



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

City of Chicago
Richard M. Daley
Mayor
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**Extended Office Hours: 7:30 a.m. to 5:30 p.m. on the following
two Thursdays: November 1st and November 8, 2007.**

BENEFITS BULLETIN

November 1, 2007

OPEN ENROLLMENT FOR 2008 ENDS NOVEMBER 11th!!!

IMPORTANT DATES TO REMEMBER

The City of Chicago annual Medical and Dental Plan Open Enrollment Period for all eligible employees ends **Sunday, November 11, 2007**. 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, 2008.

DENTAL HMO PLAN CHANGE ALERT

There are no changes to the medical or dental plan designs.

Benefit vendors remain the same next year with one exception: CompBenefits will administer **both** the Dental HMO and the Dental PPO plans.

This means that if you are currently enrolled in the Blue Cross Blue Shield Blue Care Dental HMO, you will automatically be enrolled in the CompBenefits Dental PPO Plan if you fail to call the toll free number below and switch to the CompBenefits Dental HMO plan.

Visit www.compbenefits.com/custom/cityofchicago for the most current list of participating dentists.

Call 1-800-773-5827 24 Hrs/ Seven Days A Week

A toll-free number is available again this year 24 hours a day / seven days a week to make the enrollment process faster and easier. If you are currently enrolled in a medical or dental plan offered by the City of Chicago and you wish to make a plan change, you must call 1-800-773-5827. A confidential PIN number has been created for each eligible employee. If you don't have your PIN number handy when you call, just follow the automated voice instructions.

**IMPORTANT REMINDER: All plan changes must be made
between 12:01 am Monday, October 22nd and 11:59 pm
Sunday, November 11, 2007.**

SEE REVERSE SIDE

FLEXIBLE SPENDING ACCOUNT (FSA) ON-LINE ENROLLMENT GUIDELINES

New FSA Participants:

- Open an internet browser and go to www.mypayflex.com. Follow instructions to register.

Returning FSA Participants:

- Click on “login” on the left hand navigation bar. Enter your username and password you have used to access your prior accounts with PayFlex.
- After you have successfully logged back in, find “Online Enrollment” on the left hand navigation bar.
- Click “Account Selection” for a listing of accounts available to you.
- Select “Yes” for your Healthcare Account.
- Enter the amount you wish to have deducted from your paycheck per pay period in the space provided. Please remember that there are 24 pay periods in the benefit year.

- Your annual election will automatically be calculated based on the number of payroll cycles.
- When you have finished making your elections click “Submit” at the bottom of the page. You will be directed to a page so you can review your elections and accept the terms and conditions regarding your PayFlex account.
- Review your elections and the Terms and Conditions on the Employee Enrollment Confirmation page. You must click “Accept My Elections” at the bottom of the page to complete your enrollment. If you need to make changes, click “Change My Elections”.
- Within an hour you will receive an email from automail@payflex.com confirming your elections. If you need to make changes to your election, you can do so by revisiting www.payflex.com and adjusting your elections prior to the end of open enrollment on November 11, 2007.

IT'S TIME FOR PROOF OF STUDENT STATUS

Important Reminder: The deadline for the current Fall school term proof of student status documents submission is Friday, November 30, 2007.

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. To establish whether or not a school is accredited as an institution of higher learning, the Benefits Management Division uses the North Central Regional Association (www.ncahigherlearningcommission.org) or its regional counterpart for other regions of the country.

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, 2007 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.