

State of Illinois  
Pat Quinn, Governor

Department of Central Management Services  
Bureau of Benefits



# *Benefit Choice Options Period*

Enrollment Period May 1 - May 31, 2009

## *Local Government Health Plan*

Effective July 1, 2009 - June 30, 2010

# Plan Administrators

## Who to call for information

Health Care Plan Name/Administrator	Toll-Free Telephone Number	TDD/TTY Number	Website Address
<b>Health Alliance HMO</b>	(800) 851-3379	(217) 337-8137	<a href="http://www.healthalliance.org">www.healthalliance.org</a>
<b>Health Alliance Illinois</b>	(800) 851-3379	(217) 337-8137	<a href="http://www.healthalliance.org">www.healthalliance.org</a>
<b>HealthLink OAP</b>	(800) 624-2356	(800) 624-2356 ext. 6280	<a href="http://www.healthlink.com">www.healthlink.com</a>
<b>HMO Illinois</b>	(800) 868-9520	(800) 888-7114	<a href="http://www.bcbsil.com/stateofillinois">www.bcbsil.com/stateofillinois</a>
<b>Humana Benefit Plan of Illinois</b> (formerly OSF HealthPlans)	(888) 716-9138	(888) 817-0139	<a href="http://www.humanabenefitplanil.com">www.humanabenefitplanil.com</a>
<b>PersonalCare</b>	(800) 431-1211	(217) 366-5551	<a href="http://www.personalcare.org">www.personalcare.org</a>
<b>UniCare HMO</b>	(888) 234-8855	(312) 234-7770	<a href="http://www.unicare.com">www.unicare.com</a>

Plan Component	Administrator's Name and Address	Customer Service Phone Numbers	Website Address
<b>Vision Plan</b>	<b>EyeMed</b> Out-of-Network Claims P.O. Box 8504 Mason, OH 45040-7111	(866) 723-0512 (800) 526-0844 (TDD/TTY)	<a href="http://www.eyemedvisioncare.com/stil">www.eyemedvisioncare.com/stil</a>
<b>Local Care Dental Plan (LCDP) Administrator</b>	<b>CompBenefits</b> Group Number 960 P.O. Box 4721 Chicago, IL 60680-4721	(800) 999-1669 (312) 829-1298 (TDD/TTY)	<a href="http://www.compbenefits.com">www.compbenefits.com</a>
<b>Health/Dental Plans, Medicare COB Unit and Smoking Cessation Benefits</b>	<b>CMS Group Insurance Division</b> 201 East Madison Street P.O. Box 19208 Springfield, IL 62794-9208	(217) 782-2548 (800) 442-1300 (800) 526-0844 (TDD/TTY)	<a href="http://www.benefitschoice.il.gov">www.benefitschoice.il.gov</a>

Plan Administrator information continued on inside back cover.

# Table of Contents

<b>Benefit Choice Period</b> .....	1
<b>Important Changes for Plan Year 2010 and Member Responsibilities</b> .....	2
<b>Notice of Creditable Coverage</b> .....	3
<b>Health Plan</b> .....	4
<b>Managed Care Plans</b> .....	5
Managed Care Plans in Illinois Counties (Map) .....	5
HMO Benefits .....	6
Open Access Plan (OAP) Benefits .....	7
<b>The Local Care Health Plan (LCHP)</b> .....	8
<b>Health Plan Comparison</b> .....	10
<b>Prescription Drug Benefit</b> .....	11
<b>Vision Plan</b> .....	11
<b>Dental Plan</b> .....	12
<b>Notice of Privacy Practices (HIPAA)</b> .....	13
<b>Benefit Choice Election Form and Instructions</b> .....	15
<b>Plan Administrators</b> .....	Inside Front and Back Covers

## *Benefit Choice Period is May 1-31, 2009*

The Benefit Choice Period is **May 1 through May 31, 2009**, for all members. Elections will be effective July 1, 2009. Members include employees (full-time employees, part-time employees working 50% or greater, as well as employees on leave of absence), annuitants and COBRA participants.

All Benefit Choice changes should be made on the Benefit Choice Election Form located in the back of this booklet. Members should complete the form **only** if changes are being made. The Local Government Health Plan will process the changes based upon the information indicated on the form.

### **During the annual Benefit Choice Period, members may:**

- Change health plans
- Add or drop dependent coverage

### **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 on page 16.



# Important Changes for Plan Year 2010

(July 1, 2009 through June 30, 2010)

The information below presents changes to the Local Government Health Plan (LGHP). Please carefully review all the information in this Benefit Choice Options booklet. Members should review this publication each year to be aware of benefit changes. Benefit Choice is May 1 - 31, 2009. All elections made during Benefit Choice will be effective July 1, 2009.



