



Department of Finance
 Benefits Management Division
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City of Chicago
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 Mayor

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BENEFITS BULLETIN

Important Notice

NEW DISEASE MANAGEMENT PROGRAM

Benefits for Better Health is a voluntary program now available at no additional cost to all Blue Cross and Blue Shield PPO and Blue Edge HCA medical plan participants and their eligible dependents who suffer from severe chronic medical conditions such as asthma, diabetes and heart disease.

The City of Chicago has partnered with Encompass Health Management Systems to provide disease management assistance through coordinated health care intervention. Program participants are eligible to receive on-going support that can lead to a healthier lifestyle and facilitate receipt of needed medical care.

Should you be identified as a Benefits for Better Health program participant, please consider maximizing your plan benefits by participating in the program.

DEPENDENT ELIGIBILITY REMINDER

If you are married, you have an option to cover your spouse as a dependent on your medical plan through the City of Chicago provided all eligibility requirements are met.

However, if you experience a divorce, your former spouse is no longer eligible to remain on your medical plan.

It is your responsibility to submit a Spouse Information form within 30 days following the divorce to delete your spouse from the plan. If you do not notify the Benefits Management Division, you will be billed for the cost of coverage.

On-line enrollment forms are now available at www.cityofchicago.org/benefits. If you prefer to submit a paper Employee, Spouse and/ or Dependent Information Form, please contact your personnel benefits liaison to obtain one.

HEALTHCARE CONTRIBUTION CHANGE

Effective July 1, 2006, pursuant to union agreements, payroll deductions for your healthcare insurance will change. The new deduction will show on your next paycheck.

The following formulas are applied to your annual salary coupled 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
over \$30,001	1.2921% of gross divided by 24	1.9854% of gross divided by 24	2.4765% of gross divided by 24

There is no longer a flat rate for employees earning an annual salary over \$90,000.

SEE REVERSE SIDE

THE FOLLOWING EXAMPLES ARE PROVIDED TO CLARIFY THESE NEW PAYROLL DEDUCTIONS:

Example 1:

If your annual salary is under \$30,000, and you enroll for single coverage, your contribution will be at 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 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

(The calculations in Example 2 can be computed for salaries over \$30,000 based on the number of people covered on your plan.)

PRESCRIPTION DRUG CO-PAYMENT CHANGE

Effective July 1, 2006, prescription drug co-payments will change for all employees enrolled in a medical plan through the City of Chicago. Please note the new co-pay schedule for the Blue Cross and Blue Shield PPO and Blue Edge HCA medical plans, Blue Advantage HMO and UniCare HMO as follows:

**RETAIL Prescriptions
(short term medication)**

Purchased at a participating pharmacy
34-day supply or 100 units (whichever is less)

Generic: \$10 co-pay

+Brand name (Formulary*): \$30 co-pay

+Brand name (Non-formulary): \$45 co-pay

**MAIL ORDER Prescriptions
(long term medication)**

For chronic conditions
Mailed to your home- 90 day supply

Generic: \$20 co-pay

+Brand (Formulary*): \$60 co-pay

+Brand name (Non-formulary): not available**

* A formulary is a guide within select therapeutic categories for plan participants.

** Non-formulary drugs are not available through mail order. If there is no generic or alternative brand name formulary medication on the primary / preferred drug list, you may be able to purchase your medications through the mail order program.

+ If the member chooses brand when a generic is available, member pays the cost difference between the brand name and the generic drug **PLUS** the generic co-pay.

The Benefits Management Division has taken steps to improve our technology. For timely responses to your inquiries please e-mail us at benefitshelp@cityofchicago.org.