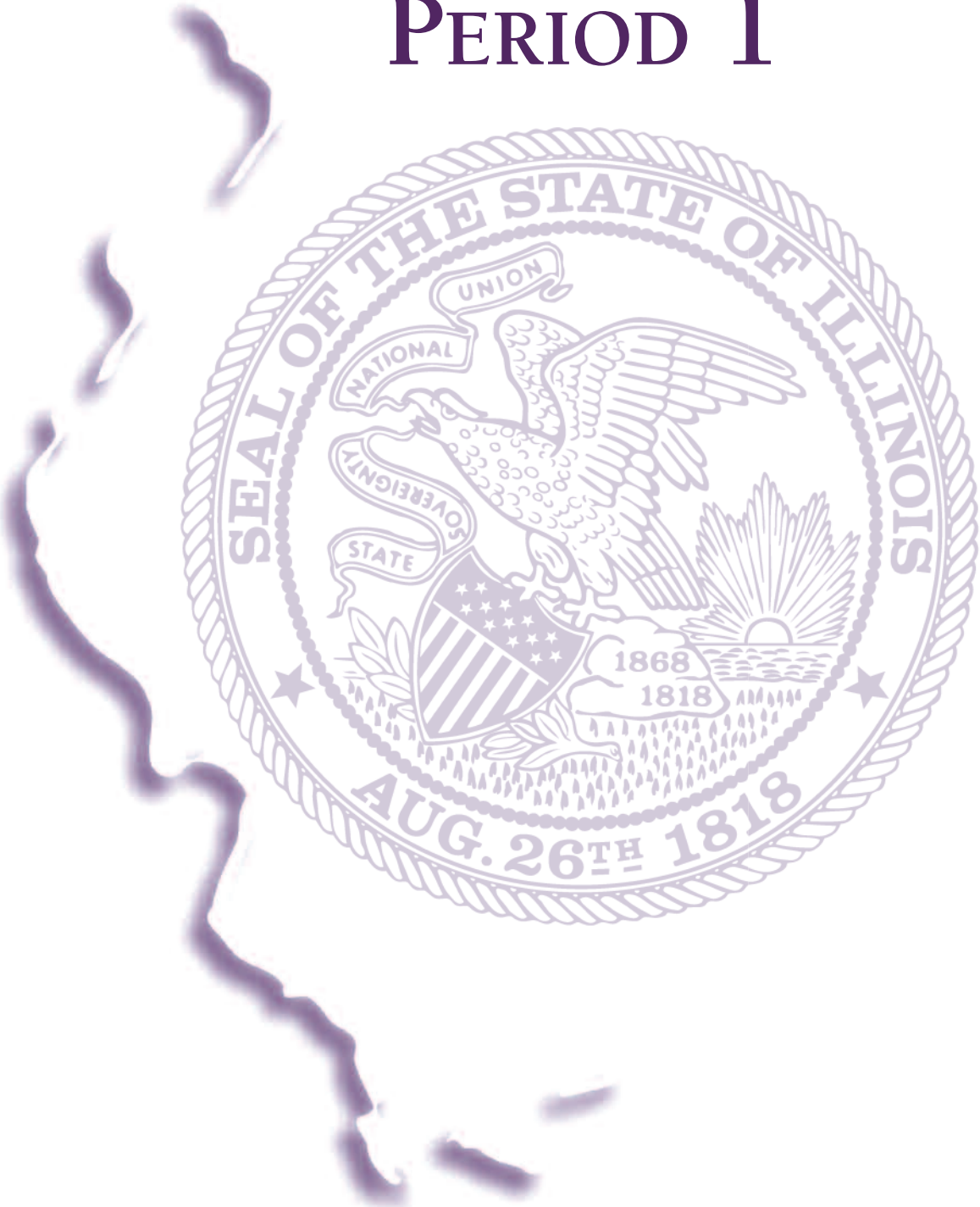
State of Illinois
Rod R. Blagojevich, Governor

Department of Central Management Services
Bureau of Benefits

Benefit Choice Options
Period 1



State of Illinois

Enrollment Period 1, May 1 – 31, 2008 • Effective July 1, 2008

WHO TO CALL FOR INFORMATION...PLAN ADMINISTRATORS

Health Care Plan Name/Administrator	Toll-Free Telephone Number	TDD / TTY Number	Website Address
Health Alliance HMO	(800) 851-3379	(217) 337-8137	www.healthalliance.org
Health Alliance Illinois	(800) 851-3379	(217) 337-8137	www.healthalliance.org
HealthLink OAP	(800) 624-2356	(800) 624-2356 ext. 6280	www.healthlink.com
HMO Illinois	(800) 868-9520	(800) 888-7114	www.bcbsil.com/stateofillinois
OSF HealthPlans	(888) 716-9138	(888) 817-0139	www.osfhealthplans.com
OSF Winnebago	(888) 716-9138	(888) 817-0139	www.osfhealthplans.com
PersonalCare	(800) 431-1211	(217) 366-5551	www.personalcare.org
Unicare HMO	(888) 234-8855	(312) 234-7770	www.unicare.com

