

# Message to Plan Members

Go to the Benefits website at  
[www.benefitschoice.il.gov](http://www.benefitschoice.il.gov)

for additional information  
and resources, including the  
Benefit Choice Options  
booklet and forms.

The Benefit Choice Period will be **May 1 through June 2, 2014**, for all members. Members include employees (full-time employees, part-time employees working 50% or greater and employees on leave of absence), annuitants, elected officials, survivors and COBRA participants. **Elections will be effective July 1, 2014.**

All Benefit Choice changes should be made on the Benefit Choice Election Form included in this flyer. Members should complete the form **only if changes** are being made. Your unit Health Plan Representative (HPR) will forward the form to the LGHP for processing.

**Members may make the following changes during the Benefit Choice Period:**

- Change health plans.
- Add or drop dependent coverage.
- Elect to waive coverage. **The election to waive coverage will terminate the health, dental, vision and prescription coverage for the member and any covered dependents.**
- Re-enroll in the Program if previously waived.

**It is each member's responsibility to know their plan benefits in order to make an informed decision regarding coverage elections.** Members should carefully review all the information in this booklet to be aware of the benefit changes for the upcoming plan year.

- **Federal Healthcare Reform:** As a result of the Patient Protection and Affordable Care Act, the out-of-pocket maximum amount for the open access plans (OAPs) have increased. Additionally, **Tier III no longer has an out-of-pocket maximum.** OAP Tiers I and II have combined charges contributing to the out-of-pocket maximum. Refer to page 11 of the Benefit Choice book for more information.
- **Weight-Loss Benefit:** As a commitment to an employee's overall wellness, eligible plan participants are entitled to receive a rebate towards the cost of an approved weight-loss program. The maximum rebate is \$200 once every three plan years. Employees who utilize a weight-loss program are eligible for the weight-loss benefit through the Department.

The weight-loss benefit is available to all employees who are enrolled in the Local Government Health Plan. Active employees who waive health coverage under the Program are not eligible for this benefit, nor are dependents, annuitants or survivors.

Documentation required to receive reimbursement include receipts indicating payment for the weight-loss program, along with the employee's name, address, unit and telephone number. For more information about this benefit, contact the Member Services Unit at the Bureau of Benefits.

- **Express Scripts Mail Order:** Express Scripts is now the mail order pharmacy for the Local Care Health Plan (LCHP), Local Consumer-Driven Health Plan (LCDHP), HealthLink OAP plan and Coventry OAP plan.

# Health Plan Descriptions

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There are several health plans available based on geographic locations. All plans offer comprehensive benefit coverage. Health maintenance organizations (HMOs) have limitations including geographic availability and defined provider networks, whereas the two open access plans (OAPs), the Local Consumer-Driven Health Plan (LCDHP) and the Local Care Health Plan (LCHP) have nationwide networks of providers available to their members.

## Local Consumer-Driven Health Plan (LCDHP)

The Local Consumer-Driven Health Plan (LCDHP) is a benefit option, often referred to as a high-deductible health plan, which requires members to be more responsible for managing their healthcare including how they spend their healthcare dollars. LCDHP is administered by Cigna and offers a comprehensive range of benefits including a nationwide network of providers. The plan design offers both in and out-of-network benefits; however, utilizing in-network providers will result in cost savings to the member.

### Plan highlights include:

- An annual collective plan year deductible (includes medical and pharmacy) applies to all nonpreventive medical services, nonpreventive prescriptions and behavioral health services.
- There are two plan year deductibles, one for in-network and one for out-of-network. Each plan year deductible (i.e., in-network vs. out-of-network) is exclusive and separate from the other.
- Members with one or more dependents on their coverage must satisfy the family annual plan year deductible before services will be covered at the plan's benefit levels of 90% in-network and 70% out-of-network.
- Preventive medical services obtained through an in-network provider are covered at 100% and are not subject to the annual plan year deductible. Preventive medical services obtained out-of-network are not covered.
- Preventive medications are covered at the applicable coinsurance level and are not subject to the annual plan year deductible. Refer to the Express Scripts website for a list of preventive medications.
- The plan has two out-of-pocket maximums, one for all eligible in-network services and one for all eligible out-of-network services. Each out-of-pocket maximum (i.e., in-network vs. out-of-network) is exclusive and separate from the other. Plan coinsurance and deductibles are applied to the out-of-pocket maximums. Benefits will be paid at 100% up to the allowed charges after the applicable out-of-pocket maximum has been met.

