

BENEFITS BULLETIN

FEBRUARY 1, 2011

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IMPORTANT BENEFIT REMINDERS FOR THE NEW YEAR

OPEN ENROLLMENT DOCUMENTS ARE DUE BY MARCH 1ST

Did you submit an enrollment form to add your spouse and / or eligible child dependent for benefit coverage during last year's Open Enrollment that ended November 16, 2010?

If you did not submit a certified marriage license for your spouse, certified birth certificate for your child, or other requested proof of dependency documentation, the enrollment process for that person is not complete yet.

The final Open Enrollment for 2011 deadline to submit certified documents is Tuesday, March 1, 2011. This means that if Benefits Management does not receive satisfactory proof of dependency before that date, there will be no benefit coverage for the person you tried to add to your plan.

If satisfactory proof of dependency is received by March 1, 2011, benefit coverage is retroactive back to January 1, 2011.

This means that PPO Plan members can submit or resubmit a claim form along with proof of payment to Blue Cross Blue Shield for eligible reimbursement, if your spouse or child dependent(s) received medical services during January or February of this year. Denied claims for medical expenses incurred during those two months can also be resubmitted for processing after March 1, 2011.

ADULT DEPENDENT DOCUMENTS MIGHT STILL BE NEEDED



All eligible City employees were given an Open Enrollment opportunity last year to submit an enrollment form to add their adult children under age 26 for the first time or to re-enroll their adult children under age 26 who were previously covered.

Benefits Management is currently reviewing all dependent enrollment applications.

If you received a request from our office to submit a certified birth certificate or other form of proof of dependency for your adult child, the deadline to respond is Tuesday, March 1, 2011.

Failure to submit satisfactory proof of dependency before the March 1st deadline will result in no benefit coverage for the person you tried to add to your plan.

This dependent age limit change is a result of a provision contained in The Patient Protection and Affordable Care Act which does not apply to the Annuitant Settlement Healthcare Plan for retirees of the City of Chicago.

STUDENT STATUS REQUIREMENTS HAVE CHANGED

Effective January 1, 2011, dependents under age 26 are eligible to receive medical and dental benefits if they are eligible dependents of one of the following groups:

- Eligible full-time City of Chicago employees
- Eligible Police employees receiving City Paid benefits at age 55 or at age 60
- Eligible Fire employees receiving City Paid benefits at age 60

This means that the previous requirement to submit proof of full-time student status is **no longer required** for the employees described above.

PPO MEDICAL PLAN REMINDERS



It is often difficult to determine if certain medical services are necessary when you have a health problem. Unnecessary medical care wastes time, creates health risks and disrupts your daily life. Also, you may be responsible for the cost of the service if it is found to be not eligible for payment by Blue Cross Blue Shield.

The following services need review for medical necessity by the medical advisor, Encompass, prior to services being provided. You can contact Encompass by calling **1-800-373-3727**:

- Ambulance transports from one facility to another
- CAT, MRI and PET Scans
- Inpatient Hospitalization, including Mental Health and Substance Abuse
- Outpatient Mental Health and Substance Abuse Services (after 7th visit)
- Outpatient Speech Therapy
- Outpatient Occupational Therapy

If the above services are not reviewed for medical necessity, they may not be considered eligible for payment under the Plan and your out-of-pocket expense may be quite substantial. This is not a complete list of services which may require such a call. Contact Blue Cross and Blue Shield 1-800-772-6895 to verify if you should call Encompass first.

ARE YOU USING A PPO MEDICAL PLAN PROVIDER?

An important feature of the Blue Cross Blue Shield PPO medical plan is the Participating Provider Option (PPO) network.

If you choose doctors, hospitals and surgical centers that are part of the PPO network, the plan will pay a higher benefit than if you use services from providers that do not belong to the network. Your out-of-pocket expense may be quite substantial if you go out of the PPO network to receive medical care.



It is always your responsibility to verify that the provider is currently participating within the PPO network before receiving services, even if a PPO doctor has referred you to the provider.

To find a Blue Cross PPO Plan provider in your service area go to www.bcbsil.com and click **FIND A DOCTOR**. You can also call **1-800-810- BLUE (2583)** and speak to a Blue Cross representative for assistance.

