



CITY OF CHICAGO
RAHM EMANUEL
MAYOR

Department of Finance
Benefits Management Division
www.cityofchicago.org/benefits

Group A

OPEN ENROLLMENT FOR 2014

Important Information Guide

For Non-Represented Employees, and for Employees covered under the City's collective bargaining agreements with: AFSCME, Coalition of Unionized Public Employees (Chicago Building Trades Coalition), INA, Unit II, Police Captains Association, Police Lieutenants Association, and Police Sergeants represented by the Policemen's Benevolent & Protective Association of Illinois (PB&PA); Supervising Police Communications Operators represented by Teamsters Local 700; Aviation Security Sergeants represented by the Illinois Council of Police; Public Health Nurse III's and IV's represented by Teamsters Local 743 and Uniformed Firefighters and Paramedics represented by the Chicago Fire Fighters Union, Local No. 2.

**CITY OF CHICAGO
HEALTH AND GROUP
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
24HRS / 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, Nov. 4th to Tuesday, Nov. 19, 2013. 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 2014 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
- Letter Regarding Chicago Labor-Management Trust
- Open Enrollment For 2014 Important Information Guide (this six page fold-out)
- Medical and Dental Summary Guide For 2014
- Summary of Benefits and Coverage (SBC) cover letter
- SBC for Blue Advantage PPO Plan A
- SBC for Blue Advantage HMO Plan A
- PayFlex HealthCare FSA Flyer
- PayFlex Dependent Care FSA Flyer
- Health Exchanges Notice
- Notice of Privacy Practices
- Prudential Website Enrollment 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.

DO NOT MAKE MEDICAL & DENTAL CHANGES ON YOUR COVER LETTER

The purpose of this letter is to give you a chance to correct information such as misspellings of names, incorrect dates of birth, missing social security numbers, etc. If you find any information that needs to be corrected, do not return the cover letter. Please contact the City of Chicago Benefits Service Center at 1-877-299-5111.

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 19, 2013 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 2014.

IMPORTANT DENTAL CHANGE:

Effective January 1, 2014, Blue Cross Blue Shield of Illinois' BlueCare Dental PPO and Dental HMO will replace Humana CompBenefits as the City of Chicago's dental plan administrator.

The current BlueCare Dental PPO and Dental HMO Provider Directories are available online at www.bcbsil.com/cityofchicago If you have questions about the network of available dentists or additional questions about the new dental plans, BlueCare Dental representatives will be available to assist you in person at each of the Benefit Information Fairs (listed on page 3). You can also call **BlueCare Dental customer service toll-free at 1-855-557-5487. (8am-6pm)**

- If you were hired on or after January 1, 2006, you are not eligible to change your medical or dental plan until the first open enrollment period following 18 months of your City of Chicago date of hire.

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 March 1, 2014:

**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.

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

- 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 19, 2013 or call 1-877-299-5111 before 5 pm.

OPEN ENROLLMENT FOR 2014

BENEFITS SERVICE CENTER IS HERE TO ASSIST YOU

The City of Chicago Health and Group 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 2014.
- 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.
- Visit the Internet for a variety of other paperless applications.
- Access online enrollment and reinstatement options

Getting to City of Chicago Benefits

Between **November 4 - 19, 2013**, go to:

www.cityofchicagobenefits.org

from any computer or cell phone with Internet access – at home, at work 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 Note: Certified documents and other required proof of dependency (POD) information must be submitted to the Benefits Management Office / 333 S. State Street / Room 400 / Chicago, IL 60604-3978. Office Hours: 8:30 am - 4:30 pm.

How Do I Re-Enroll or Enroll in the FSA Plan For 2014? During this Open Enrollment Period you must use www.cityofchicagobenefits.org between Nov 4 and Nov 19, 2013. If you have FSA question, call PayFlex at 1-800-284-4885.

WHAT'S NEW NEXT YEAR?

BLUECARE DENTAL REPLACES HUMANA COMPBENEFITS

Effective January 1, 2014, Blue Cross Blue Shield of Illinois' BlueCare Dental PPO and Dental HMO will replace Humana CompBenefits as the City of Chicago's dental plan administrator.

Your Medical and Dental Plan Summary Guide for 2014 is enclosed inside this personalized envelope. It outlines how much each plan pays based on your use of in-network or out-of-network providers.

