Local Government Health Plan Benefits Handbook Amendment

This document is an amendment to the LGHP Benefits Handbook released in October 2011. An amendment adds, modifies, deletes or otherwise changes a benefit listed in the Benefits Handbook. As changes occur, the online handbook will be modified to reflect the changes. Those updates and changes will be included in this amendment document as they occur. If you have a printed copy of the online handbook, you should refer to this amendment to ensure you have the most up-to-date information.

LOCAL GOVERNMENT HEALTH PLAN AMENDMENT – 03/1/2012

The following is an amendment to the 2011 LGHP Benefits Handbook:

1. On pages 2, 24, 27, 34, 39, 45 and 46 the address for the Group Insurance Division has been changed to:

   801 S. 7th Street, Springfield, IL

2. On page 7 the following note regarding survivors was added under 'Eligible as Dependents':

   "NOTE: Survivors may add a dependent only if that dependent was eligible for coverage as a dependent under the original member."

3. On page 11 the following notes have been added under the Member Qualifying Change in Status chart:

   *** For Survivors only:** Survivors may add a dependent only if that dependent was eligible for coverage as a dependent under the original member.

   **** For Survivors only:** Survivors may not add a new spouse, nor may they add a civil union partner or their children.

4. On page 12 in the Spouse and Dependent Qualifying Change in Status charts, the following changes in status have been added:

   LOA: Spouse enters nonpay status

   LOA: Spouse returns to work from nonpay status

5. On pages 38 and 39 in the 'Medicare Part B Reduction' section, "in-network" was added to describe eligible charges.

   Medicare Part B Reduction

   "… This means that the LGHP will only pay up to 20% of the total in-network eligible amount for each claim until Medicare Part B is in effect..."

6. On page 40 under the 'Private Contracts with Providers who Opt Out of Medicare' section, "in-network" was added to describe eligible charges.

   Private Contracts with Providers who Opt Out of Medicare

   "… If the service(s) would have normally been covered by Medicare, the LCHP plan administrator will only pay up to 20% of the in-network eligible charges; **the plan participant will be responsible for the remaining balance of the claim**."

7. On page 45 in the Second-Level Internal Appeals section, the qualifier **LCHP only** was added to clarify that this level of appeal only applies to appeals regarding the Local Care Health Plan.

   II. Second-Level Internal Appeals (LCHP only)