



City of Chicago
Richard M. Daley, Mayor

Department of Finance

Steven J. Lux
City Comptroller

Benefits Management Division
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<http://www.cityofchicago.org/benefits>

Medical and Dental Open Enrollment for 2008
October 22 – November 11, 2007

1-800-773-5827

All plan changes must be made using the toll-free telephone enrollment number

2008 Dental HMO Plan Change

The City of Chicago will no longer offer Blue Care Dental HMO (BCBS DNOA) as the dental HMO option beginning January 1, 2008. CompBenefits HMO is the new dental HMO vendor for the 2008 benefit year.

1. For orthodontic treatment in progress you must:

- Enroll in CompBenefits Dental HMO Plan
- Complete the enclosed Transition of Care Form
- Return the completed Transition of Care Form to the CompBenefits address on the bottom of form

Failure to make the necessary changes will result in **NO benefits** for orthodontic services.

2. For other dental treatment:

- Complete all dental work in progress by 12/31/07 with current provider or
- Postpone possible dental work until 2008

If you neglect to make a dental plan change by calling the number at the top of this page between 12:01 a.m. on Monday, October 22nd and 11:59 p.m. on Sunday, November 11, 2007, you will be enrolled into the CompBenefits Dental PPO Plan, effective January 1, 2008.

Soon you will be receiving the Open Enrollment packet for 2008 at your home address and it is important that you review this information carefully to insure that you make the right choices for next year.

Access a preliminary list of available CompBenefits Dental HMO dentists by visiting www.compbenefits.com/custom/cityofchicago beginning October 22, 2007. The website will be updated on a regular basis during open enrollment and going forward.

If you think your current provider would like to become a participating provider with CompBenefits, please have them call 312-261-6224.

Sincerely,
Benefits Management Division



**Transition of Care Form
For
DHMO Orthodontic Treatment**

Purpose:

Determine remaining orthodontic benefits available for patients in active orthodontic treatment. Active Orthodontic treatment must have been started while covered under a BlueCare Dental HMO provided through the City of Chicago. *All requests for enrolled members are handled on a case-by-case basis.*

Procedure:

If your family member has ***not already*** been “banded” for orthodontic treatment, you will need to verify that your orthodontist is listed on the CompBenefits Directory. You may go on-line to verify this at www.compbenefits.com

If your family member has ***already*** been banded under the coverage from your previous DHMO company, you will probably have no difficulty continuing this coverage as planned. In most situations, you have entered into a monthly payment plan that will supercede any new coverage, which is now being provided.

In the event you or your orthodontic provider has questions about continuing orthodontic care for you or your family members, please contact CompBenefits Member Services at 1-800-837-2341 for assistance. We will make every effort to make this transition as seamless as possible and will work with your existing orthodontist to either continue the care in progress, or transition the care to a CompBenefits contracted provider. **In lieu of standard dental claim form, please submit the following form to your Orthodontist to alert CompBenefits as to your situation. Upon full completion of the form by the Orthodontist and yourself, please submit the form to the following address and allow 30 days for processing:**

CompBenefits
200 West Jackson Blvd., 9th Floor
Chicago, Illinois 60606
Attn: Mark Tolley, Director – Network Services

Subscriber Section:

Name of Employee: _____ Subscriber I.D. _____
Daytime Phone Number _____ Employer: _____
Name of dependent in treatment: _____
Relationship to Employee: _____

Orthodontist Section:

Current Orthodontist's Name: _____ Phone Number: (____) _____

Orthodontist Address: _____

Orthodontist Signature: _____ Orthodontist TIN: _____

Date treatment started: _____ Target Completion Date: _____

Total Treatment cost: \$ _____ Contracted Rate from Previous Carrier: \$ _____

Previous Carrier Supplement: \$ _____ Member Co-Payments: \$ _____

Total Payments from Previous Carrier: \$ _____ Paid Member Co-Payments: \$ _____

(To avoid delays in processing, please submit copies of the initial banding claim and EOB's from Previous Carrier)

Current Balance Owed: \$ _____

Payments are made on a quarterly basis.