If you are in Dental PPO plan and want to stay in Dental PPO plan, there is **no action required** from you.

If you are in Dental HMO plan and want to stay in the Dental HMO plan with your current primary care dentist, you will need to check the BlueCare Dental HMO Provider Directory to confirm your dentist is in the BlueCare Dental network. If your primary care dentist is in the BlueCare Dental Network, **no action is required** from you.

If your current primary care Dental HMO dentist **is not in the BlueCare Dental HMO network**, you will need to select a primary care dentist from the BlueCare Dental network. Once you have selected a primary care dentist, **please call BlueCare Dental customer service (1-855-557-5487) with your dental selection.**

If you do not want to change your dentist, you may want to switch to the Dental PPO Plan for 2014.

The current BlueCare Dental PPO and Dental HMO Provider Directories are available online at www.bcbsil.com/cityofchicago. If you have questions about the network of available dentists or additional questions about the new dental plans, BlueCare Dental representatives will be available to assist you in person at each of the Benefit Information Fairs (listed on page 3). You can also call **BlueCare Dental customer service toll-free at 1-855-557-5487. (8am-6pm)**

Dental PPO plan members will receive BlueCare Dental ID cards for plan year 2014. The cards will be mailed to your home address on City record. Please present your new card to your current dentist immediately upon receipt. Members who enroll in the Dental HMO plan will receive a welcome packet which will also be mailed to your home address.

What's New Next Year?

Blue Advantage HMO Changes For 2014

In the HMO, for maintenance medications you will be required to use the mail order pharmacy program beginning with the fourth fill of any medication. If you do not switch to the mail order program, your co-payments for medication will double at retail. In addition, if you or a covered dependent are taking a specialty medication or start taking a specialty medication in 2014, your medication will be provided through the Blue Advantage HMO specialty pharmacy.

Are You Saving Money By Using An Independent Lab?

City of Chicago Group A employees enrolled in the PPO Medical Plan are eligible to get blood, urine and other medical laboratory tests paid at 100% by the plan if the services are done outside of the hospital at a free-standing independent lab facility such as Quest Diagnostics.

To learn more or to schedule an appointment:

- *Visit QuestDiagnostics.com/EZAppointment*
- *Call 1-888-277-8772*
- *Download the mobile app on your smart phone at QuestDiagnostics.com/GoMobile*

PPO: Generic Step Therapy Program / Specialty Drug Preferred Therapy Program

In many instances there are a number of drugs available to treat a particular illness or disease.

Under the **Generic Step Therapy Program**, the plan requires that you first try an available generic medication. If you elect to purchase a brand medication without trying an appropriate generic medication, you will pay the full cost of the drug. If you try the generic medication and your physician finds that the generic medication is not effective in treating your condition, you will be able to receive the brand medication.

Under the **Specialty Drug Preferred Therapy Program**, the plan will require that for certain specialty medications that you first try a preferred specialty formulary drug or a generic drug. If you do not try the preferred drug, you will pay the full cost of the drug. If you try the preferred drug and your physician finds that the medication is not effective in treating your condition, you will be able to receive the non-preferred formulary drug.

CVS Caremark will communicate with you and/or your physician about any drugs that you are taking for which there is an available generic medication or specialty preferred formulary drug that would treat your condition.

Maternity Management Incentive Program

The Maternity Management Program provides support to members during a pregnancy to encourage the birth of a healthy baby. The Plan will now provide a \$100 incentive to participants who successfully complete the Maternity Management Program. The \$100 will be a taxable benefit. For more information on the program, call Telligen at 1-800-373-3727.

Diabetes Management Programs

Diabetes counseling and waived or reduced prescription co-payments will be offered under either under (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 medicines. Regularly participating in either of these programs will satisfy your Wellness Program ongoing participation requirement, but you must continue your separate Wellness program enrollment steps.



Chicago Lives Healthy WELLNESS PROGRAM

Watch for more information
to arrive in December, 2013



Chicago Lives Healthy Wellness Program 2014

• Wellness Program Enrollment

If you and your covered spouse/domestic partner/civil union spouse are enrolled in the health plan, you will **automatically be enrolled** in the *Chicago Lives Healthy* wellness program for the 2014 benefit year during the open enrollment process.

If you or your covered spouse/domestic partner/civil union spouse choose not to participate, you can select "No" during open enrollment and opt out of the wellness program.

