



December 17, 2012

Teachers' Member Name
Address 1
Address 2
City, State Zip

URGENT – RESPONSE REQUIRED

Dear Member:

Our records indicate that you and your covered dependents, if any, are currently enrolled in Health Alliance Illinois under the Teachers' Retirement Insurance Program. We regret to inform you that Health Alliance Illinois will no longer be available to Teachers' Retirement Insurance Program members after January 31, 2013.

Due to Health Alliance Illinois no longer being available, Health Alliance Illinois members must choose another managed care health plan or the Teachers' Choice Health Plan; therefore, a Special Enrollment Period will be held from now through January 31, 2013, for these impacted members.

Please refer to the enclosed map and rate sheet regarding the health plans available and to review the cost of coverage. The information is also available on our website at www.benefitschoice.il.gov. If you are electing an HMO plan, you should contact the HMO plan to ensure the primary care physician (PCP) in which you are interested is in the plan's network. **Contacting the HMO plan directly will give you the most current information.** You should also contact the PCP's office to verify they are accepting new patients before making your election.

The Special Enrollment form on the back of this letter must be completed and returned to the Teachers' Retirement System (TRS) no later than January 31, 2013. The effective date of your new health plan will be February 1, 2013. **Failure to choose another health plan by January 31, 2013, will result in our office automatically enrolling you in the Teachers' Choice Health Plan.**

If you have any questions or concerns, please contact TRS (contact information is on the back of this letter).

Special Enrollment Period for Health Alliance Illinois Members

Member Name:

SSN: xxx-xx-****

As stated in the letter, members enrolled in Health Alliance Illinois must select a new health plan. You must complete and return this form to the Teachers' Retirement System (TRS) no later than January 31, 2013. This new election will be effective February 1, 2013. Please note, you cannot add or drop dependents during this Special Enrollment Period. **You may only change your health plan.**

- If you are electing an HMO, you must complete the **Health Plan Election** and **Primary Care Physician Election** sections below indicating a primary care physician (PCP) for you and each of your dependents. BlueAdvantage HMO and HMO Illinois plans also require the physician medical group number.
- If you elect the Teachers' Choice Health Plan (TCHP), HealthLink OAP or Coventry OAP, you need only indicate the desired health plan in the **Health Plan Election** section below.

Health Plan Election (select one – if you are electing an HMO, ensure the option you elect is available in your area).

_____ **BlueAdvantage HMO**

_____ **Coventry Open Access ***

_____ **Coventry HMO**

_____ **HealthLink Open Access ***

_____ **HMO Illinois**

_____ **Teachers' Choice Health Plan (TCHP) ***

_____ **Health Alliance HMO**

* If you elect one of these carriers, you do not need to complete the **Primary Care Physician Election** section below.

Primary Care Physician Election (only complete this section if you elected an HMO)

Member Name

Primary Care Physician Name

Provider Identifier

Medical Group #

Dependent(s) Name

Primary Care Physician Name

Provider Identifier

Medical Group #

I authorize premiums to be deducted for the plan I have selected. I understand that it is my responsibility to review my benefit check and verify insurance deductions are accurate and if my deductions are not correct, I must immediately contact TRS. I agree to abide by all Group Insurance Program rules.

Member Signature _____

Date _____

TRS Signature _____

Date _____

Please return this form to:

Teachers' Retirement System
2815 W. Washington Street
P.O. Box 19253
Springfield, IL 62794-9253
Phone: (800) 877-7896 Fax: (217) 753-0394