## **Public Act 95-0958 – Coverage for Adult Children**

Coverage for adult children will be effective July 1, 2009. Members must use a separate enrollment form to enroll adult children - **Do Not Use the Benefit Choice Election Form to add an adult child.** Go to the LGHP section of the Benefits website ([www.benefitschoice.il.gov](http://www.benefitschoice.il.gov)) and click on 'adult children' at the top of the page for more information and an enrollment form, or contact your Health Plan Representative.

## **OSF HealthPlans is now a part of Humana**

The Humana Benefit Plan option will continue to provide the same benefits and same quality network of providers that you had available through OSF HealthPlans. If you are a current OSF member, you do not need to complete a Benefit Choice Election form unless you are changing to a plan other than Humana. If you are a current OSF member and decide to stay enrolled with Humana you will receive a new ID card from Humana prior to starting your new plan year July 1, 2009.

## *Member Responsibilities*

**It is each member's responsibility to know plan benefits and make an informed decision regarding coverage elections.**

**Notify the Health Plan Representative (HPR) immediately when any of the following occur:**

- Change of address
- Qualifying change in status:
  - birth/adoption of a child;
  - marriage, divorce, legal separation, annulment;
  - death of spouse or dependent;
  - an employment status change for the member, the member's spouse or any dependent(s) that affects eligibility under the plan;
  - dependent(s) loss of eligibility;
  - a court order results in the gain or loss of a dependent;
  - a change in Public Aid recipient status;
  - dependent becomes covered by other group health or dental coverage
- Gain or loss of other group coverage
- Leave of absence
- Change in Medicare status
- Change to or addition of other group health insurance coverage
- Gain of, or change to, other group insurance coverage during the plan year. The participant must provide their Coordination of Benefits (COB) information to their HPR as soon as possible.

# Notice of Creditable Coverage

## Prescription Drug Information for Local Government Health Plan (LGHP) Medicare Eligible Plan Participants

This notice confirms that your existing prescription drug coverage through the Local Government Health Plan (LGHP) 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 Local Government Health Plan 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 Local Government Health Plan 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.

**REMEMBER: KEEP THIS NOTICE**



# Health Plan

The Local Government Health Plan (LGHP) offers its members and annuitants health, prescription, dental and vision coverage.

As a member of LGHP, you are offered a number of health insurance coverage plans:

- Health Maintenance Organization (HMOs)
- Open Access Plan (OAP)
- Local Care Health Plan (LCHP) – a plan with both in-network and out-of-network benefits

The health insurance plans differ in the benefit levels they provide, the doctors and hospitals you can access and the cost to you. See pages 5-10 for information to help you determine which plan is right for you.

If you change health plans during the Benefit Choice Period, your new health insurance ID cards will be mailed to you directly from your health insurance carrier. You should expect your new ID cards by the beginning of the plan year, July 1, 2009. If you need to have services provided on or after July 1, 2009, but have not yet received your ID cards, contact your health insurance carrier.

Remember, whatever health plan you elect during the Benefit Choice Period will remain in effect the entire plan year, unless you experience a qualifying change in status that allows you to change plans.

