



**Department of Finance
Benefits Management Division**
www.cityofchicagobenefits.org

BENEFITS BULLETIN

February 1, 2014

IMPORTANT BENEFIT REMINDERS FOR THE NEW YEAR

OPEN ENROLLMENT DOCUMENTS ARE DUE BY MARCH 1ST

Did you add your spouse and / or eligible child dependent for benefit coverage during last year's open enrollment that ended November 19, 2013?

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.

Your deadline to submit certified documents is Saturday March 1, 2014. 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.

You must bring documents to the Benefits Management Office by 4 pm on Friday February 28, 2014 or mail them postmarked by March 1, 2014.

If satisfactory proof of dependency is received by the deadline, benefit coverage is retroactive back to January 1, 2014. 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, 2014.

FSA 2013 – USE IT OR LOSE IT

IMPORTANT NOTE: If you participated in the City's healthcare FSA plan last year and you don't use all the money designated for 2013 in your account before March 15, 2014, and submit the claims by March 31, 2014, your remaining balance for 2013 will be forfeited.

The healthcare FSA (Flexible Spending Account) lets you set aside money (on a pretax basis) from your paycheck to pay for out-of-pocket medical, dental and vision expenses. You can use the funds to pay for eligible expenses for you, your spouse and your tax dependents. An FSA can help reduce your taxes and increase your take-home pay. The money you contribute to an FSA is exempt from federal taxes, as well as most state and payroll taxes.

If you participated in the City's Dependent Care FSA last year, you have until March 31, 2014 to submit your claims for reimbursement. Services must have been incurred between January 1, 2013 and December 31, 2013. Any funds remaining in your account after March 31, 2014 will be forfeited. Sworn police officers below the rank of Sergeant represented by the Fraternal Order of Police are not eligible to participate in the Dependent Care FSA.

For a list of eligible healthcare expenses, visit the PayFlex website at HealthHub.com or call PayFlex 1-800-284-4885. Monday to Friday 7am – 7pm and Saturday 9am – 2pm.

DIABETES MANAGEMENT PROGRAM CONTINUES IN 2014

Does not apply to the coverage under Plan B for Sworn Police Officers below the rank of Sergeant represented by the Fraternal Order of Police.

The City provides two diabetes management programs that can reward you with:

- Participation points for the Wellness program,
- Reduced co-pays on certain diabetes prescription drugs,
- A path forward to better health by helping you control your diabetes.

Both programs are free to you, 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, P16643, P17600 or P16705
- Be taking insulin or an oral diabetes drug

The first program, *Taking Control of Your Health*, is a cooperative effort between the Midwest Business Group on Health, the Illinois Pharmacists Association, as well as the City and many of its Unions through the Labor Management Cooperation Committee. This program trains people to manage diabetes. For more information please call the program at 1-888-944-9090. Your call is confidential. For this program, you must be a resident of Chicago, or in the case of a dependent, be in an area of Illinois that has a certified pharmacist.

The second program, *Better Health Enhanced Diabetic Program*, is similar but uses nurse health coaches at Telligen to educate people about managing their diabetes. For more information please call the program at 1-800-373-3727, then dial extension 8308. Your call is confidential.

WELLNESS PARTICIPATION IN 2014

Does not apply to the coverage under Plan B for Sworn Police Officers below the rank of Sergeant represented by the Fraternal Order of Police.



As a reminder, year 2 of the City's Chicago Lives Healthy wellness program is under way. The program is aimed at giving you tools to help you manage your wellbeing goals and stay healthy. Please watch for mailings and email messages about the program. Read them carefully, to ensure you participate in the program, earn your participation credit, and avoid increases in your employee contributions.

NEW BABY? NEWLY MARRIED? DIVORCED? DEATH IN FAMILY? ETC.?

Did you know you can make plan changes during the year for certain “family status changes” without waiting for the annual open enrollment period? It’s easy! You can make changes for these events:

- 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 that causes a loss of other health coverage or significant increase in cost.

There are deadlines and procedures that require particular attention. You need to complete both these steps:

First. Call the Benefits Service Center at 1-877-299-5111 within 30 days of the change in family status. Explain the situation and request the change in your coverage. When you speak to the Benefits Service Center, be sure to ask what documentation is needed for the next step below.

(Example: Mary gets married on February 15. On February 25 Mary calls the Benefits Service Center and requests that her new spouse be added to the health plan.)

Second. Within another 60* days, submit the proper documentation to the Benefits Management Office / 333 S. State Street, Room 400, Chicago IL 60604-3978. In most cases the documentation will need to be a certified official document and must be an original (not a photocopy).

(Example: After Mary calls the Benefits Service Center on February 25, she must submit an original certified marriage licence by a deadline of April 26. Mary submits this document by March 31 and her spouse is added to the plan, retroactive to the February 15 date of marriage.)

*(For the birth of a child, the deadline is 180 days from the date of birth.)

Failure To Meet Deadlines Or Follow Procedures. The Plan will not recognize changes in family status if plan guidelines are not followed. You would still have an opportunity to make desired changes at open enrollment. Here are examples of situations where the change in family status will not be recognized.

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

- 1) You get married but you don't notify the Benefits Service Center 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, but the marriage or partnership is not new. 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?

FIRST STEP

You must call the Benefits Service Center at 1-877-299-5111 within **30 days** of your dependent's birth.

SECOND STEP

You must submit a certified birth certificate either by mail or in person within **180 days** (six months) of your dependent's date of birth to the following address:

**Benefits Management Division
333 South State Street (Room 400)
Chicago, IL 60604-3978**

Important Reminder:

Do not wait for the certified birth certificate or the child's social security number before you call the benefits service center - within 30 days of the date of birth.

MATERNITY MANAGEMENT INCENTIVE PROGRAM

Does not apply to the coverage under Plan B for Sworn Police Officers below the rank of Sergeant represented by the Fraternal Order of Police.

The Maternity Management Program supports pregnant PPO Medical Plan members with information and counseling, encouraging the birth of a healthy baby. The Plan pays a \$100 taxable benefit incentive to participants who successfully complete the Maternity Management Program. For more information on the program, call Telligen, formerly known as Encompass, at 1-800-373-3727.