DIABETES MANAGEMENT PROGRAM CONTINUES IN 2011

Taking Control of Your Health (TCYH) is a cooperative effort between the Midwest Business Group on Health (MBGH), the Illinois Pharmacists Association, and the Labor Management Cooperation Committee (LMCC).

This is a pilot program that trains people to manage diabetes. Participation in the program is free, voluntary and strictly confidential. To qualify, an individual must meet all of the following criteria:

- Be a City of Chicago active employee or a covered dependent
- Be enrolled in one of the following City of Chicago PPO medical plans: group #P16628, #P16642 or #P16643.
- Be a resident of Chicago, or in the case of a dependent, be in an area of Illinois that has a certified pharmacist;
- Be taking insulin or an oral diabetes drug

If you would like more information, please contact TCYH at 1-888-944-9090. **Your call is confidential.**

FORMER SPOUSES AND INELIGIBLE DEPENDENTS

As a City of Chicago employee, it is your on-going responsibility to notify the City when your spouse and/or your dependent(s) are no longer eligible for health care benefits.

Former spouses are NOT eligible for City health care coverage. It is your responsibility to submit an updated Spouse Information form to Benefits Management within 30 days following the completion of divorce proceedings. To access the form, go to www.cityofchicago.org/benefits and click on Enrollment Forms.

You are also responsible for ensuring that your dependent(s) continue to meet all eligibility requirements, including those contained in collective bargaining agreements. If their status changes and they do not meet the requirements, you must notify the City immediately. **Important Reminder: You will be responsible for paying all of the City's costs associated with covering your ineligible spouse and/or dependent(s), including the cost of all premiums and /or claims, if they receive benefits for which they are not eligible.**

UNDERSTANDING FAMILY STATUS CHANGE GUIDELINES

If you wish to add or drop an eligible dependent from your coverage, you must wait until the annual Open Enrollment Period unless you experience a qualifying Family Status Change during the year.

Examples of family status changes include the following:

- marriage or divorce
- enrollment or termination of an eligible domestic partner
- birth or adoption of a child
- death of a spouse or covered dependent
- a covered dependent reaching the limiting age
- a change in employment status for you or your spouse

You must submit an enrollment form to Benefits Management to add/delete within 30 days of eligible family status changes. You must also submit acceptable documentation to support the change in coverage within 60 days of your request.

Here are some examples of changes **NOT** considered family status changes:

- 1) You get married but you don't notify Benefits Management for six months. Since you didn't request coverage for your spouse within 30 days of your marriage and you failed to submit certified proof of dependency within 60 days of your marriage, you will have to wait until the next Open Enrollment Period to add your new spouse.
- 2) You decide that you no longer want coverage for your dependent(s). If a qualifying family status change has not occurred. You will have to wait until the next Open Enrollment Period to delete your dependent(s).
- 3) You want to add your spouse or eligible domestic partner before you retire. If your marriage or partnership does not qualify as a new event, you will have to wait until the next Open Enrollment Period to add your spouse or eligible domestic partner.

NEWBORN REMINDER

ENROLLMENT DEADLINES

HOW DO I ADD MY NEWBORN CHILD?

1ST STEP AND DEADLINE

You must submit a Dependent Information Enrollment Form to the Benefits Management Division within **30 days** of your dependent's birth. Note: If you do not have the dependent's social security number yet, please enter all zeros: 000-00-0000. This form can be obtained from either of the following sources:

- a) Your personnel department benefits liaison
- b) On-line at www.cityofchicago.org/benefits. Click on Enrollment Forms and select enroll or delete my dependent
- c) Benefits Management Division, 333 S. State Street, Room 400 – Chicago, IL 60604-3978

2ND STEP AND DEADLINE

You must submit a certified birth certificate to the Benefits Management Division, either by mail or in person within **180 days** of your dependent's date of birth.

If you come to the Benefits Division in person, your certified document will be returned to you immediately. If you choose to mail the document and you want it returned, you must enclose a self-addressed stamped envelope.

Your dependent's effective date will be the same as the date of birth, if all the necessary documents are received within the above deadlines and all eligibility requirements are satisfied.

Important Reminder:

DO NOT WAIT FOR THE CERTIFIED BIRTH CERTIFICATE BEFORE YOU SUBMIT THE DEPENDENT ENROLLMENT FORM