Plan Component	Administrator's Name and Address	Customer Service Phone Numbers	Website Address
Vision Plan	**EyeMed** Out-of-Network Claims P.O. Box 8504 Mason, OH 45040-7111	(866) 723-0512 (800) 526-0844 (TDD/TTY)	www.eyemedvision care.com
Life Insurance Plan	**Minnesota Life Insurance Company** 1 N Old State Capitol, Suite 305 Springfield, IL 62701	(888) 202-5525 (800) 526-0844 (TDD/TTY)	www.lifebenefits.com
Long-Term Care (LTC) Insurance	**MetLife**	(800) 438-6388 (800) 638-1004 (TDD/TTY)	
Deferred Compensation Program	**CMS Deferred Compensation Division** 201 East Madison Street P.O. Box 19208 Springfield, IL 62794-9208	(800) 442-1300 (800) 526-0844 (TDD/TTY)	www.state.il.us/cms/ employee/defcom
Flexible Spending Accounts (FSA) Program	**Fringe Benefits Management Company** P.O. Box 1810 Tallahassee, FL 32302-1810	(800) 342-8017 (800) 955-8771 (TDD/TTY) (850) 514-5817 (fax) (866) 440-7152 (toll-free fax)	www.myFBMC.com
Commuter Savings Program (CSP)			
Health/Dental Plans, Medicare COB Unit, FSA Unit, Special Payment Programs Unit, Life Insurance, Adoption and Smoking Cessation Benefits	**CMS Group Insurance Division** 201 East Madison Street P.O. Box 19208 Springfield, IL 62794-9208	(217) 782-2548 (800) 442-1300 (800) 526-0844 (TDD/TTY)	www.benefitschoice.il.gov

Plan Administrator information continued on inside back cover.

Message to Plan Members

There will be two Benefit Choice Options Periods this year. The first Benefit Choice Period will be held **May 1 through May 31, 2008** for all members. Members include employees (full-time, part-time employees working 50% or greater, as well as employees on leave of absence), annuitants, survivors and COBRA participants. Elections will be effective July 1, 2008; however, a second Benefit Choice Period will be held at a later date. Any benefit level and/or premium changes resulting from Union negotiations will be provided prior to the second Benefit Choice Period. For the latest information, continue to visit our website at **www.benefitschoice.il.gov**.

Unless otherwise indicated, all Benefit Choice changes should be made on the Benefit Choice Election Form (located in the back of this booklet and online at **www.benefitschoice.il.gov**). Members should complete the form **only** if changes are being made. The agency/university Group Insurance Representative (GIR) will process the changes based upon the information indicated on the form. Members can access 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**.

Unless specifically noted, members may make the following changes during both Benefit Choice Periods:

- Change health plans
- Add or drop dependent coverage
- Increase or decrease member Optional Life insurance coverage
- Add or drop Child Life, Spouse Life and/or AD&D insurance coverage
- Enroll unrelated same-sex Domestic Partner, including those previously terminated for non-payment of premium (complete Domestic Partner Enrollment Packet available online at www.benefitschoice.il.gov)
- Elect to opt out of health, dental and vision coverage (full-time employees, annuitants and survivors only). **Note**: Members must provide proof of other comprehensive health coverage.
- Elect to waive health, dental and vision coverage (part-time employees 50% or greater, annuitants and survivors required to pay a portion of premiums only)
- Elect to waive health, dental and vision coverage and become a dependent of a State-covered spouse (annuitants only)
- Re-enroll in the program if previously opted out (full-time employees or annuitants)
- Re-enroll in the program if previously waived (part-time employees 50% or greater, annuitants and survivors required to pay a portion of the premium)
- Re-enroll in the program if currently terminated due to non-payment 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 for non-payment of premium.
- Elect to participate or not participate in the dental plan
- Enroll or re-enroll in the Flexible Spending Accounts (FSA) Program (FSA enrollment form required - form available online at www.benefitchoice.il.gov). See page 9 for enrollment limitations.

Benefit Choice Period 1 is May 1-31, 2008

Benefit Choice is the **only** time of the year, other than when a qualifying change in status occurs, that members may change their coverage elections. Before making benefit changes, compare:

- Services covered
- Deductibles, co-payment levels and out-of-pocket maximums
- Premium costs
- Geographic access
- Availability of managed care providers
- Prescription drug coverage

There are three health benefit coverage options available:

- Health Maintenance Organizations (HMOs)
- Open Access Plan (OAP) – administered by HealthLink
- Quality Care Health Plan (QCHP) – administered by CIGNA

Documentation Requirements

- Documentation is required when adding dependent coverage. Members should refer to the documentation requirements chart on the Benefit Choice Election Form Instruction Sheet.
- 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 major medical insurance provided by an entity other than the Department of Central Management Services is required.

