



Department of Finance
Benefits Management Division
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Chicago, Illinois 60604-3978
www.cityofchicago.org/benefits

City of Chicago
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BENEFITS BULLETIN

DID YOU KNOW???

WELLNESS BENEFIT DETAILS

If you are a member of either the City of Chicago PPO medical plan or the Blue Edge HCA medical plan, your plan includes a \$600 wellness benefit per calendar year.

This means that the Plan will provide benefits for certain preventive services such as well baby care, routine lab work, annual physical or gynecological exams. For additional types of services included in the wellness benefit, please visit the Benefits Management Division's website www.cityofchicago.org/benefits and click on the Frequently Asked Questions (FAQ) link.

Important Note: Mammograms, PSA (Prostate Specific Antigen), and Pap Smears are also wellness benefits but **they are not deducted** from the \$600 wellness account. They are covered services at 100% under both the PPO and Blue Edge HCA plans.

FSA 2006 – USE IT OR LOSE IT

The FSA (Flexible Spending Account) health plan is an employer-sponsored plan that lets you deduct pre-tax dollars from your paycheck and put them into a special account that can be used for out-of-pocket medical and dental expenses.

You save a percentage of each dollar you spend on eligible health care expenses incurred by you and/or your eligible spouse and dependents if you are eligible to participate in a City of Chicago medical plan.

Important Note: You don't have to be enrolled in one of the City's medical plans to participate in the FSA.

All claims must be incurred by the end of each calendar year. This means that if you currently participate in the City's FSA plan and you don't use all the money in your FSA account before December 31, 2006, your remaining balance will be forfeited.

There is no carryover of funds into the new calendar year; however, you have until March 31, 2007 to submit 2006 claims. For a list of eligible expenses, you can visit the Benefits Management Division's website: www.cityofchicago.org/benefits and click on the FSA Plan Description link.

Important Note: If you are not currently enrolled in the FSA health plan, your next opportunity to enroll for 2007 will be in November 2006.

OPEN ENROLLMENT IS COMING

The annual medical and dental plan Open Enrollment Period for all eligible employees will be held in November 2006. During this enrollment, you will have the chance to do the following:

- Change your medical and/or dental plan
- Enroll for coverage, if you don't have coverage now
- Enroll your eligible dependents for coverage, 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

The decision(s) you make during this period will become effective January 1, 2007. Complete details on what's available for next year and also instructions on how to enroll for coverage or make changes to your current coverage will be mailed to your home soon.

SEE REVERSE SIDE

HOW TO CHANGE YOUR ADDRESS

City of Chicago employee residency records are maintained and updated by the Department of Human Resources. The Department of Finance, Benefits Management Division cannot change your home address.

To assure that you receive important home mailings regarding your medical, dental and related benefits including the annual Open Enrollment Period communications, please follow these steps, as soon as possible, following a change in your residency:

- 1) Complete and sign two copies of the Department of Human Resources Employee Change Of Address Form (Per 72).
- 2) Submit both copies to the timekeeper in your department. (One copy will be forwarded to the

Department of Human Resources and the other copy will go into your department file.)

The Employee Change of Address Form can be obtained either from your timekeeper or from the City of Chicago Intranet.

To print forms from your computer, go to
<http://home.cityofchicago.org/>

Click on the HUMAN RESOURCES link. Next, scroll down to the third link on that page and click DEPT. OF HUMAN RESOURCES HIRING PAPERWORK CHECKLIST AND START DATE PAPERWORK CHECKLIST.

The final step before printing is to click the EMPLOYEE CHANGE OF ADDRESS link which is 7th from the bottom.

IT'S TIME FOR PROOF OF STUDENT STATUS

If your continuous service date shows you were hired on or after August 1, 1984, and you are not a sworn police officer or uniformed firefighter, medical benefits for your eligible dependent(s) will terminate at midnight prior to their 19th birthday.

Medical benefits can be extended until their 22nd birthday, if you submit satisfactory "proof of student status" in both the Spring and Fall each year (within required timeframes) confirming that your eligible dependent(s) are full-time students at an accredited college or university.

Important Note: The deadline for the current Fall school term proof of student status documents submission is Friday, November 30, 2006.

The following two documents must be submitted to the Benefits Management Division twice a year or your dependent(s) will not have medical insurance through the City of Chicago for the full calendar year:

- 1) *Letter from the school's Registrar Office confirming full-time student status for the current school term.*

HELPFUL HINTS:

This letter is often issued on the school's multicolored letterhead or has a raised seal. It cannot be a copy or a facsimile (fax). It cannot be dated prior to October 1, 2006 for the current Fall school term. It must state the student is enrolled on a "full-time" basis. *Please Note: The student's school determines the definition of full-time.*

- 2) *Copy of full or partially paid tuition bill or grants for the current school term.*

HELPFUL HINTS:

The student's name must appear. Various forms of proof of payment are acceptable including a copy of the student's grant letter or student account printed from the Internet. The bill must be at least partially paid.

Dental benefits for your dependent(s) terminate at midnight prior to their 19th birthday regardless of their student status. Eligible dependents that lose medical and/or dental coverage at age 19 may elect coverage through the PHSA (Public Health Service Act) Continuation of Coverage program. Call **1-888-541-7107** for further PHSA details.