

State of Illinois Employees Benefits Handbook Amendment (Amendment IV)

This document is an amendment to the State of Illinois Employees 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 – 01/08/2013

The following amends the Benefits Handbook:

1. On page 27 in the 'COBRA Coverage – Eligibility' section, the second to the last sentence of the first paragraph was rewritten to correct typographical errors. The sentence now reads as follows:

“COBRA coverage is also available for members who are already enrolled in Medicare or in other group insurance coverage.”

2. On page 43 in the 'Quality Care Health Plan (QCHP) – Authorization for Behavioral Health Services' section, language was updated to reflect that the behavioral health plan administrator has removed the need for prior authorization of most outpatient services for persons enrolled in the Quality Care Health Plan (QCHP).

3. On page 45 in the 'Provider Payment' section, the sentence, “When using an out-of-network dentist, insurance payments will be sent directly to the member” was replaced with “Out-of-network dentists can elect to accept assignment from the plan or may require other payment terms.”

This clarification is due to SB 3240 that allows State of Illinois members and their covered dependents to assign their health and dental benefits to out-of-network providers, if the provider accepts assignment. Assignment is the member permitting payment to be made directly to the provider from the appropriate plan administrator. This law is applicable to persons covered under the Quality Care Health Plan (QCHP) and the Quality Care Dental Plan (QCDP).

4. On page 51, in the 'Flexible Spending Accounts - Qualifying Changes in Status' section, the effective date of employees terminating their FSA plan due to a qualifying event was clarified to indicate the following:
“Employees who experience a qualifying change in status which **terminates their participation in the program** (either voluntarily or involuntarily, such as termination of employment) will have an effective date of the last day of the pay period following the issue date of the paycheck in which the event occurred. Eligible expenses may only be submitted for reimbursement if they were incurred on or prior to that date.”