Disease Management Program for QCHP Plan Participants
Well Aware for Better Health® *available through CIGNA by* Healthways

QCHP members and dependents with certain risk factors indicating **diabetes or cardiac health conditions** may receive an invitation to voluntarily participate in one or both of these disease management programs. These **highly confidential** programs are based upon certain medical criteria and provide:

- Personal healthcare support **7 days a week, 24 hours a day** with access to a team of **registered nurses (RNs) and other clinicians**
- **Wellness tools**, such as reminders of regular health screenings
- **Educational materials** regarding your health condition, including identification of anticipated symptoms and ways to better manage these conditions

Behavioral Health Services for QCHP Plan Participants

Magellan administers the QCHP Behavioral Health Services benefit. Authorization is required for all behavioral health services. For authorization procedures, see page 81 of the Benefits Handbook or call Magellan at (800) 513-2611.

NOTICE OF CREDITABLE COVERAGE

Prescription Drug Information for State of Illinois Medicare Eligible Plan Participants

This notice confirms that your existing prescription drug coverage through the State Employees Group Insurance Program 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 keep your existing group coverage, it is **not** necessary to join a Medicare prescription drug plan this year.

REMEMBER: KEEP THIS NOTICE

Opt Out Options

- **In accordance with Public Act 92-0600,** full-time employees, retirees, annuitants and survivors may elect to Opt Out of the State Employees Health Insurance Program (health, dental, vision and pharmacy) if proof of other major medical insurance can be provided by an entity other than the Department of Central Management Services.

  Members who wish to Opt Out must complete the Opt Out Election Certificate, attach proof of other insurance coverage (such as a copy of an insurance card from another health plan that names you as being insured) and return to the Group Insurance Representative no later than May 31, 2008.

  Members opting out of the Program continue to be enrolled with Basic Life insurance coverage and may elect optional life coverage.

  Members opting out of the Program are **not eligible** for the:
  – Free influenza immunizations offered annually by the Department of Healthcare and Family Services
  – COBRA continuation of coverage
  – Smoking Cessation Program

  Employees opting out of the Program **are eligible** for the:
  – Flexible Spending Account (FSA) Program
  – Commuter Savings Program (CSP)
  – Paid maternity/paternity benefit
  – Either of the two separate Employee Assistance Programs
  – Long-Term Care Program
  – Adoption Benefit Program

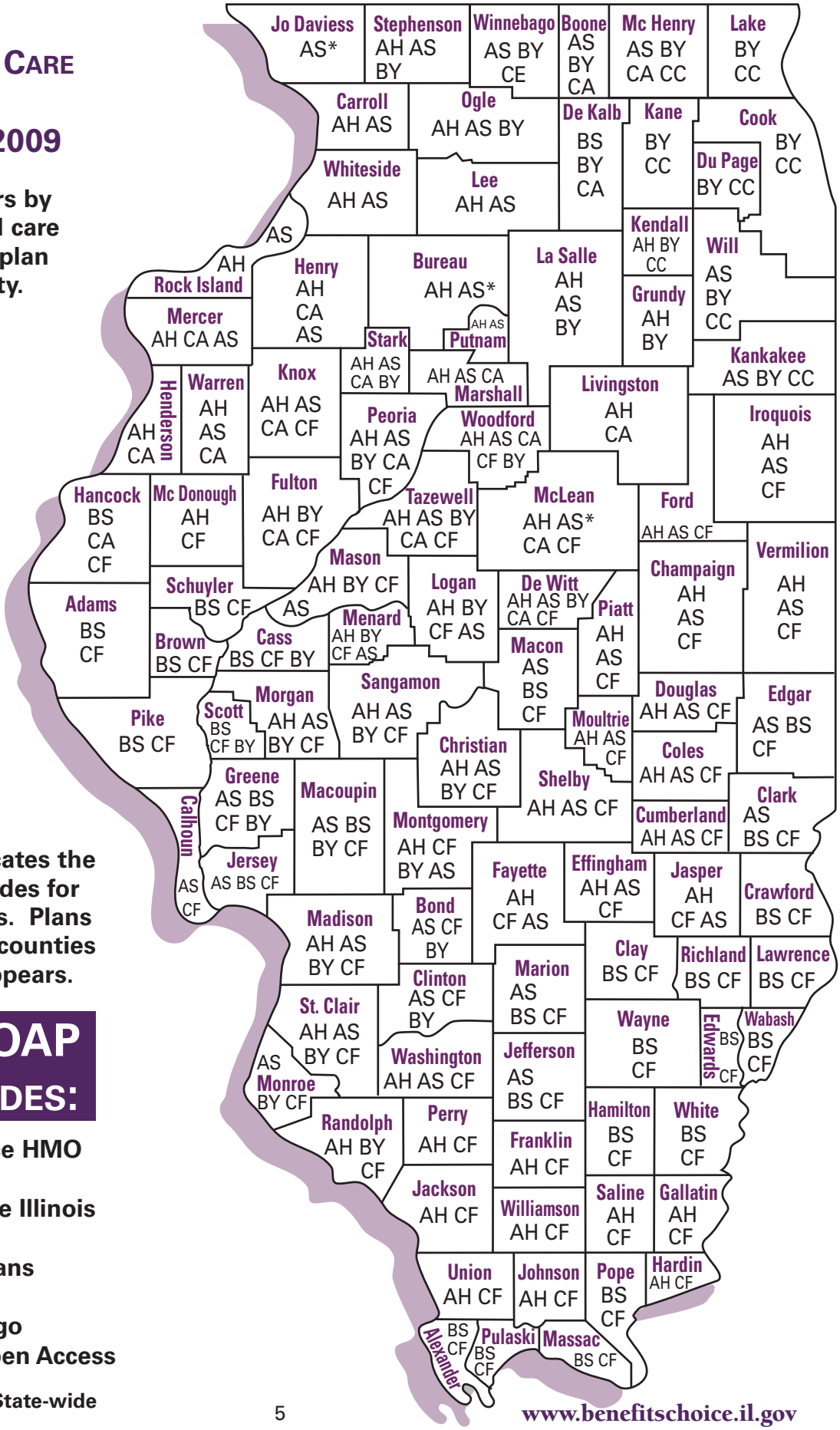
- **In accordance with Public Act 94-0109,** non-Medicare members receiving a retirement annuity from the State Employees' Retirement System (SERS) who are enrolled in the State Employees Health Insurance Program and have other comprehensive medical coverage may elect to OPT OUT of the Health Insurance Program and receive a financial incentive of $150 per month. **Marking 'Opt Out' on the Benefit Choice Election Form does not entitle you to receive the financial incentive.** Contact the Insurance Section of the SERS at (217) 785-7150 for more information and to obtain a copy of the SERS Opt Out with Financial Incentive Form.