- If you select "No" for yourself or your covered spouse/domestic partner/civil union spouse, you will pay a \$50 increase per non-participant in your monthly employee health care contribution for the 2014 benefit year.
- Increased health care contributions for those choosing not to participate in the *Chicago Lives Healthy* wellness program will begin with the first pay period of January 2014 (covering January 1 through January 15, 2014).
- The following employees will be **automatically enrolled** in the *Chicago Lives Healthy* wellness program effective 1/1/2014:
 - All eligible employees and their spouses/domestic partners/civil union spouses currently enrolled in the health plan.
 - Newly hired employees and their spouses/domestic partners /civil union spouses covered by the health plan and hired any time between July 1, 2012 and November 30, 2013.
 - New spouses/domestic partners/civil union spouses added to your health plan any time between July 1, 2012 and November 30, 2013.
 - All employees and their covered spouse/domestic partner/civil union spouse whose health plan coverage was reinstated following leave of absence or a break in service between July 1, 2012 through November 30, 2013.

Waiver of Enrollment from the Wellness Program

If you and or your covered spouse/domestic partner/civil union spouse believe that you need a waiver of enrollment from the *Chicago Lives Healthy* wellness program due to a medical condition or illness for the 2014 benefit year, you must apply for this waiver in writing. **Please submit a request in writing immediately but no later than November 22, 2013** to the following address for a Waiver of Enrollment from the Wellness Program form: City of Chicago, Wellness Administrator, Benefits Management Office, 333 S. State Street-Room 400, Chicago, IL 60604. A waiver form will be mailed to you promptly to be completed by the current attending physician for the person whose medical condition or illness prevents them from enrolling and participating in the *Chicago Lives Healthy* wellness program in the 2014 benefit year.

Wellness Program 2014 Enrollment Steps and Participation Requirements

Enrollment Step	Deadline	Description
Schedule a Biometric Screening	12/13/2013 - 3/8/2014	Beginning in December you can schedule a screening at a convenient onsite work location or community location.
Attend a Biometric Screening	1/18/2014 - 3/8/2014	At your scheduled appointment time at onsite work locations and community locations.
	1/18/2014 - 2/28/2014	At select Walgreens Pharmacies. Vouchers for your Walgreens screening appointment will be available at www.chicagoliveshealthy.com beginning 01/18/2014.
	1/2/2014 - 3/8/2014	At your physician's office. Physician forms for your screening appointment will be available at www.chicagoliveshealthy.com beginning 01/02/2014.
Complete the Well-Being Assessment™ (WBA)	1/18/2014 - 3/31/2014	Fill out your online health questionnaire.
Take the Health Check-In Call	1/18/2014 - 3/31/2014	Take the Call and talk to a health professional about your results and next steps.
Ongoing Participation - Beginning in April 2014, all participants in the <i>Chicago Lives Healthy</i> wellness program will earn points for the ongoing participation requirement.		

How Can I Find Out More? Contact Healthways at 1-866-556-7671

BENEFIT INFORMATION 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 long term disability plan, Nationwide Retirement Solutions deferred compensation program, Wageworks transit benefit program, Chicago Municipal Employees Credit Union, Chicago Patrolmen's Federal Credit Union and Healthways (Chicago Lives Healthy) wellness program.

ALL FAIRS BELOW WILL BE HELD FROM 10:30AM TO 2:30 PM

Dates	Locations	Dates	Locations
Friday November 8th	Public Safety Headquarters 3510 S. Michigan Ave (Multi-Purpose Room)	Tuesday November 12th	Midway Airport AMC Building 6201 South Laramie (First Floor)
Wednesday November 13th	City Hall (2-Day Fair) 121 N. LaSalle Street (10th and 11th Floors)	Thursday November 14th	City Hall (2-Day Fair) 121 N. LaSalle Street (10th and 11th Floors)
Friday November 15th	O'Hare Airport Department of Aviation 10510 W. Zemke Blvd (2nd Floor)	Monday November 18th	DePaul Center 333 S. State Street (3rd and 4th Floor)

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.

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:

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.

***Example 2:**

If your annual salary is \$46,000, your contribution will be calculated as follows:

Single	$46,000 \times .012921 \text{ divided by } 24 = \24.76
Employee + 1	$46,000 \times .019854 \text{ divided by } 24 = \38.05
Family	$46,000 \times .024765 \text{ divided by } 24 = \47.46

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

* (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