The LCDHP utilizes Magellan for behavioral health benefits and Express Scripts for prescription benefits.

## Local Care Health Plan (LCHP)

LCHP is the medical plan that offers a comprehensive range of benefits. Under the LCHP, plan participants can choose any provider for medical services; however, plan participants receive enhanced benefits, resulting in lower out-of-pocket costs when receiving services from a LCHP network provider.

## Managed Care Plans

### • Health Maintenance Organizations (HMOs)

Members who select an HMO plan must select a primary care physician (PCP) from a network of participating providers. The PCP will direct all healthcare services and will make referrals for specialists and hospitalizations. When care and services are coordinated through the PCP, only a copayment will apply. There are no annual plan deductibles for medical services obtained through an HMO.

### • Open Access Plans (OAPs)

Open access plans combine similar benefits of an HMO with the same type coverage as a traditional health plan. Members who elect an OAP will have three tiers of providers from which to choose. The benefit level is determined by the tier in which the healthcare provider is contracted. Members enrolled in an OAP can mix and match providers and tiers.

Additional plan design information is available on the Benefits website or in the plan administrator's SPD.

# Health Plan Comparison

Benefit	LCHP		LCDHP		HMO	OAP (in-network)		OAP (in-network)		OAP (out-of-network)	
	In-Network	Out-of-Network	In-Network	Out-of-Network		Tier I (in-network)	Tier II (in-network)	Tier I (in-network)	Tier II (in-network)	Tier III (out-of-network)	
<b>Patient Responsibilities</b>											
Annual Out-of-Pocket Maximum Per Enrollee	\$1,500	\$4,500	\$3,000	\$6,000	\$3,000 per enrollee			\$6,250 ( Tier I and Tier II combined)		Not applicable	
Per Family	\$3,000	\$9,000	\$6,000	\$12,000	\$6,000 per family/plan year			\$12,700 ( Tier I and Tier II combined)		Not applicable	
Annual Plan Deductible* Per Enrollee	\$750 per enrollee		\$1,500	\$3,000	Not applicable			Not applicable		\$500 per enrollee	
Per Family	\$750 per enrollee		\$3,000	\$6,000				\$300 per enrollee		\$500 per enrollee	
<b>Plan Benefit Levels Comparison</b>											
Emergency Room	In-Network 90% of network charges after \$400 per visit	Out-of-Network 90% of allowable charges after \$400 per visit	In-Network 90% of network charges	Out-of-Network 70% of allowable charges	\$200			\$200		\$200	
Preventive Services including immunizations	100%	60% of allowable charges	100%	No coverage	100%			100%		Covered under Tier I and Tier II only	
Inpatient	90% of network charges after \$250 per visit	60% of allowable charges after \$500 per visit	90% of network charges	70% of allowable charges	\$250 copayment			\$250 copayment		90% of network charges after \$300 copayment	
Outpatient Surgery	90% of network charges	60% of allowable charges	90% of network charges	70% of allowable charges	\$200 copayment			\$200 copayment		90% of network charges after \$200 copayment	
Diagnostic Lab and X-ray	90% of network charges	60% of allowable charges	90% of network charges	70% of allowable charges	100%			100%		90% of network charges after \$200 copayment	
Durable Medical Equipment					80% of network charges			80% of network charges		80% of network charges	
Physician Office Visit					\$30 copayment			\$30 copayment		90% of network charges	

\* The annual plan deductible must be met before benefit levels will be applied.

**Note: Network charges** are the amount the plan determines is the appropriate charge for a covered service. **Allowable Charges** are applied to services when a member utilizes an out-of-network provider. Members who use out-of-network providers should contact their health plan administrator for information regarding out-of-network charges before obtaining services.

# Map of Health Plans by Illinois County

July 1, 2014 through June 30, 2015

Refer to the code key below for the health plan code for each plan by county.