- **Individuals who opt out under either Public Act may re-enroll** in the Program only during Benefit Choice (generally held May 1 - 31 each year), or within 60 days of experiencing an eligible qualifying change in status. Members who re-enroll, and their dependents, are subject to possible health benefit limitations for pre-existing conditions. A Certificate of Creditable Coverage from the previous insurance carrier must be provided to reduce the pre-existing conditions waiting period.

Managed Care Plans in Illinois Counties

State Managed Care Health Plans For Plan Year 2009

*** If an asterisk appears by one of the managed care plans, it means the plan is new to that county.**



The key below indicates the two-letter carrier codes for HMO and OAP plans. Plans are available in the counties where their code appears.

HMO and OAP Carrier Codes:

- **AH – Health Alliance HMO**
- **AS – PersonalCare**
- **BS – Health Alliance Illinois**
- **BY – HMO Illinois**
- **CA – OSF HealthPlans**
- **CC – UniCare HMO**
- **CE – OSF Winnebago**
- **CF – HealthLink Open Access**

Note: QCHP available State-wide

Member and Dependent Monthly Health and Dental Plan Contributions

The following member and dependent contributions, as well as benefit levels and deductibles, will remain in effect until Union negotiations conclude.

Employee Annual Salary	Employee Monthly Health Plan Contributions	
$29,500 & below	Managed Care: $35.00	Quality Care: $60.00
$29,501 - $44,600	Managed Care: $40.00	Quality Care: $65.00
$44,601 - $59,300	Managed Care: $42.50	Quality Care: $67.50
$59,301 - $74,300	Managed Care: $45.00	Quality Care: $70.00
$74,301 & above	Managed Care: $47.50	Quality Care: $72.50

Note: Employees who reside in Illinois but do not have access to a managed care plan may be eligible for a lower health plan contribution. Contact the CMS Group Insurance Division, Analysis and Resolution Unit at (800) 442-1300 or (217) 558-4671.

Retiree, Annuitant and Survivor Monthly Health Plan Contribution	
20 years or more of creditable service	$0.00
Less than 20 years of creditable service and, • SERS/SURS annuitant/survivor on or after 1/1/98, **or** • TRS annuitant/survivor on or after 7/1/99	Required to pay a percentage of the cost of the basic coverage.
Call the appropriate retirement system for applicable premiums. **SERS: (217) 785-7444; SURS: (800) 275-7877; TRS: (800) 877-7896**	

Dependent Monthly Health Plan Contributions				
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
Unicare HMO (Code: CC)	$ 70	$101	$ 65	$101
HMO Illinois (Code: BY)	$ 71	$104	$ 67	$104
PersonalCare (Code: AS)	$ 80	$118	$ 76	$118
OSF HealthPlans (Code: CA)	$ 80	$118	$ 77	$118
Health Alliance HMO (Code: AH)	$ 82	$121	$ 77	$121
Health Alliance Illinois (Code: BS)	$ 91	$133	$ 88	$133
HealthLink OAP (Code: CF)	$ 93	$137	$ 90	$137
OSF Winnebago (Code: CE)	$ 95	$140	$ 92	$140
Quality Care Health Plan (Code: D3)	$184	$214	$130	$191

Member Monthly Quality Care Dental Plan (QCDP) Contributions	
Employee Only	$10.00
Employee plus 1 Dependent	$15.00
Employee plus 2 or more Dependents	$17.50
Retirees, Annuitants, Survivors and their Dependents	$0

Contribution Calculation Worksheet

Member Monthly Health Contribution: $_____
(see chart on page 6)

Dependent Monthly Health Contribution: $_____
(see chart on page 6)

Monthly Dental Contribution: $_____
(see chart to left)

Monthly Optional Term Life Contribution: $_____
(see chart on page 8)

My Total Monthly Contribution: $_____

Note: An interactive Premium Calculation Worksheet is available for full-time employees online at www.benefitschoice.il.gov.

