

State of Illinois Employees Benefits Handbook Amendment

This document is an amendment to the 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.

AMENDMENT TO THE STATE OF ILLINOIS GROUP INSURANCE PROGRAM – 02/22/2012

The following is an amendment to the 2011 State of Illinois Employees Benefits Handbook:

1. On pages 2, 38, 41, 57, 58, 64, 70 and 71 the address for the Group Insurance Division has been changed to:
801 S. 7th Street, Springfield, IL

2. 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

3. On page 24 under Voluntary Furlough, the first bullet point has been corrected to indicate “instances” instead of “calendar days”.

Voluntary Furlough

- ◆ Eligible for the Employer Contribution for up to 30 instances per fiscal year

4. On page 25 in the **NOT FMLA Protected** column, ‘Voluntary Furlough’ was changed from “days” to “instances”.

Voluntary Furlough

≤ 30 instances **

Voluntary Furlough

> 30 instances **

5. On pages 63 and 64 in the ‘Medicare Part B Reduction’ section, “in-network” was added to describe eligible charges.

Medicare Part B Reduction

“... This means that the State plan 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 65 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 QCHP 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 70 in the Second-Level Internal Appeals section, the qualifier **QCHP only** was added to clarify that this level of appeal only applies to appeals regarding the Quality Care Health Plan.

II. Second-Level Internal Appeals (QCHP only)