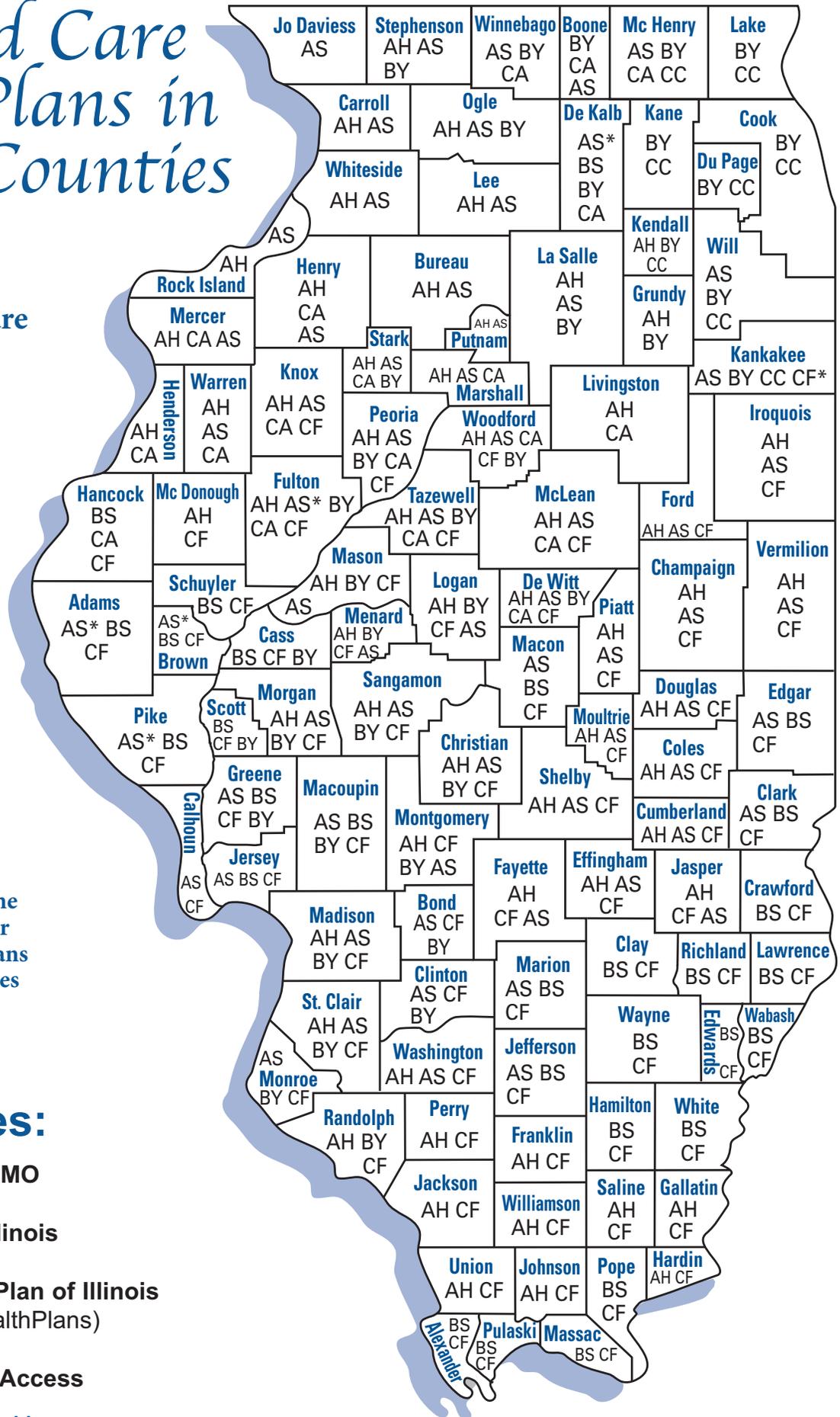
## Disease Management Programs

Disease Management Programs are utilized by CIGNA and the managed care health plans as a way to improve plan participants' health. You may be contacted by your plan to participate in these programs.

# Managed Care Plans in Illinois Counties

## LGHP Managed Care Health Plans For Plan Year 2010

\* Plan is new to this 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 & OAP Carrier Codes:

- AH – Health Alliance HMO
- AS – PersonalCare
- BS – Health Alliance Illinois
- BY – HMO Illinois
- CA – Humana Benefit Plan of Illinois (formerly OSF HealthPlans)
- CC – UniCare HMO
- CF – HealthLink Open Access

Note: LCHP available Statewide

# HMO Benefits

Members must select a Primary Care Physician (PCP) from a network of participating providers. The PCP directs healthcare services and must make referrals for specialists and hospitalizations. When care and services are coordinated through the PCP, the member pays only a co-payment. No annual plan deductibles apply. The HMO coverage described below represents the minimum level of coverage an HMO is required to provide. Benefits are outlined in each plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the HMO plan selected. Contact the plan for a copy of the SPD.

## HMO Plan Design

Plan year maximum benefit	Unlimited
Lifetime maximum benefit	Unlimited

## Hospital Services

Inpatient hospitalization	100% after \$250 co-payment per admission
Alcohol and substance abuse (maximum number of days determined by the plan)	100% after \$250 co-payment per admission
Psychiatric admission (maximum number of days determined by plan)	100% after \$250 co-payment per admission
Outpatient surgery	100% after \$150 co-payment
Diagnostic lab and x-ray	100%
Emergency room hospital services	100% after \$200 co-payment per visit

## Professional and Other Services

Physician Office visit (including physical exams and immunizations)	100% after \$20 co-payment per visit
Specialist Office visit	100% after \$20 co-payment per visit
Well Baby Care (first year of life)	100% after \$20 co-payment per visit
Psychiatric care (maximum number of days determined by the plan)	100% of the cost after a 20% or \$20 co-payment per visit
Alcohol and substance abuse care (maximum number of days determined by the plan)	100% of the cost after a 20% or \$20 co-payment per visit
Prescription drugs	\$10 co-payment for generic \$20 co-payment for preferred brand \$40 co-payment for non-preferred brand
Durable Medical Equipment	80%
Home Health Care	\$20 co-payment per visit

**Some HMOs may have benefit limitations based on a calendar year schedule.**

# Open Access Plan (OAP) Benefits

The OAP, administered by HealthLink, provides three benefit levels broken into tier groups. Tier I and Tier II require the use of network providers and offer benefits with co-payments and/or coinsurance. Tier III (out-of-network) requires higher out-of-pocket costs, but offers members flexibility in selecting healthcare providers. Tier II and Tier III require a deductible. It is important to remember the level of benefits is determined by the selection of care providers. Members enrolled in the OAP can mix and match providers. The benefits described below represent the minimum level of coverage available in the OAP. Benefits are outlined in the plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the OAP plan. Contact HealthLink for a copy of the SPD.