- BlueAdvantage HMO . . . CI
- Coventry HMO . . . . . AS
- Coventry OAP . . . . . CH
- Health Alliance HMO . . . AH
- HealthLink OAP . . . . . CF
- HMO Illinois . . . . . BY
- Local Care Health Plan (LCHP) . . . . . D3
- Local Consumer-Driven Health Plan (LCDHP) . . . . . D9

 AH, AS, BY, CF, CH, CI, D3, D9

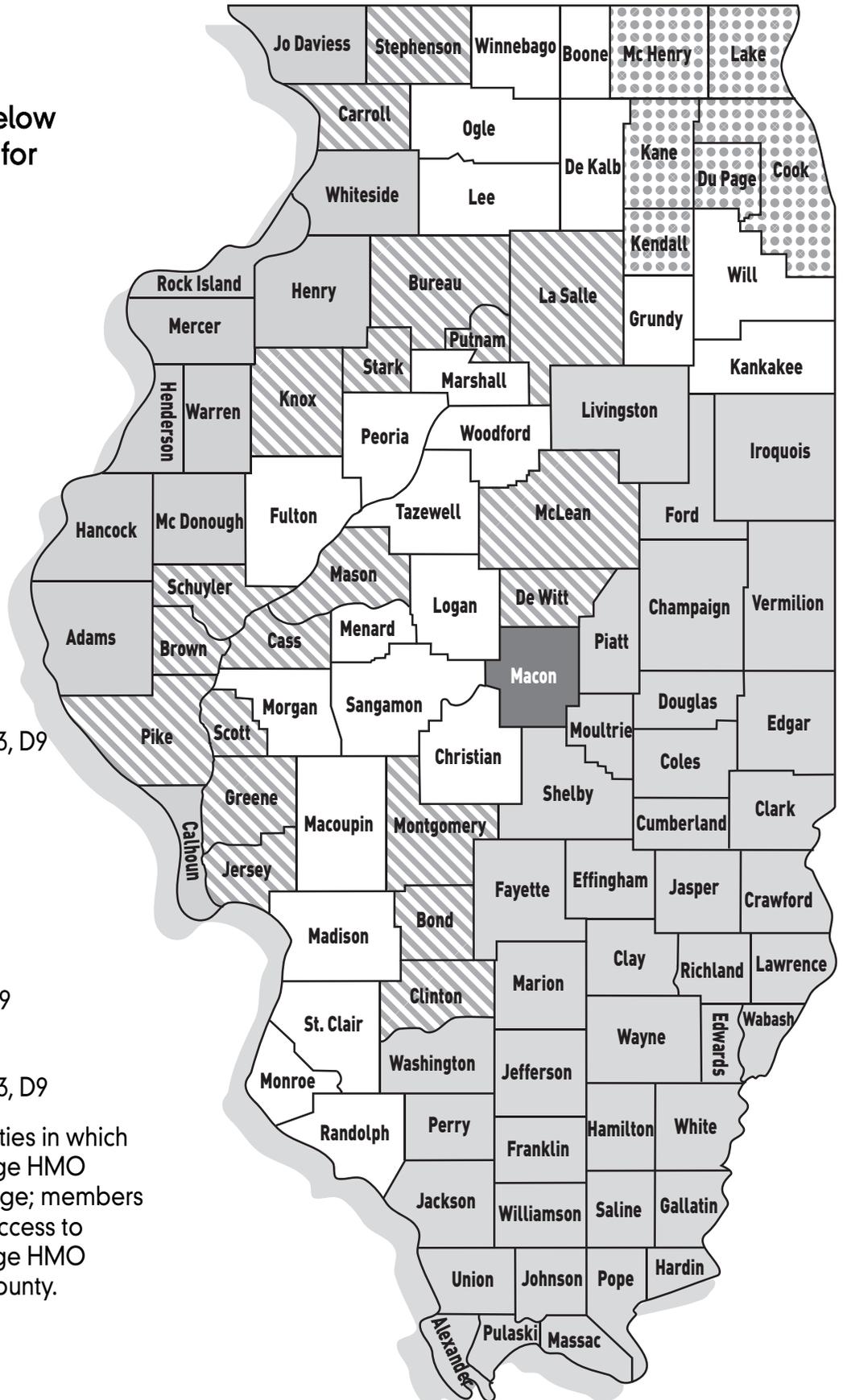
 BY, CF, CH, CI, D3, D9

 AH, AS, CF, CH, D3, D9

 AH, AS, CF, CH, CI, D3, D9

 AH, AS, BY, CI, CH, CF, D3, D9

Striped areas represent counties in which HMO Illinois or BlueAdvantage HMO do not have provider coverage; members in these counties may have access to HMO Illinois or BlueAdvantage HMO providers in a neighboring county.



