

# 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 eligible members. Members are employees (full-time employees, part-time employees working 50% or greater and employees on leave of absence), COBRA participants, and annuitants and survivors not enrolled in, or eligible for, participation under the Medicare Advantage Program (see page 3 for more information). **Elections will be effective July 1, 2014.**

Unless otherwise indicated, all Benefit Choice changes should be made on the Benefit Choice Election Form available on the Benefits website. Members should complete the form **only if changes** are being made. Your agency/university group insurance representative (GIR) will process the changes based upon the information indicated on the form. Members may obtain GIR names and locations by either contacting the agency's personnel office or viewing the GIR listing on the Benefits website located at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov).

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

- Change health plans.
- Add or drop dental coverage.
- Add or drop dependent coverage. **Note:** Survivors may add a dependent only if that dependent was eligible for coverage as a dependent under the original member.
- Add, drop, increase or decrease Member Optional Life insurance coverage.
- Add or drop Child Life, Spouse Life and/or AD&D insurance coverage.
- Elect to opt out (applies only to full-time employees (including those on a leave of absence), annuitants and survivors). **The election to opt out of the State's coverage will terminate the health, vision, dental, behavioral health and prescription coverage for the member and any covered dependents. Note:** Members must provide proof of other comprehensive health coverage in order to opt out.
  - Effective with this Benefit Choice Period, annuitants and survivors electing to opt out of the State's coverage will remain enrolled in the dental coverage. Annuitants and survivors who do not wish to continue dental coverage must check the appropriate box on the Benefit Choice form indicating their desire to drop the dental coverage.
- Elect to waive health, dental, vision and prescription coverage (part-time employees 50% or greater, annuitants and survivors).
- Re-enroll in the Program if previously opted out of or waived coverage. Members have the option of not electing dental coverage upon re-enrollment into the health plan.
- Re-enroll in the Program if coverage is currently terminated due to nonpayment of premium while on leave of absence (employees only – subject to eligibility criteria). Any outstanding premiums plus the July premium must be paid before coverage will be reinstated. **Note:** Survivors and annuitants are not eligible to re-enroll if previously terminated due to nonpayment of premium.
- Enroll in MCAP and/or DCAP. **Employees must enroll each year; previous enrollment in the program does not continue into the new plan year. Note:** Survivors and annuitants are not eligible for MCAP or DCAP.

# Benefit Changes for Plan Year 2015

(Enrollment Period May 1 – June 2, 2014)

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 the Benefit Choice book (available at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov)) to be aware of the benefit changes for the upcoming plan year.

**The Benefit Choice Period will be May 1 through June 2, 2014.** All elections will be effective July 1, 2014.

## Managed Care Plan (HMO/OAP) Changes

- Managed Care (HMO and OAP all tiers) emergency room visit copayment increases to \$250
- Managed Care (HMO and OAP all tiers) outpatient surgery copayment increases to \$250
- HMO and OAP Tier I, physician office visit copayment increases to \$20
- HMO and OAP Tier I, specialist office visit and home health visit copayment increases to \$30
- HMO and OAP Tier I, home health visit copayment increases to \$30
- HMO and OAP Tier I, inpatient admission copayment increases to \$350
- OAP Tier II, inpatient surgery copayment increases to \$400
- OAP Tier III, inpatient admission copayment increases to \$500
- New combined OAP Tier I and Tier II out-of-pocket maximum (individual) of \$6,250
- New combined OAP Tier I and Tier II out-of-pocket maximum (family) of \$12,700
- OAP Tier III, out-of-pocket maximum (individual and family) removed
- Prescription deductible increases to \$100 per individual per plan year
- Retiree health plan contributions increase to 2% for retirees enrolled in Medicare Parts A and B and to 4% for all other retirees

## Quality Care Health Plan (QCHP) Changes

- Individual plan year deductibles increase \$25 per salary range
- Family plan year deductible caps increase to 2.5 times the individual plan year deductible
- In-network coinsurance for services decreases from 90% to 85%
- Emergency room visit copayment increases to \$450
- In-network hospital admission deductible increases to \$100
- Out-of-network hospital admission deductible increases to \$500
- Prescription deductible increases to \$125 per individual per plan year
- Retiree health plan contributions increase to 2% for retirees enrolled in Medicare Parts A and B and to 4% for all other retirees