Benefit	Tier I 100% Benefit	Tier II 90% Benefit	Tier III (Out-of-Network) 80% Benefit
Plan Year Maximum Benefit	Unlimited	Unlimited	\$1,000,000
Lifetime Maximum Benefit	Unlimited	Unlimited	\$1,000,000
Annual Out-of-Pocket Max Per Individual Enrollee Per Family	\$0 \$0	\$1,000 \$2,500	\$2,000 \$5,000
Annual Plan Deductible (must be satisfied for all services)	\$0	\$300 per enrollee*	\$500 per enrollee*

## Hospital Services

Inpatient	100% after \$250 co-payment per admission	90% of network charges after \$300 co-payment per admission	80% of U&C after \$400 co-payment per admission
Inpatient Psychiatric	100% after \$250 co-payment per admission, up to 30 days per plan year	90% of network charges after \$300 co-payment per admission up to 30 days per plan year	80% of U&C after \$400 co-payment per admission, up to 30 days per plan year
Inpatient Alcohol and Substance Abuse	100% after \$250 co-payment per admission, up to 10 days rehabilitation per plan year	90% of network charges after \$300 co-payment per admission up to 10 days rehabilitation per plan year	80% of U&C after \$400 co-payment per admission, up to 10 days rehabilitation per plan year
Emergency Room	100% after \$200 co-payment per visit	90% of network charges after \$200 co-payment per visit	80% of U&C after lesser of \$200 co-payment per visit, or 50% of U&C
Outpatient Surgery	100% after \$150 co-payment per visit	90% of network charges after \$150 co-payment	80% of U&C after \$150 co-payment
Outpatient Psychiatric and Substance Abuse	100% after \$20 co-payment, up to 30 visits per plan year	90% of network charges after \$20 co-payment, up to 30 visits per plan year	80% of U&C after \$20 co-payment, up to 30 visits per plan year
Diagnostic Lab and X-ray	100%	90% of network charges	80% of U&C

## Physician and Other Professional Services

Physician Office Visits	100% after \$20 co-payment	90% of network charges after \$20 co-payment	80% of U&C
Preventive Services, including immunizations, Well Baby care, allergy testing and treatment	100% after \$20 co-payment	90% of network charges after \$20 co-payment	Covered under Tier I and Tier II only

## Other Services

	Prescription Drugs – Covered through State of Illinois administered plan, Medco		
	Generic \$10	Preferred Brand \$20	Non-Preferred Brand \$40
Durable Medical Equipment	80% of network charges	80% of network charges	80% of U&C
Skilled Nursing Facility	80% of network charges	80% of network charges	Covered under Tier I and Tier II only
Transplant Coverage	100%	80% of network charges	Covered under Tier I and Tier II only
Home Health Care	100% after \$20 co-payment	80% of network charges after \$20 co-payment	Covered under Tier I and Tier II only

\* An annual plan deductible must be met before plan benefits apply. Benefit limits are measured on a plan year. Plan co-payments and deductibles do not count toward the out-of-pocket maximum.

# The Local Care Health Plan (LCHP)

LCHP is the medical plan that offers a comprehensive range of benefits. Under the LCHP, plan participants can choose any physician or hospital for medical services and any pharmacy for prescription drugs. Plan participants receive enhanced benefits resulting in lower out-of-pocket amounts when receiving services from an LCHP network provider. The **nationwide LCHP network** consists of physicians, hospitals, ancillary providers, pharmacies (Medco retail pharmacy network) and behavioral health services (Magellan behavioral health network).

Notification to Intracorp, the LCHP notification administrator, is required for certain medical services in order to avoid penalties. Refer to the Benefits Handbook or contact Intracorp at (800) 962-0051 for direction.

Plan participants can access plan benefit and participating network information, Explanation of Benefits (EOB) statement and other valuable health information online. To access online links to plan administrators, visit the Benefits website at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov).