After the plan year deductible, the maximum benefit per plan participant per plan year for all dental services, including orthodontic and periodontic, is $2,000. Each plan participant is subject to an annual $100 plan deductible for all services, other than those listed as preventive or diagnostic in the Schedule of Benefits. If services span more than one plan year, a deductible applies to each plan year. The maximum lifetime benefit for child orthodontia is $1,500 and is subject to course of treatment limitations. For more information, see pages 91-95 of the Benefits Handbook or contact the Dental Plan Administrator, CompBenefits, at (800) 999-1669 or (312) 829-1298 (TDD/TTY).

Note: The FY2009 Dental Schedule of Benefits will be available on the Benefits website located at **www.benefitschoice.il.gov**.

Vision Plan

All members and enrolled dependents have the same vision coverage regardless of the health plan selected. Eye exams are covered once every 12 months from the last date the exam benefit was used. All other benefits are available once every 24 months from the last date used. Co-payments are required. For more information regarding the vision plan, see pages 97-98 of the Benefits Handbook or contact the plan administrator, EyeMed Vision Care at (866) 723-0512, (800) 526-0844 (TTD/TTY) or by visiting their website and logging in as a member at **www.eyemedvisioncare.com.**

Prescription Drug Benefit

Plan participants enrolled in all State health plans have prescription drug coverage available. All prescription medications are compiled on a preferred list ("formulary list") maintained by each managed care plan or Medco. Formulary lists categorize drugs in three levels: generic, preferred brand and non-preferred brand. Each level has a different co-payment amount.

PRESCRIPTION DRUG CO-PAYS		
	PRESCRIPTION PLAN	
	QCHP	All Other Plans
Generic	$11	$10
Preferred Brand (Formulary Brand)	$22	$20
Non-Preferred Brand	$44	$40

Life Insurance Plan

Basic term life insurance is provided at no cost to members. The Basic Life coverage amount is equal to the annual salary for active members. For annuitants under age 60, the Basic Life coverage amount is the annual salary as of the last day of active State employment. For annuitants age 60 or older, the Basic Life coverage amount is $5,000.

Optional life insurance coverage is available to members at their own expense. Changes to life insurance must be indicated on the Benefit Choice Election Form (form on page 11). For more information regarding the life plan, see pages 99-100 of the Benefits Handbook or contact the plan administrator, Minnesota Life at (888) 202-5525, (800) 526-0844 (TTD/TTY) or by visiting their website at **www.lifebenefits.com.** Optional life coverages available are listed below:

- **Member Optional Life**
- **Member Accidental Death and Dismemberment (AD&D)**
- **Spouse/Child Life**

Adding/increasing member Optional Life, as well as adding Spouse Life and/or Child Life coverage, is subject to prior approval by the Life Insurance Plan Administrator, Minnesota Life Insurance Company. Members must complete and submit a Statement of Health form to Minnesota Life for review. Contact the agency Group Insurance Representative (GIR) to obtain a Statement of Health form or visit the Benefit Choice website at **www.benefitschoice.il.gov.**

Life insurance coverage changes requiring Statement of Health approval become effective July 1st if the approval date from Minnesota Life is July 1st or earlier. If the approval date is after July 1st, the effective date of the changes is the first day of the pay period following the Statement of Health approval date.

Member Monthly Optional Life Plan Contributions

The following rates are the member contributions for FY2009.

Member by Age	Monthly Rate Per $1,000	Member by Age	Monthly Rate Per $1,000
Under 30	$0.06	Ages 75 - 79	$3.52
Ages 30 - 34	0.08	Ages 80 - 84	4.20
Ages 35 - 44	0.10	Ages 85 - 89	5.20
Ages 45 - 49	0.16	Ages 90 and above	6.50
Ages 50 - 54	0.24	Accidental Death & Dismemberment	0.02
Ages 55 - 59	0.48	Spouse (for $10,000 coverage)	6.94*
Ages 60 - 64	0.72	Dependent Children (for $10,000 coverage)	0.52*
Ages 65 - 69	1.38		
Ages 70 - 74	2.52		

* Spouse and Child Life rates have decreased for FY2009.

The Flexible Spending Accounts (FSA) Program

The FSA Program is an optional tax-free benefit that consists of two plans: the Medical Care Assistance Plan (MCAP), which allows members to pay eligible out-of-pocket medical, dental and vision expenses, and the Dependent Care Assistance Plan (DCAP), which allows members to pay eligible child and/or adult day care expenses. Eligible employees may set aside up to $5000 tax free to one or both of the plans for a combined maximum of $10,000. **Employees may enroll in MCAP during either Benefit Choice Period. The MCAP election may be increased or decreased during Benefit Choice Period 2; however, once enrolled, you must remain enrolled for the entire plan year. Enrollment in DCAP will only be allowed during Benefit Choice Period 1. No changes to DCAP will be allowed during Benefit Choice Period 2.** Visit the Benefits Website at **www.benefitschoice.il.gov** for enrollment forms and the 2008-2009 FSA Booklet.