**LOCAL GOVERNMENT HEALTH PLAN (LGHP)**  
**BENEFIT CHOICE ELECTION FORM**  
 Enrollment Period May 1, 2014 through June 2, 2014  
 Complete This Form Only If Changing Your Benefits

**SECTION A: MEMBER INFORMATION**

Last Name:	First Name:
Primary Phone #:	Alternate Phone #:
Email Address:	SSN:     —     —

**SECTION B: HEALTH PLAN ELECTION** (complete only if changing health plans)

<p><b>Health Plan Election *</b></p> <p><i>Elect One:</i></p> <p><input type="checkbox"/> Local Care Health Plan (LCHP)</p> <p><input type="checkbox"/> Local Consumer-Driven Health Plan (LCDHP)</p> <p><input type="checkbox"/> Open Access Plan (OAP)</p> <p><input type="checkbox"/> Health Maintenance Organization (HMO)</p>	<p><b>If you selected an HMO or an OAP, you must complete the following:</b></p> <p>Carrier Name: _____</p> <p>Carrier Code (2 characters): _____</p> <p><b>If you elected an HMO, also complete the field below:</b></p> <p>National Provider Identifier (NPI) (10 digits required):</p> <p>_____</p> <p style="text-align: center;"><small>(NPI's can be found on the health plan's website)</small></p> <p><b>If you elected HMO Illinois or BlueAdvantage HMO, you must complete the following:</b></p> <p>Medical Group # (3 digits) _____</p>
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\* If you have another health insurance plan, including Medicare, you must give a copy of you and/or your dependent's other insurance card to your HPR. The copy must include the front and back of the card.

**SECTION C: DEPENDENT INFORMATION** <sup>1</sup> (dependents will be enrolled with the same coverage that you have)

HEALTH			Name	SSN (REQUIRED)	Birth Date	Relationship <sup>3</sup>	Sex (M/F)	National Provider Identifier (HMOs only)	Medical Group Number
A (Add)	D (Drop)	C (Change)						If HMO IL or BlueAdvantage HMO add 3-digit Medical Group # →	
A	D	C							

**Note:** <sup>1</sup> Documentation required to add dependents – see specific documentation requirements on the instruction sheet.

<sup>2</sup> Relationship categories are on the instruction sheet.

This authorization will remain in effect until I provide written notice to the contrary. The information contained in this form is complete and true. I agree to abide by all Local Government Health Plan rules. I agree to furnish additional information requested for enrollment or administration of the plan I have elected.

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HPR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Give completed form to your unit's HPR no later than June 2, 2014!**

# BENEFIT CHOICE ELECTION FORM INSTRUCTION SHEET

*If you are keeping your current coverage elections you do not need to complete the Benefit Choice Election Form.*

## SECTION A – MEMBER INFORMATION

Complete all fields.

## SECTION B – HEALTH PLAN ELECTION

If you wish to **change your health** plan you must check the Local Care Health Plan (LCHP), the Local Consumer-Driven Health Plan (LCDHP), the OAP or the HMO box. If **electing/changing to either an HMO or OAP plan**, you must enter the HMO or OAP's carrier code (see map for carrier codes) and the plan's name. If you are electing an HMO, you must also enter the National Provider Identifier (NPI) associated with your Primary Care Physician (PCP)\*. NPI's are located in the HMO plan's online directory (available on the plan administrator's website) and are 10 digits in length. If you elect HMO Illinois or BlueAdvantage HMO you will also need to enter the 3-digit medical group number.

*Do not complete this section if you only want to change your primary care physician (PCP) – you must contact your managed care plan directly in order to make this change.*

## SECTION C – DEPENDENT INFORMATION

**Complete this section if you are (1) changing your health plan to an HMO, or (2) adding or dropping dependent health coverage.** If your dependents are already enrolled and you are only changing your health plan to LCHP, LCDHP or one of the OAP plans you do not need to complete this section. If you are adding dependent health coverage, you must also provide the appropriate documentation as indicated below:

Spouse or Civil Union Partner	Marriage certificate or civil union partnership certificate.
Natural Child through age 25	Birth certificate.
Stepchild or civil union partner's child through age 25	Birth certificate indicating your spouse/civil union partner is the child's parent and a marriage/civil union partnership certificate indicating the child's parent is your spouse/civil union partner.
Adopted Child through age 25	Adoption certificate stamped by the circuit clerk.
Adjudicated Child/Legal Guardianship through age 25	Court documentation signed by a judge.
Adult Veteran Child (IRS/non-IRS) through age 29	Birth certificate (if not already on file), Eligibility Certification Statement (CMS-138)** and documentation as indicated on the 'Documentation Requirements' page of the Eligibility Certification Statement.
Disabled age 26 or older	
Other (organ transplant recipient)	

Dependent documentation must be submitted to your HPR within 10 days of the end of the Benefit Choice Period. **If documentation is not provided within the 10-day period, your dependents will not be added.**

## SIGNATURE

You must sign and date the Benefit Choice Election Form and give to your HPR no later than **June 2, 2014**, in order for your elections to be effective July 1, 2014.

\* A Primary Care Physician (PCP) is a family practice, general practice, internal medicine, pediatrician (children) or an OB/GYN (women) physician.

\*\* The Eligibility Certification Statement (CMS-138) is available on the Benefits website at **www.benefitschoice.il.gov**.

# Federally Required Notices

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## Notice of Creditable Coverage

### Prescription Drug Information for LGHP Medicare Eligible Plan Participants

This Notice confirms that the Local Government Health Plan has determined that the prescription drug coverage it provides is creditable. This means that your existing prescription coverage is on average as good as or better than the standard Medicare prescription drug coverage (Medicare Part D). You can keep your existing group prescription coverage and choose not to enroll in a Medicare Part D plan. Unless you qualify for low-income/extra-help assistance, you should not enroll in a Medicare Part D plan.

With this Notice of Creditable Coverage, you will not be penalized if you later decide to enroll in a Medicare prescription drug plan. However, you must remember that if you drop your entire group coverage through LGHP and experience a continuous period of 63 days or longer without creditable coverage, you may be penalized if you enroll in a Medicare Part D plan later. If you choose to drop your LGHP coverage, the Medicare Special Enrollment Period for enrollment into a Medicare Part D plan is two months after the loss of creditable coverage.

If you keep your existing group coverage, it is not necessary to join a Medicare prescription drug plan this year. Plan participants who decide to enroll into a Medicare prescription drug plan; however, may need a personalized Notice of Creditable Coverage in order to enroll into a prescription plan without a financial penalty. Participants who need a personalized Notice may contact the State of Illinois Medicare Coordination of Benefits Unit at (800) 442-1300 or (217) 782-7007.

## Summary of Benefits and Coverage (SBC) and Uniform Glossary

Under the Affordable Care Act, health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about a health plan's benefits and coverage. The regulation is designed to help you better understand and evaluate your health insurance choices.

The forms include a short, plain language Summary of Benefits and Coverage (SBC) and a uniform glossary of terms commonly used in health insurance coverage, such as "deductible" and "copayment."

All insurance companies and group health plans must use the same standard SBC form to help you compare health plans. The SBC form also includes details, called "coverage examples," which are comparison tools that allow you to see what the plan would generally cover in two common medical situations. You have the right to receive the SBC when shopping for, or enrolling in, coverage or if you request a copy from your issuer or group health plan. You may also request a copy of the glossary of terms from your health insurance company or group health plan. All LGHP health plan SBC's are available on the Benefits website.

## Notice of Privacy Practices

The Notice of Privacy Practices has been updated on the Benefits website effective April 1, 2013. You have a right to obtain a paper copy of this Notice, even if you originally obtained the Notice electronically. We are required to abide with terms of the Notice currently in effect; however, we may change this Notice. If we materially change this Notice, we will post the revised Notice on our website at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov).

# **Benefit Choice is May 1 - June 2, 2014**

**Benefit Choice Forms must be submitted to  
your Health Plan Representative (HPR)  
no later than Monday, June 2nd!**

**If you do not want to change your coverage,  
you do not need to submit a form.**

**It is each member's responsibility to know plan benefits and make  
an informed decision regarding coverage elections. The complete  
Benefit Choice Options booklet and Benefit Choice form can be  
found on the Benefits website at [www.benefitchoice.il.gov](http://www.benefitchoice.il.gov)**

**Go to the 'Latest News' section of the Benefits website at  
[www.benefitchoice.il.gov](http://www.benefitchoice.il.gov)**

**for LGHP updates throughout the plan year.**