## Plan Year Maximums and Deductibles

Plan Year Maximum	Unlimited						
Lifetime Maximum	Unlimited						
Plan Year Deductible	\$400 per participant						
Additional Deductibles* * These are in addition to the plan year deductible.	<table> <tr> <td>Each emergency room visit</td> <td>\$400</td> </tr> <tr> <td>Non-LCHP hospital admission</td> <td>\$400</td> </tr> <tr> <td>Transplant deductible</td> <td>\$250</td> </tr> </table> <p>Note: There is no additional deductible for admission to a LCHP network hospital</p>	Each emergency room visit	\$400	Non-LCHP hospital admission	\$400	Transplant deductible	\$250
Each emergency room visit	\$400						
Non-LCHP hospital admission	\$400						
Transplant deductible	\$250						

## Out-of-Pocket Maximums

Deductibles and eligible coinsurance payments accumulate toward the annual out-of-pocket maximum. There are two separate out-of-pocket maximums: a general one and one for non-LCHP network hospital charges. Coinsurance and deductibles apply to one or the other, but not both. After the out-of-pocket maximum has been met, coinsurance amounts are no longer required and the plan pays 100% of eligible charges for the remainder of the plan year.

<b>General:</b> <b>\$1,500 per individual</b> <b>\$3,750 per family per plan year</b>	<b>Non-LCHP Network Hospital:</b> <b>\$4,400 per individual</b> <b>\$8,800 per family per plan year</b>
---	---

### The following do not apply toward out-of-pocket maximums:

- Prescription Drug benefits or co-payments.
- Behavioral Health benefits, coinsurance or co-payments.
- Notification penalties.
- Ineligible charges (amounts over Usual and Customary (U & C), charges for non-covered services and charges for services deemed not to be medically necessary).

# LCHP - Plan Benefits

## Hospital Services

LCHP Hospital Network	<ul style="list-style-type: none"> <li>• 90% after annual plan deductible.</li> <li>• No hospital admission deductible.</li> </ul>
Non-LCHP Hospitals	<ul style="list-style-type: none"> <li>• \$400 deductible per hospital admission.</li> <li>• If the member resides within 25 miles of an LCHP network hospital and the member chooses to use a non-LCHP network hospital and/or voluntarily travels in excess of 25 miles when an LCHP network hospital is available within the same travel distance, the plan pays 65% after the annual plan deductible.</li> <li>• If the member has no LCHP network hospital available within 25 miles and voluntarily chooses to travel further than the nearest LCHP network hospital, the plan pays 65% after the annual plan deductible.</li> <li>• If the member does not reside within 25 miles of an LCHP network hospital, the plan pays 80% after the annual plan deductible.</li> </ul>

## Outpatient Services

Lab/X-ray	80% of Usual & Customary (U&C) after annual plan deductible.
Approved Durable Medical Equipment (DME) and Prosthetics	80% of U&C after annual plan deductible.
Licensed Ambulatory Surgical Treatment Centers	90% of negotiated fee or 90% of U&C, as applicable, after plan deductible.

## Professional and Other Services

LCHP Physician Network	90% of negotiated fee after the annual plan deductible. U&C charges do not apply.
Physician and Surgeon Services not included in the LCHP Network	80% of U&C after the annual plan deductible for inpatient, outpatient and office visits.
Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)	90% of negotiated fee or 80% of U&C, as applicable, after plan deductible.

## Transplant Services

Organ and Tissue Transplants	80% of negotiated fee after \$250 transplant deductible. Benefits are not available unless approved by the Notification Administrator, Intracorp. To assure coverage, the transplant candidate must contact Intracorp prior to beginning evaluation services.
------------------------------	---

## Behavioral Health Services

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

**Network providers are subject to change throughout the plan year. Always call the respective plan administrator to verify participation of a specific provider.**

# Health Plan Comparison

Benefit	LCHP	HMO	OAP Tier I	OAP Tier II	OAP Tier III
<b>Plan Year Maximum Benefit</b>	Unlimited	Unlimited	Unlimited	Unlimited	\$1,000,000
<b>Lifetime Maximum Benefit</b>	Unlimited	Unlimited	Unlimited	Unlimited	\$1,000,000

## Patient Responsibilities

<b>Annual Out-of-Pocket Maximum</b>	<b>General:</b> \$1,500 per enrollee \$3,750 per family/plan year	\$3,000		\$1,000	\$2,000
• Per Enrollee			Not applicable		\$5,000
• Per Family	<b>Non-LCHP Hospital:</b> \$4,400 per enrollee \$8,800 per family/plan year	\$6,000		\$2,500	
<b>Annual Plan Deductible</b> Must be satisfied for all services	\$400 per enrollee	\$0	\$0	\$300 per enrollee	\$500 per enrollee
<b>Other Deductibles/Co-payments:</b>					
• <b>Emergency Room</b>	\$400	\$200	\$200	90% network charges** after \$200 co-payment	80% of U&C* after \$200 co-payment
• <b>Non-LCHP/Out-of-Network Hospital Admission</b>	\$400	No coverage	See Tier III for benefit level	See Tier III for benefit level	80% of U&C* after \$400 co-payment