Eligible MCAP expenses include:

- Prescriptions
- Dental fees
- Over-the-Counter items
- Orthodontic treatment
- Surgery
- Hearing aids and exams
- Eyeglasses
- Doctor fees

Eligible DCAP expenses include:

- After-school care
- Day-care services
- Baby-sitting fees
- Summer day camps
- Nursery and pre-school
- In-home care/au pair services

After Benefit Choice, employees may only enroll upon experiencing an eligible qualifying change in status event. Claims for reimbursement of eligible MCAP and DCAP expenses incurred during the plan year or the corresponding "grace period," must be submitted to FBMC by September 30th following the end of the plan year.

MCAP Grace Period – Employees enrolled in the Medical Care Assistance Plan (MCAP) may incur eligible medical, vision and dental expenses through September 15th of each year and have them reimbursed from their previous plan year MCAP account balance. Claims incurred during this "grace period" must be submitted for reimbursement no later than September 30th of the same year. Participants who have a balance in their previous plan year MCAP account and use their EZ REIMBURSE® MasterCard® card will have those transactions paid from that account before the current plan year's account will be utilized for payment. The "grace period" does not apply to DCAP.

EZ REIMBURSE® MasterCard® Card Program

MCAP participants have the option to have their MCAP account automatically debited when an eligible, uninsured medical expense is incurred. There is a non-refundable $20 annual fee for the EZ REIMBURSE® MasterCard®. The fee will be automatically deducted from the MCAP account at the beginning of the plan year. Like other debit cards, there is no risk of overspending or exceeding account limits. If funds are not available because the annualized amount has been spent down, the transaction will be denied. Because no credit is being extended, cards are available to anyone who signs up for MCAP.

All health, dental and vision services, as well as prescription drugs, can be purchased with the EZ REIMBURSE® MasterCard® card with no out-of-pocket expenses to the participant. Expenses for services, prescription drugs and over-the-counter items will be automatically paid out of the employee's MCAP account in accordance with the IRS Code. Expenses that have a known co-payment amount (such as an HMO physician visit co-pay) do not require follow-up documentation; however, if the card is used for an expense that is not a set co-payment (such as a dental procedure), the employee will need to provide the follow-up documentation (i.e., receipts, EOBs) to the plan administrator, FBMC, within two monthly statement cycles in order to avoid suspension of the card.

Participants who wish to elect the EZ REIMBURSE® MasterCard® must check the appropriate box on the MCAP Enrollment Form. The card will be loaded with the new plan year's annual election amount and ready for use beginning July 1, 2008.

Optional Programs

Commuter Savings Program (CSP)

The CSP can save employees tax dollars on eligible commuting and parking expenses by having those expenses payroll deducted pre-tax. Full-time and part-time employees (working 50% or greater) who have payroll checks processed through the Office of the Comptroller are eligible. Transit passes are mailed directly to the employee's home and parking providers can be paid directly. The current IRS maximum for parking is $220 per month for work-related parking expenses and $115 per month for eligible transit expenses. The IRS maximum may change at the beginning of each calendar year. Refer to **www.benefitschoice.il.gov** for updates. To enroll, change or cancel a deduction, employees should contact the plan administrator at **www.myFBMC.com**. See page 117 of the Benefits Handbook for more information.

Smoking Cessation Program

Members and dependents are eligible to receive a rebate up to $200 for completing an approved smoking cessation program, limited to one rebate per participant, per plan year. One-time procedures are not considered an approved program. See page 119 of the Benefits Handbook for details.

Adoption Benefit Program

State employees working full time or part time (50% or greater) are eligible for reimbursement of eligible adoption expenses. The adoption must be final before expenses are eligible for this benefit. See pages 121-122 of the Benefits Handbook for details.

Deferred Compensation Program

The Deferred Compensation Program is one way to save for the future while enjoying tax savings today. This program provides an investment opportunity for state employees by offering a wide variety of investment options, flexibility to make investment changes and convenient services. See pages 113-114 of the Benefits Handbook for more information.

Long-Term Care (LTC) Insurance

Members may choose an optional group long-term care insurance plan through Metropolitan Life Insurance Company (MetLife). Premiums for this plan are paid entirely by the insured directly to MetLife. Call MetLife toll-free at 800-GET-MET8 (800-438-6388) for an enrollment kit.

Employee Assistance Program

There are two separate programs for active employees and their dependents that provide valuable resources for support and information during difficult times, the Employee Assistance Program (EAP) and the Personal Support Program (PSP). See inside back cover for plan administrator and website information.

- Active employees **not** represented by the collective bargaining agreement between the State and AFSCME must contact the EAP administered by Magellan Behavioral Health.

- Bargaining unit employees represented by AFSCME Council 31 and covered under the master contract agreement between the State of Illinois and AFSCME must access EAP services through the AFSCME Personal Support Program.