RICHARD M. DALEY, MAYOR

CITY OF CHICAGO



DENTAL PLAN COMPARISON FOR 2008

 compbenefits dental www.compbenefits.com/custom/cityofchicago 1-800-837-2341	Effective January 1, 2008, both the Dental HMO and the Dental PPO plans will be administered by CompBenefits. If you are currently enrolled in the BlueCare Dental HMO, you will automatically be enrolled in the CompBenefits PPO Dental plan if you fail to call 1-800-773-5827 before 11:59 p.m. on Sunday, November 11, 2007 to switch to the CompBenefits Dental HMO Plan.									
	DENTAL HMO PLAN		DENTAL PPO PLAN							
BENEFIT DESIGN	MUST USE PANEL DENTISTS		IN-NETWORK		OUT-OF-NETWORK					
Individual Deductible	\$0		\$100 per person, per year effective 1/1/06		\$200 per person, per year effective 1/1/06					
Annual Maximum Benefit	Unlimited		\$1,200 per person, effective 1/1/02		\$1,200 per person, effective 1/1/02					
ORTHODONTIC PROCEDURES (Braces)		Co-payment (Member pays)		Not Covered						
Sworn Police and Uniformed Firefighters (Under Age 25 only) All Others (Under Age 19 only)		Effective 1/1/06 \$2,300								
PREVENTIVE SERVICES										
Oral Exams (twice a year) Cleanings (twice a year) X-Rays (twice a year) Space Maintainers (children under 12)	100% Covered in full (no deductible) \$10 Co-payment required for each preventive service office visit.		100% Covered in full (no deductible) \$10 Co-payment required for each preventive service office visit.		Plan pays 80% of PPO allowable amount (no deductible). Member pays balance of billed charges.					
BASIC PROCEDURES		Co-payments (Member pays) Effective 1/1/07		Deductible Applies						
Amalgam (Fillings) - one surface permanent	\$20		Plan pays 60% of PPO allowable amount. Member pays 40% of PPO allowable amount.		Plan pays 50% of PPO allowable amount. Member pays balance of billed charges.					
Resin - one surface anterior including acid etch-Pin Retention (per tooth) - in addition to restoration	\$24 \$31									
Routine Extraction Single Tooth	\$24									
Surgical Removal of Erupted Tooth	\$45									
Surgical Removal of Tooth - soft tissue impaction	\$58									
Surgical Removal of Tooth - partial bony impaction	\$83									
Surgical Removal of Tooth - complete bony impaction	\$83									
Alveoplasty - without extractions - per quadrant	\$96									
Scaling and Root Planing - per quadrant with local anesthesia	\$45									
Gingivectomy or Gingivoplasty - per quadrant	\$183									
Gingival Flap Procedure Including Root Planing - per quadrant	\$175									
Osseous Surgery, Flap Entry and Closure - per quadrant	\$203									
Pulp Capping (direct or indirect)	\$15									
Root Canal Therapy anterior	\$149									
bicuspid	\$160									
molar	\$215									
Apicoectomy - (first root)	\$138									
Palliative Treatment	\$17									
Limited Occlusion Adjustment	\$26									
MAJOR RESTORATIVE PROCEDURES										
Inlay - metallic (one surface)	\$276									
Onlay - metallic (two surfaces)	\$373									
Core Buildup Including Pins	\$110									
Crown repair	\$85									
Crown - porcelain/ceramic substrate	\$385									
Crown - 3/4 cast noble metal	\$395									
Denture - complete upper or lower	\$485									
Lower Denture Reline - chairside	\$147									

To obtain a current list of dentists in either the HMO or PPO plan, please contact CompBenefits. The website and phone number is listed at the top of this chart. **Important Note: This comparison provides only the highlights of the programs. Specific details are contained in the plan document booklet. If conflict arises between this material and any plan provisions, the terms of the actual Plan documents or other applicable documents will govern in all cases.**