## Plan Benefit Levels Comparison

<b>Physician Office Visit</b>	90% LCHP network 80% of U&C* non-LCHP	\$20 co-payment	\$20 co-payment	90% of network charges** after \$20 co-payment	80% of U&C*
<b>Preventive Services</b>	80% or 100% for specific services	\$20 co-payment	\$20 co-payment	90% of network charges** after \$20 co-payment	Covered under Tier I and Tier II only
<b>Inpatient</b>	90% - LCHP network 80% or 65% - non-LCHP	\$250 co-payment	\$250 co-payment	90% of network charges** after \$300 co-payment	80% of U&C* after \$400 co-payment
<b>Outpatient Surgery</b>	90% for LCHP network provider	\$150 co-payment	\$150 co-payment	90% of network charges** after \$150 co-payment	80% of U&C* after \$150 co-payment
<b>Diagnostic Lab and X-ray</b>	80% of U&C*	100%	100%	90% of network charges**	80% of U&C*
<b>Durable Medical Equipment</b>	80% of U&C*	80% of network charges**	80% of network charges**	80% of network charges**	80% of U&C*

\* Usual & Customary (U&C) is an amount determined by the health plan administrator not to exceed the general level of charges being made by providers in the locality where the charge is incurred when furnishing like or similar services, treatment or supplies for a similar medical condition.

\*\*Network charges are the amount the plan determines is the appropriate charge for a covered service.

# Prescription Drug Benefit

Plan participants enrolled in any LGHP health plan have prescription drug benefits included in the coverage. All prescription medications are compiled on a preferred drug list (“formulary list”) maintained by each health plan’s Prescription Benefit Manager (PBM). Formulary lists categorize drugs in three levels: generic, preferred brand and non-preferred brand. Each level has a different co-payment amount. Please note that when a pharmacy dispenses a brand drug for any reason and a generic is available, the plan participant must pay the cost difference between the brand product and the generic product, plus the generic co-payment. Plan participants who have additional prescription drug coverage, including Medicare, should contact their plan’s PBM for Coordination of Benefits (COB) information. Plan participants whose PBM is Medco can receive a 90-day supply of medication through the Mail Order Program for two co-payments.

## PRESCRIPTION DRUG CO-PAYS FOR A 30-DAY SUPPLY

	PRESCRIPTION PLAN	
	LCHP	All Other Plans
Generic	\$11	\$10
Preferred (Formulary) Brand	\$22	\$20
Non-Preferred Brand	\$44	\$40

Coverage for specific drugs may vary depending upon the health plan. It is important to note that formulary lists are subject to change any time during the plan year. To compare formulary lists, cost-savings programs and to obtain a list of pharmacies that participate in the various health plan networks, plan participants should visit the website of each health plan they are considering. Certain health plans notify plan participants by mail when a prescribed medication they are currently taking is reclassified into a different formulary list category. Plan participants should consult with their physician to determine if a change in prescription is appropriate.

# Vision Plan

Vision coverage is provided at no additional cost to members enrolled in any of the LGHP health plans. All members and enrolled dependents have the same vision coverage regardless of the health plan selected. All vision benefits are available once every 24 months from the last date used. Co-payments are required.

Service	Network Provider Benefit	Out-of-Network Provider Benefit***
<b>Eye Exam</b>	\$10 co-payment	\$20 allowance
<b>Spectacle Lenses*</b> (single, bifocal and trifocal)	\$10 co-payment	\$20 allowance for single vision lenses \$30 allowance for bifocal and trifocal lenses
<b>Standard Frames</b>	\$10 co-payment (up to \$90 retail frame cost; member responsible for balance over \$90)	\$20 allowance
<b>Contact Lenses**</b> (All contact lenses are in lieu of standard frames and spectacle lenses)	\$20 co-payment for medically necessary \$50 co-payment for elective contact lenses \$70 allowance for all other lenses not mentioned above	\$70 allowance

\* Spectacle Lenses: Plan participant pays any and all optional lens enhancement charges. Network providers may offer additional discounts on lens enhancements and multiple pair purchases.

\*\* Contact Lenses: The contact lens allowance applies toward the cost of the contact lenses as well as the professional fees for fitting and evaluation services.

\*\*\* Out-of-network claims must be filed within one year from the date of service.



**EyeMed Vision Care: (866) 723-0512**  
**TDD/TTY: (800) 526-0844**  
**Website: [www.eyemedvisioncare.com/stil](http://www.eyemedvisioncare.com/stil)**

# Dental Plan

All members and enrolled dependents have the same dental benefits available regardless of the health plan selected. Participants may go to any dental provider for services.