BENEFIT CHOICE ELECTION FORM – PERIOD 1

May 1 – 31, 2008 (Changes effective July 1, 2008)

COMPLETE THIS FORM ONLY TO MAKE A CHANGE IN YOUR BENEFITS

SECTION A: EMPLOYEE INFORMATION (required)

SSN: — —

Last Name	First Name	Phone Numbers	
		Home:	Work:

SECTION B: OPT OUT / OPT IN

OPT OUT/OPT IN of Health & Dental		
☐ Opt Out	☐ Opt In	**See Section B of the Instruction Sheet on back for requirements**

SECTION C: HEALTH PLAN ELECTIONS (complete only if CHANGING your health plan)

Health Plan Election *	
Elect One: Quality Care Health Plan (QCHP) ☐ **~ Or ~** Managed Care (HMO or OAP) ☐	**If you selected Managed Care, you must complete the information below. Go to the health plan's website to find the provider identifier.** See the Instruction Sheet on back for more information. Provider Identifier _____ (6 or 10 characters) Carrier Code _____ (2 characters – see page 5) Plan Name _____

* You must complete a Coordination of Benefits Worksheet for yourself and/or any dependent that has other insurance coverage (including Medicare or Medicaid). The Coordination of Benefits Worksheet is available at www.benefitschoice.il.gov.

SECTION D: DENTAL PLAN OPTION

Dental Plan Option	
I choose not to participate in the dental plan ☐	I choose to re-enroll in the dental plan ☐

SECTION E: OPTIONAL LIFE INSURANCE (complete only if CHANGING life coverage elections)

OPTIONAL LIFE	☐ INCREASE ²	☐ DECREASE	☐ CANCEL	AD&D (Accidental Death & Dismemberment)	
☐ 1 x Basic	☐ 3 x Basic	☐ 5 x Basic	☐ 7 x Basic	☐ CANCEL AD&D	☐ BASIC only (Basic)
☐ 2 x Basic	☐ 4 x Basic	☐ 6 x Basic	☐ 8 x Basic		☐ COMBINED (Basic + Optional Life)

SECTION F: DEPENDENT INFORMATION ¹ (dependents will be enrolled in the same health plan as the member)

A (Add) / D (Drop) / C (Change)					Name	SSN	Birth Date	Relationship³	Provider Identifier
HEALTH			LIFE ²						
A	D	C	A	D					
☐	☐	☐	☐	☐					
☐	☐	☐	☐	☐					
☐	☐	☐	☐	☐					
☐	☐	☐	☐	☐					

Notes: ¹ Documentation required to add dependents – see specific documentation requirements on the Instruction Sheet.
² Statement of Health form required when increasing Optional Life or adding Spouse or Child Life (form available at www.benefitschoice.il.gov).
³ Relationship must be spouse, son, daughter, stepchild, adopted child, adjudicated child or legal guardian.

I authorize prevailing premiums to be deducted from my pay or annuity for those plans I have selected. 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 Group Insurance Program rules. I agree to furnish additional information requested for enrollment or administration of the plan I have elected.

MEMBER SIGNATURE: _____ DATE: _____

GIR/GIP SIGNATURE: _____ DATE: _____

Give completed form to your GIR by May 31, 2008.

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 – EMPLOYEE INFORMATION (Complete all fields)

SECTION B – OPT OUT / OPT IN
If you wish to opt out of the State Employees Group Insurance Program you must complete the 'Opt Out/Opt In' portion of Section B and submit an 'Opt Out/Opt In Election Certificate' to your agency/university Group Insurance Representative (GIR). The form is available through your agency GIR or online at www.benefitschoice.il.gov.

SECTION C – HEALTH PLAN ELECTIONS
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.

If you wish to change your **health** plan you must check either the Quality Care Health Plan (QCHP) or the managed care plan box. If **electing/changing managed care plans**, you must enter the managed care plan's carrier code (see map on page 5 for carrier codes), the plan's name and the provider identifier. The provider identifier is associated with a specific physician and is referenced as either the PCP code (6 characters) or NPI code (10 characters). Provider identifiers are located in the managed care plan's online directory, available on their website (see inside front cover of this booklet for website addresses).

SECTION D – DENTAL PLAN OPTION

- If you are currently participating in the **dental** plan and wish not to participate in the upcoming plan year you must check the 'I choose not to participate in the dental plan' box (proof of other dental coverage is not required). If you elect not to participate, you can re-enroll **only** during a future Benefit Choice election period.
- If you **currently are not** participating in the **dental** plan and wish to re-enroll for the upcoming plan year you must check the 'I choose to re-enroll in the dental plan' box. Benefit Choice is the only time you can re-enroll in the dental plan.

SECTION E – OPTIONAL LIFE INSURANCE
Complete this section if you wish to add/drop/increase or decrease Optional Life[1] or Accidental Death and Dismemberment (AD&D) coverage. **Note:** Optional Life Coverage subject to $3,000,000 maximum (basic + optional life). AD&D Combined maximum is 5 times the employee salary (basic plus 4 times optional coverage).

