



CITY OF CHICAGO  
RAHM EMANUEL  
MAYOR

Department of Finance  
Benefits Management Division  
[www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org)

# OPEN ENROLLMENT FOR 2014

## Important Information Guide

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

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](http://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, November 4th to Tuesday, November 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](http://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
- SBC for Medical PPO Plan B
- Open Enrollment For 2014 Important Information Guide – Group B (this four page fold-out)
- SBC for Medical HMO Plan B
- Medical and Dental Summary Guide For 2014 – Group B
- PayFlex HealthCare Flyer
- Summaries of Benefits and Coverages (SBC) - Group B Cover Letter
- 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](http://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](http://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.bcsil.com/cityofchicago](http://www.bcsil.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](http://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](http://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](http://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](http://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](http://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.

# 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 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.

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

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

### 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](http://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><b>Example 1:</b> 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><b>*Example 2:</b> 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><b>Example 3:</b> 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