## Local Care Dental Plan (LCDP)

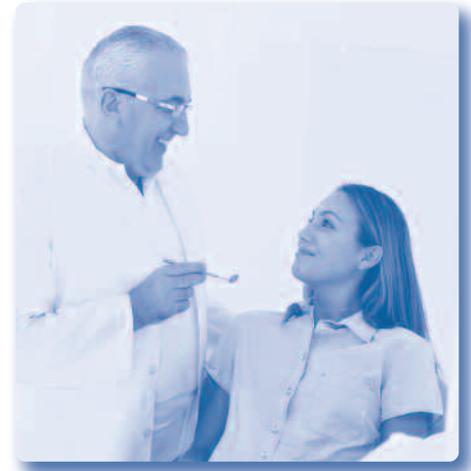
- The Local Care Dental Plan (LCDP) reimburses only those services listed on the Dental Schedule of Benefits available on the Benefits website at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov).
- Listed services are reimbursed at a predetermined maximum scheduled amount.
- A \$100 individual plan deductible applies for all services other than those listed as 'Preventive' and 'Diagnostic' in the Dental Schedule of Benefits.
- Members are responsible for all charges over the scheduled amount and/or over the annual maximum benefit.
- Once the deductible has been met, the plan participant has a maximum annual dental benefit of \$2,000 for all dental services.

## Preventive and Diagnostic Services

Annual Deductible	N/A
Plan Year Maximum Benefit*	\$2,000

## All Other Covered Dental Services

Annual Deductible	\$100
Plan Year Maximum Benefit*	\$2,000



## Child Orthodontia Benefit

- The child orthodontia benefit is available only to children who begin treatment prior to the age of 19.
- There is a maximum lifetime benefit for child orthodontia of \$1,500.
- This lifetime maximum is subject to course of treatment limitations and begins once the \$100 plan year deductible has been met.

## Orthodontia Services

Annual Deductible	\$100
Lifetime Maximum Benefit	\$1,500
Plan Year Maximum Benefit*	\$2,000

## Length of Orthodontia Treatment

- The lifetime maximum benefit for child orthodontics is based on the length of treatment.
- This lifetime maximum applies to each plan participant regardless of the number of courses of treatment.

Length of Treatment	Maximum Benefit
0 - 36 Months	\$1,500
0 - 18 Months	\$1,364
0 - 12 Months	\$780

\* Orthodontics + all other covered services

**CompBenefits: (800) 999-1669**  
**TDD/TTY: (312) 829-1298**  
**Website: [www.compbenefits.com](http://www.compbenefits.com)**

## NOTICE OF PRIVACY PRACTICES

For Individuals Enrolled in the Local Care Health Plan (LCHP) and the Local Government Dental Plan (LGDP)

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The State of Illinois, Department of Central Management Services, Bureau of Benefits (Bureau), and the Department of Healthcare and Family Services are charged with the administration of the self-funded plans available through the State Employees Group Insurance Act. These plans include the Local Care Health Plan and the Local Government Dental Plan. The term “we” in this Notice means the Bureau, the Department of Healthcare and Family Services and our Business Associates (health plan administrators).

We are required by federal and state law to maintain the privacy of your Protected Health Information (PHI). We are also required by law to provide you with this Notice of our legal duties and privacy practices concerning your PHI. For uses and disclosures not covered by this Notice, we will seek your written authorization. You may revoke an authorization at any time; however, the revocation will only affect future uses or disclosures.

The Department of Healthcare and Family Services contracts with Business Associates to provide services including claim processing, utilization review, behavioral health services and prescription drug benefits. These Business Associates receive health information protected by the privacy requirements of the Health Insurance Portability and Accountability Act and act on our behalf in performing their respective functions. When we seek help from individuals or entities in our treatment, payment, or health care operations activities, we require those persons to follow this Notice unless they are already required by law to follow the federal privacy rule. CIGNA HealthCare is the Medical Plan Administrator. Intracorp (a CIGNA HealthCare Affiliate) is the Notification and Medical Case Management Administrator. Medco Health Solutions is the Prescription Drug Plan Administrator. Magellan Behavioral Health is the Behavioral Health Administrator. CompBenefits is the Dental Plan Administrator. If you have insured health coverage, such as an HMO, you will receive a notice from the HMO regarding its privacy practices.

#### **How We May Use or Disclose Your PHI:**

**Treatment:** We may use or disclose PHI to health care providers who take care of you. For example, we may use or disclose PHI to assist in coordinating health care or services provided by a third party. We may also use or disclose PHI to contact you and tell you about alternative treatments, or other health-related benefits we offer. If you have a friend or family member involved in your care, with your express or implied permission, we may give them PHI about you.