SECTION F – DEPENDENT INFORMATION
Complete this section if you are adding, dropping or changing your dependent health or life[1] coverage. If you are adding health or life dependent coverage, **you must provide the appropriate documentation as indicated below**:

Spouse	Marriage certificate
Natural Child through Age 18	Birth certificate
Stepchild	Birth certificate indicating your spouse is the child's parent, marriage certificate and proof the child resides with you at least 50% of the time.
Adopted Child	Adoption certificate stamped by the circuit clerk.
Adjudicated Child/Legal Guardian	Court documentation signed by a judge.
Student	Birth certificate, Dependent Coverage Certification Statement (CMS-138)*, and verification of full-time student enrollment in an accredited school.
Handicapped	Birth certificate, Dependent Coverage Certification Statement (CMS-138)*, and a letter from the doctor 1) detailing the dependent's limitations, capabilities and onset of condition from a cause originating prior to age 19 (age 23 if enrolled as a full-time student), 2) a diagnosis from a physician with an ICD-9 diagnosis code and 3) a statement from the Social Security Administration with the Social Security disability determination, along with a copy of the Medicare card.
* The Dependent Coverage Certification Statement (CMS-138) is available through your agency Group Insurance Representative (GIR) or online at **www.benefitschoice.il.gov**.	

[1] If you are applying to add or increase Optional Life, Spouse Life or Child Life, you must complete, sign and mail a Statement of Health application to ***Minnesota Life, 1 North Old Capitol Plaza, Suite 305, Springfield, IL 62701***. The Statement of Health application is available at www.benefitschoice.il.gov or through your agency GIR.

SIGNATURE: You must sign and date the Benefit Choice Election Form and give to your agency GIR by **May 31, 2008** in order for your elections to be effective July 1, 2008. Dependent documentation must be submitted to your GIR 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.**

WHO TO CALL FOR INFORMATION...PLAN ADMINISTRATORS

Plan Component	Contact For:	Administrator's Name and Address	Customer Service Contact Information
Quality Care Health Plan (QCHP) Medical Plan Administrator	Medical service information, network providers, claim forms, ID cards, claim filing/resolution and pre-determination of benefits	**CIGNA** Group Number 3181456 **CIGNA HealthCare** P.O. Box 5200 Scranton, PA 18505-5200	(800) 962-0051 (nationwide) (800) 526-0844 (TDD/TTY) http://provider.healthcare.cigna.com/soi.html
QCHP Notification and Medical Case Management Administrator	Notification prior to hospital services Non-compliance penalty of $800 applies	**Intracorp, Inc.**	(800) 962-0051 (nationwide) (800) 526-0844 (TDD/TTY) http://provider.healthcare.cigna.com/soi.html
Prescription Drug Plan Administrator QCHP (1400SD3) Health Alliance Illinois (1400SBS) OSF Winnebago (1400SCE) HealthLink OAP (1400SCF)	Information on prescription drug coverage, pharmacy network, mail order, specialty pharmacy, ID cards and claim filing	**Medco** Group Number: 1400SD3, 1400SBS, 1400SCE, 1400SCF **Paper Claims:** Medco Health Solutions P.O. Box 14711 Lexington, KY 40512 **Mail Order Prescriptions:** Medco P.O. Box 30493 Tampa, FL 33630-3493	(800) 899-2587 (nationwide) (800) 759-1089 (TDD/TTY) www.medco.com
QCHP Behavioral Health Administrator	Notification, authorization, claim forms and claim filing/resolution for Behavioral Health Services	**Magellan Behavioral Health** Group Number 3181456 P.O. Box 2216 Maryland Heights, MO 63043	(800) 513-2611 (nationwide) (800) 526-0844 (TDD/TTY) www.MagellanHealth.com
Employee Assistance Program (EAP)	Confidential assistance and assessment services, ID cards	**Magellan Behavioral Health** -For Non-AFSCME represented employees-	(866) 659-3848 (nationwide) (800) 526-0844 (TDD/TTY) www.MagellanHealth.com
Personal Support Program (PSP – AFSCME EAP)	Confidential assessment and assistance services	**AFSCME Council 31** -For AFSCME represented employees-	(800) 647-8776 (statewide) (800) 526-0844 (TDD/TTY) www.afscme31.org
Quality Care Dental Plan (QCDP) Administrator	Dental services, claim filing and ID cards	**CompBenefits** Group Number 950 P.O. Box 4677 Chicago, IL 60680-4677	(800) 999-1669 (312) 829-1298 (TDD/TTY) www.compbenefits.com

DISCLAIMER

The State of Illinois intends that the terms of this plan are legally enforceable and that the plan is maintained for the exclusive benefit of Members. The State reserves the right to change any of the benefits and contributions described in this Benefit Choice Options Booklet. This Booklet is produced annually and is intended to supplement the Benefits Handbook. If there is a discrepancy between the Benefit Choice Options Booklet, the Benefits Handbook and state or federal law, the law will control.

Illinois Department of Central Management Services
Bureau of Benefits
PO Box 19208
Springfield, IL 62794-9208

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