

CITY OF DES PLAINES

2025 RETIREE OPEN ENROLLMENT FORM

Complete & return this form only if you are making changes to your benefit elections for 2025.

IF YOU ARE NOT MAKING CHANGES, NO ACTION IS NEEDED.

Your 2024 benefit elections will automatically carry over into 2025.

BLUE CROSS BLUE SHIELD MEDICAL

PLAN: HMO* PPO 2 PPO 3 Decline

TIER: Single Single+1 Family

List any dependents to be dropped from medical coverage:

**If you are switching to the HMO plan, you must provide a 3-digit Medical Group# for yourself and each covered dependent.*

Name: _____ Medical Group# ___ __ __

Name: _____ Medical Group# ___ __ __

Name: _____ Medical Group# ___ __ __

Name: _____ Medical Group# ___ __ __

DELTA DENTAL

TIER: Single Single+1 Family Decline

List any dependents to be dropped from dental coverage:

VSP VISION

TIER: Single Single+1 Family Decline

List any dependents to be dropped from vision coverage:

NAME / SIGN & DATE

Printed Name: _____

Signature: _____ Date: _____

If making changes, please return your completed form by NOVEMBER 1, 2024.

MAIL

City of Des Plaines
Attn: Human Resources
1420 Miner Street
Des Plaines IL 60016

EMAIL

mziegler@desplainesil.gov



Changes Due Nov. 1, 2024

2025 OPEN ENROLLMENT

Through November 1, 2024

For Retirees

RECURRING RETIREMENT HEALTH SAVINGS (RHS) REIMBURSEMENTS

If you receive recurring reimbursements from your RHS account, you **MUST** submit new 2025 premium information to Mission Square's RHS claim administrator, Meritain Health. **Note, recurring reimbursement requests expire after 12 months.*

To request a coverage and premium confirmation letter for your reimbursement update, please contact Margie Ziegler at 847.827.2062 or mziegler@desplainesil.gov.

A reimbursement form is enclosed for your convenience. Please submit your updated information along with your premium cost confirmation letter directly to Meritain Health as directed on the form. Do not send it to the City for processing.

MEDICARE PRESCRIPTION DRUG COVERAGE NOTICE

If you or your dependents are Medicare eligible and enrolled in a City medical plan, a Medicare prescription drug coverage notice is enclosed. Please read this notice carefully and keep it with your important records.

COMPLIANCE NOTICES

Required notices are available on the [Benefits Portal](#) found on the City's website, desplainesil.gov.

We are pleased to share important details about this year's open enrollment. Changes will take effect on January 1, 2025.

IMPORTANT REMINDERS!

PASSIVE ENROLLMENT

- **IF YOU ARE NOT MAKING ANY CHANGES, NO ACTION IS NEEDED.** Your 2024 benefit elections will automatically carry over into 2025.
- If you wish to make changes, please complete and return the form on the back of this letter by no later than Friday, November 1, 2024.

PREMIUM COST CHANGES

- For 2025, monthly premiums will decrease for the BCBSIL HMO plan, increase for the BCBSIL PPO and dental plans, and remain the same for the vision plan.
- A retiree rate and benefit summary is enclosed for your reference.

PREMIUM DEDUCTION UPDATES

- Pension premium deductions and bank account withdrawal amounts will be updated to ensure accurate premium payments for 2025.

BENEFIT CHANGE GUIDELINES

- You cannot add new dependents or benefit plans to your retiree coverage.
- If you cancel a benefit plan, you cannot re-elect that plan in the future.
- If you drop a dependent from your retiree coverage, that dependent cannot re-enroll in the City's plan(s).
- You may switch medical plans (HMO, PPO2, PPO3) during open enrollment.

QUESTIONS

For more information, visit the [Benefits Portal](#) located on the City's website, desplainesil.gov -OR- contact the City's Benefits Manager, Margie Ziegler, at mziegler@desplainesil.gov /847.827.2062.