## Quality Care Dental Plan (QCDP) Changes

- Dental deductible increases to \$175 per plan participant per plan year

## Vision Changes

- Vision eye exams, lenses and standard frame copayment increases to \$25
- Vision replacement lenses, including contact lenses, available once every 12 months (previously every 24 months)

## Documentation Requirements

- Documentation, including the SSN, is required when adding dependent coverage.
- An approved statement of health is required to add or increase Member Optional Life coverage or to add Spouse Life or Child Life coverage.
- If opting out, proof of other comprehensive health coverage provided by an entity other than the Department of Central Management Services, is required.

# What You Should Know for Plan Year 2015

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- **Medicare Advantage 'TRAIL' Program:** Effective February 1, 2014, the State began a new Medicare Advantage Program, referred to as the 'TRAIL' (Total Retiree Advantage Illinois) for annuitants and survivors enrolled in both Medicare Parts A and B.

Each fall, annuitants and survivors who meet the criteria for enrollment in the Medicare Advantage 'TRAIL' Program will be notified of the TRAIL Enrollment Period by the Department of Central Management Services. These members will be required to choose a Medicare Advantage plan or opt out of State coverage (which includes health, prescription and vision coverage) and will no longer be able to make changes during subsequent Benefit Choice Periods.

For more information regarding the Medicare Advantage 'TRAIL' Program, including eligibility criteria, go to [www.cms.illinois.gov/thetrail](http://www.cms.illinois.gov/thetrail).

- **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 12 of the Benefit Choice book for more information.
- **Dependent Eligibility Verification Audit:** In an effort to control costs and ensure enrollment files are accurate, the State of Illinois will be conducting a dependent eligibility verification audit of State employees during FY2015. For more information, refer to page 30 of the Benefit Choice book.
- **Annuitant and Survivor Opt Out Option:** Effective July 1, 2014, annuitants and survivors electing to opt out of the health coverage (which includes the termination of vision and prescription coverage) will remain enrolled in the dental and life insurance coverage. Members who opt out of the health coverage and do not want the dental coverage must mark the appropriate box on the Benefit Choice Election form indicating they do not want the dental coverage. Further information regarding the Opt Out Programs is available on page 9 of the Benefit Choice book.
- **Monthly Health Plan Contributions for Retirees, Annuitants and Survivors:** All retirees, annuitants and survivors are charged a percentage of their combined monthly annuity value to cover the costs of the basic program of group health benefits. Effective July 1, 2014, retirees that are ineligible for premium-free Medicare Part A will be charged 4% of their monthly annuity value; retirees that are eligible for and enrolled in Medicare Parts A and B will be charged 2% of their monthly annuity value.
- **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 eligible for benefits under the State Employees Group Insurance Program. Active employees who opt out or 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, agency's name 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 Quality Care Health Plan (QCHP), HealthLink OAP plan and Coventry OAP plan.

# Member and Dependent Monthly Contributions

## Full-time Employee Monthly Health Plan Contributions\*

While the State covers most of the cost of health coverage for employees, retirees and survivors, members must also make a monthly salary/annuity-based contribution. Employees who retire, accept a voluntary salary reduction or return to State employment at a different salary may have

their monthly contribution adjusted based upon the new salary (this applies to employees who return to work after having a 10-day or greater break in State service after terminating employment – this **does not** apply to employees who have a break in coverage due to a leave of absence).

Employee Annual Salary	Monthly Health Plan Contributions Amounts	
\$30,200 & below	Managed Care: \$68	Quality Care: \$93
\$30,201 - \$45,600	Managed Care: \$86	Quality Care: \$111
\$45,601 - \$60,700	Managed Care: \$103	Quality Care: \$127
\$60,701 - \$75,900	Managed Care: \$119	Quality Care: \$144
\$75,901 - \$100,000	Managed Care: \$137	Quality Care: \$162
\$100,001 & above	Managed Care: \$186	Quality Care: \$211

## Dependent Monthly Health Plan Contributions\*

The monthly dependent contribution is in **addition** to the member health plan contribution. Dependents must be enrolled in the same plan as the member. **The Medicare dependent contribution applies only if**

**Medicare is PRIMARY for both Parts A and B.** Members with questions regarding Medicare status may contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit at (800) 442-1300 or (217) 782-7007.