Health Plans by Illinois County

Effective February 1 – June 30, 2013

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

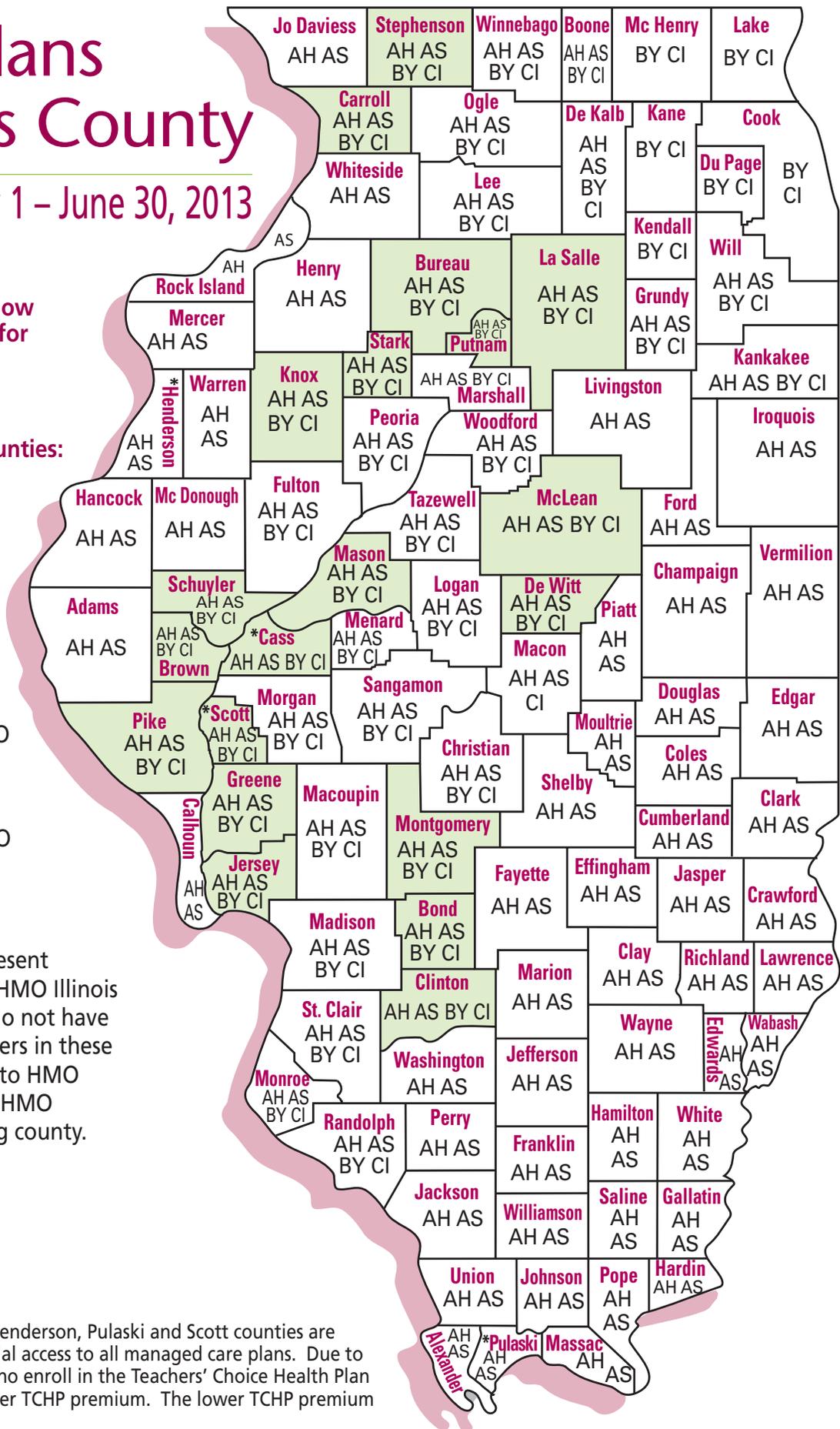
The following plans are available in all Illinois counties:

- CH – Coventry OAP
- CF – HealthLink OAP
- D3 – Teachers' Choice Health Plan (TCHP)

The following plans are available in the counties indicated on the map:

- AH – Health Alliance HMO
- AS – Coventry HMO
- BY – HMO Illinois
- CI – BlueAdvantage HMO

 Shaded 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.



* Members who reside in Cass, Henderson, Pulaski and Scott counties are considered as having only partial access to all managed care plans. Due to this limited access, members who enroll in the Teachers' Choice Health Plan (TCHP) will be charged the lower TCHP premium. The lower TCHP premium is indicated on the rate sheet.

Teachers' Retirement Insurance Program (TRIP) Monthly Premiums

Benefit recipient and dependent beneficiary premiums for each type of health plan available to Teachers' Retirement Insurance Program (TRIP) members are listed below. Please note that members who change the type of health plan in which they are enrolled (e.g., managed care to Teachers' Choice Health Plan) will have a different monthly premium than they have currently. Members who reside in Cass, Henderson, Pulaski or Scott county and enroll in TCHP will receive the 'TCHP when managed care is not available in county' rate.

Type of Participant	Type of Plan	Not Medicare Primary	Not Medicare Primary	Not Medicare Primary	Medicare Primary*
		Under Age 26	Age 26-64	Age 65 and Above	All Ages
Benefit Recipient	Managed Care Plan	\$62.25	\$193.34	\$263.41	\$76.41
	TCHP	\$161.54	\$455.92	\$685.68	\$198.93
	TCHP when managed care is not available in county	\$80.77	\$227.97	\$342.85	\$99.47
Dependent Beneficiary	Managed Care Plan	\$249.06	\$773.33	\$1,053.62	\$264.69 **
	TCHP	\$323.07	\$911.83	\$1,371.34	\$397.88
	TCHP when managed care is not available in county	\$323.07	\$911.83	\$1,371.34	\$298.41 **

* You must enroll in both Medicare Parts A and B to qualify for the lower premiums. Send a copy of your Medicare card to TRS. If you or your dependent is actively working and eligible for Medicare, or you have additional questions about this requirement, contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit.

** Medicare Primary Dependent Beneficiaries enrolled in a managed care plan, or in TCHP when no managed care plan is available, receive a premium subsidy.