medically necessary leave of absence from a postsecondary educational institution.* The Medical Plan no longer uses student status and provides an opportunity to elect coverage to age 26 and thus this requirement currently applies under the terms of the Medical Plan without regard to an exemption.

BENEFIT FAIR CALENDAR

Do You Have Questions About Benefit Plans Available To Eligible City of Chicago Employees?

This is your opportunity to get in-person answers from the following representatives: Benefits Management Division, Blue Cross Blue Shield PPO & Blue Advantage HMO medical plans, BlueCare Dental HMO & Dental PPO plans, Telligen Medical Advisor, Quest Diagnostics, CVS-Caremark prescription drugs, Davis Vision plan, PayFlex FSA plans,

MetLife universal insurance, Prudential term life insurance and voluntary long term disability plan, Nationwide Retirement Solutions deferred compensation program, Wageworks transit benefit, Chicago Municipal Employees Credit Union, and the Chicago Patrolmen's Federal Credit Union.

Dates	Locations	Dates	Locations
Thursday November 6th	O'Hare Airport Department of Aviation 10510 W. Zemke Blvd (2nd Floor) 10:00 - 3:30 (City ID Required)	Friday November 14th	City Hall (1-Day Only) 121 N. LaSalle Street (10th and 11th Floors) 10:00 - 4:00
Friday November 7th	Public Safety Headquarters 3510 S. Michigan Ave (Multi-Purpose Room) 10:00 - 3:30	Monday November 17th	DePaul Center 333 S. State Street (3rd and 4th Floor) 10:00 - 4:00
Thursday November 13th	Midway Airport AMC Building 6201 South Laramie (First Floor) 10:00 - 3:30 (City ID Required)		

IMPORTANT REMINDER: The Benefit Fairs listed above are for INFORMATIONAL purposes only. New enrollment, changing your plan and/or submitting certified documents will not be possible at any of these locations.

HEALTH CARE REFORM SPECIAL NOTICE

The City of Chicago group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act. As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was passed.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example the elimination of lifetime limits on benefits.

ANNUAL HEALTH CARE REMINDER

As required by the Women’s Health and Cancer Rights Act of 1998, each medical plan offered by the City of Chicago, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between breasts, prostheses and complications resulting from a mastectomy (including lymphedema). Keep this notice for your records and contact your PPO or HMO administrator for more information.

Questions regarding which protections apply and which protections do not apply from grandfathered health plan status can be directed to the plan administrator at 1-877-299-5111. You may also contact the U.S. Department of Health and Health Services at www.healthreform.gov.

HEALTHCARE CONTRIBUTION RATES FOR ALL ELIGIBLE EMPLOYEES EFFECTIVE 7/1/2006

- Pursuant to union agreements, the following formulas are applied to your annual salary with your level of coverage to determine your contribution per pay period.

ANNUAL SALARY	SINGLE	EMPLOYEE + 1	FAMILY
Up to \$30,000 (flat rate)	\$15.71	\$23.88	\$27.65
\$30,001 to \$89,999	1.2921% of gross divided by 24	1.9854% of gross divided by 24	2.4765% of gross divided by 24
\$90,000 and over (flat rate)	\$48.45	\$74.45	\$92.87

The following Examples Are Provided To Clarify These Payroll Deductions:

<p>Example 1: If your annual salary is under \$30,000, and you enroll for single coverage, your contribution will be a flat rate of \$15.71. As your salary increases over \$30,000, your contribution per pay period will increase accordingly.</p>	<p>*Example 2: If your annual salary is \$46,000, your contribution will be calculated as follows: Single \$46,000 x .012921 divided by 24 = \$24.76 Employee + 1 \$46,000 x .019854 divided by 24 = \$38.05 Family \$46,000 x .024765 divided by 24 = \$47.46</p>
<p>Example 3: If your annual salary is \$90,000 or more your contribution is capped at a flat rate: \$48.45 for a Single coverage, \$74.45 for Employee + 1, and \$92.87 for family</p>	

* (These calculations can be computed for any salary from \$30,001 to \$89,999 depending on the level of coverage. As your salary increases, your contributions per pay period will increase accordingly.)

Healthcare Contribution Rates for Veteran Crossing Guards** Effective 7/1/2006

ANNUAL SALARY	SINGLE	EMPLOYEE + 1	FAMILY
Up to \$30,000 (flat rate)	\$20.95	\$31.84	\$36.87
\$30,001 to \$89,999	1.2921% of gross divided by 18	1.9854% of gross divided by 18	2.4765% of gross divided by 18

**Hired prior to January 1, 2006