Health Plan Name and Code	One Dependent	Two or more Dependents	One Medicare A and B Primary Dependent	Two or more Medicare A and B Primary Dependents
BlueAdvantage HMO (Code: CI)	\$ 96	\$132	\$ 75	\$110
Coventry HMO (Code: AS)	\$111	\$156	\$ 88	\$130
Coventry OAP (Code: CH)	\$111	\$156	\$ 88	\$130
Health Alliance HMO (Code: AH)	\$113	\$159	\$ 89	\$133
HealthLink OAP (Code: CF)	\$126	\$179	\$102	\$149
HMO Illinois (Code: BY)	\$100	\$139	\$ 79	\$116
Quality Care Health Plan (Code: D3)	\$249	\$287	\$142	\$203

\* Part-time employees are required to pay a percentage of the State's portion of the contribution in addition to the member contribution. Special rules apply for non-IRS dependents (see the Benefits website for more information).

# Member and Dependent Monthly Contributions

## Retiree, Annuitant and Survivor Monthly Health Plan Contributions

### Monthly Health Plan Contribution

All retirees, annuitants and survivors will be charged a percentage of their combined monthly annuity value to cover the costs of the basic program of group health benefits as follows:

- Retirees, Annuitants and Survivors enrolled in Medicare Parts A and B – 2% of the value of your combined monthly annuity from all five State retirement systems
- All Other Retirees, Annuitants and Survivors – 4% of the value of your combined monthly annuity from all five State retirement systems

In addition to the percentage of annuity charged to all retirees, annuitants and survivors, the following charges apply:

20 years or more of creditable service	\$0.00
Less than 20 years of creditable service and, <ul style="list-style-type: none"> <li>• SERS/SURS annuitant/survivor on or after 1/1/98, or</li> <li>• TRS annuitant/survivor on or after 7/1/99</li> </ul>	Five percent (5%) of the costs of the basic program of group health benefits for each year of service less than 20 years.

Call the appropriate retirement system for applicable premiums.  
**SERS:** (217) 785-7444; **SURS:** (800) 275-7877; **TRS:** (800) 877-7896

## Monthly Life Plan Contributions

Optional Term Life Rate	
Member by Age	Monthly Rate Per \$1,000
Under 30	\$0.06
Ages 30 - 34	0.08
Ages 35 - 44	0.10
Ages 45 - 49	0.16
Ages 50 - 54	0.24
Ages 55 - 59	0.44
Ages 60 - 64	0.66
Ages 65 - 69	1.28
Ages 70 and above	2.06

Spouse Life Monthly Rate	
Spouse Life \$10,000 coverage (Annuitants under age 60 and Employees)	6.00
Spouse Life \$5,000 coverage (Annuitants age 60 and older)	3.00

AD&D Monthly Rate Per \$1,000	
Accidental Death & Dismemberment	0.02

Child Life Monthly Rate	
Child Life \$10,000 coverage	0.70

## Member Monthly Quality Care Dental Plan (QCDP) Contributions\*

Member Only	\$11.00	Member plus 1 Dependent	\$17.00	Member plus 2 or more Dependents	\$19.50
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\* Part-time employees are required to pay a percentage of the State's portion of the contribution in addition to the member contribution. Special rules apply for non-IRS dependents (see the Benefits website for more information).

