

City of Chicago Employee Plans

The City of Chicago provides health insurance for their employees through a labor fund that is managed by Blue Cross Blue Shield of Illinois (BCBSIL). These policies are identified by the Member ID alpha prefix of CTY.

The City of Chicago health insurance policy has unique precert requirements:

- If the insured subscriber is not currently employed by The City of Chicago, precert for all mental health visits is required through Telligen. This includes any relationship where the subscriber does not report to work and collect a paycheck, i.e. retired, disabled, leave of absence.
- If the insured subscriber is currently employed by The City of Chicago, precert for mental health visits is required through Telligen prior to the 8th visit each calendar year. The insured subscriber must currently report to work and collect a paycheck from The City of Chicago.
- The initial 7 visits allowed prior to precert are specific to the patient and cumulative. The visits are not doctor specific, meaning all mental health professional services will be included in the count. The number of mental health visits that a patient has attended during the calendar year must be reported to Gersten Center at intake so that their doctor will request precert prior to their 8th mental health visit.
- It is the responsibility of the patient/guarantor to confirm the insured subscriber's employment status with The City of Chicago. It is the responsibility of the patient/guarantor to disclose the number of mental health visits that have occurred for this patient during the calendar year.

CONFIRMATION OF EMPLOYMENT STATUS

Is the insured subscriber of the BCBSIL policy currently employed by The City of Chicago?

- Employed
- Not Currently Employed

CONFIRMATION OF MENTAL HEALTH BENEFITS

How many mental health visits has the patient attended during this calendar year?

_____ Total Visits

The patient/Guarantor will be responsible for any charges denied by BCBSIL due to pre-certification requirements if the employment status or reported mental health visits are inaccurately disclosed.

You are aware of and understand the precert requirements associated with your health insurance policy and you have accurately provided confirmation of the insured subscriber's employment status and the total number of mental health visits that have occurred during this calendar year. You are aware that denied charges due to inaccurate information will be the patient/guarantor's responsibility.

Signature of Patient/Guarantor

Date