# 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
- Quality Care Health Plan (QCHP) . . . . . D3

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

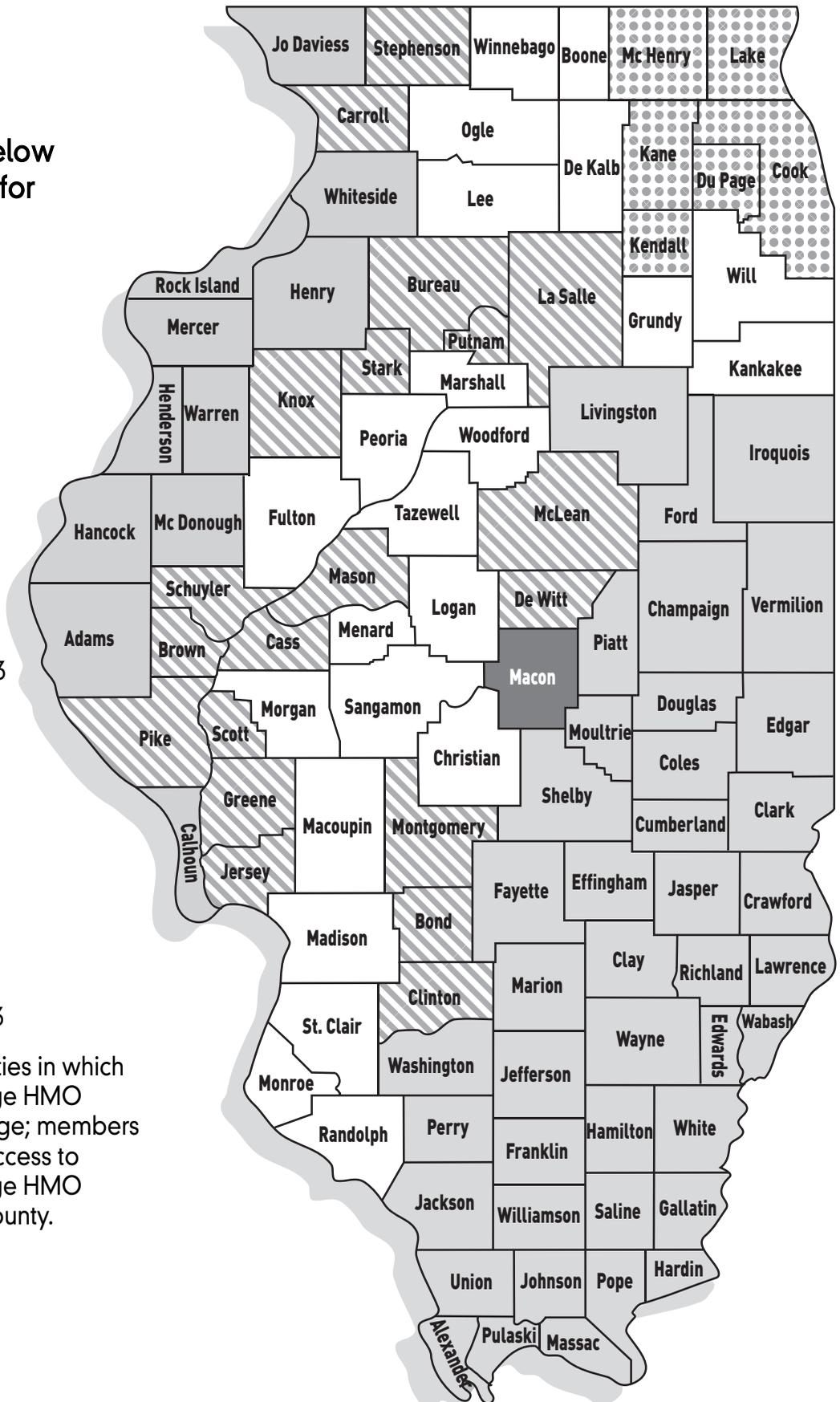
 BY, CF, CH, CI, D3

 AH, AS, CF, CH, D3

 AH, AS, CF, CH, CI, D3

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

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.



# Federally Required Notices

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## Notice of Creditable Coverage

Prescription Drug Information for State of Illinois Medicare Eligible Plan Participants

This Notice confirms that the State of Illinois Group Insurance Program 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 the State Employees Group Insurance Program 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 State Employees Group Insurance 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 State health plan SBC's are available on the Benefits website.

## Notice of Privacy Practices

The Notice of Privacy Practices were 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 Group Insurance Representative (GIR)  
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 group insurance updates throughout the plan year.**