**Payment:** We use and disclose PHI to process claims and make payment for covered services you receive under your benefit plan. For example, your provider may submit a claim for payment. The claim includes information that identifies you, your diagnosis, and your treatment.

**Health Care Operations:** We use or disclose PHI for health care operations. For example, we may use your PHI for customer service activities and to conduct quality assessment and improvement activities.

**Appointment Reminders:** Through a Business Associate, we may use or disclose PHI to remind you of an upcoming appointment.

#### **Legal Requirements:**

We may use and disclose PHI **as required or authorized by law**. For example, we may use or disclose your PHI for the following reasons.

**Public Health:** We may use and disclose PHI to prevent or control disease, injury or disability, to report births and deaths, to report reactions to medicines or medical devices, to notify a person who may have been exposed to a disease, or to report suspected cases of abuse, neglect or domestic violence.

**Health Oversight Activities:** We may use and disclose PHI to state agencies and federal government authorities when required to do so. We may use and disclose your health information in order to determine your eligibility for public benefit programs and to coordinate delivery of those programs. For example, we must give PHI to the Secretary of Health and Human Services in an investigation into compliance with the federal privacy rule.

**Judicial and Administrative Proceedings:** We may use and disclose PHI in judicial and administrative proceedings. In some cases, the party seeking the information may contact you to get your authorization to disclose your PHI.

**Law Enforcement:** We may use and disclose PHI in order to comply with requests pursuant to a court order, warrant, subpoena, summons, or similar process. We may use and disclose PHI to locate someone who is missing, to identify a crime victim, to report a death, to report criminal activity at our offices, or in an emergency.

**Avert a Serious Threat to Health or Safety:** We may use or disclose PHI to stop you or someone else from getting hurt.

**Work-Related Injuries:** We may use or disclose PHI to workers' compensation or similar programs in order for you to obtain benefits for work-related injuries or illness.

**Coroners, Medical Examiners, and Funeral Directors:** We may use or disclose PHI to a coroner or medical examiner in some situations. For example, PHI may be needed to identify a deceased person or determine a cause of death. Funeral directors may need PHI to carry out their duties.

**Organ Procurement:** We may use or disclose PHI to an organ procurement organization or others involved in facilitating organ, eye, or tissue donation and transplantation.

**Release of Information to Family Members:** In an emergency, or if you are not able to provide permission, we may release limited information about your general condition or location to someone who can make decisions on your behalf.

**Armed Forces:** We may use or disclose the PHI of Armed Forces personnel to the military for proper execution of a military mission. We may also use and disclose PHI to the Department of Veterans Affairs to determine eligibility for benefits.

**National Security and Intelligence:** We may use or disclose PHI to maintain the safety of the President or other protected officials. We may use or disclose PHI for national intelligence activities.

**Correctional Institutions and Custodial Situations:** We may use or disclose PHI to correctional institutions or law enforcement custodians for the safety of individuals at the correctional institution, those who are responsible for transporting inmates, and others.

**Research:** You will need to sign an authorization form before we use or disclose PHI for research purposes except in limited situations where special approval has been given by an Institutional Review or Privacy Board. For example, if you want to participate in research or a clinical study, an authorization form must be signed.

**Fundraising and Marketing:** We do not undertake fundraising activities. We do not release PHI to allow other entities to market products to you.

**Plan Sponsors:** Your employer is not permitted to use PHI for any purpose other than the administration of your benefit plan. If you are enrolled through a unit of local government, we may disclose summary PHI to your employer, or someone acting on your employer's behalf, so that it can monitor, audit or otherwise administer the employee health benefit plan that the employer sponsors and in which you participate.

**Illinois Law:** Illinois law also has certain requirements that govern the use or disclosure of your PHI. In order for us to release information about mental health treatment, genetic information, your AIDS/HIV status, and alcohol or drug abuse treatment, you will be required to sign an authorization form unless Illinois law allows us to make the specific type of use or disclosure without your authorization.

**Your Rights:**

You have certain rights under federal privacy laws relating to your PHI. To exercise these rights, you must submit your request in writing to the appropriate plan administrator. These plan administrators are as follows:

<p><b>For the Medical Plan Administrator and Notification/Medical Case Management:</b> CIGNA HealthCare, Privacy Office P.O. Box 5400 Scranton, PA 18503 800-762-9940</p>	<p><b>For Pharmacy Benefits:</b> Medco Health Solutions, Privacy Services Unit P.O. Box 800 Franklin Lakes, NJ 07417 800-987-5237</p>
<p><b>For Behavioral Health Benefits:</b> Magellan Behavioral Health, Privacy Officer 1301 E. Collins Blvd. Suite 100 Richardson, TX 75081 800-513-2611</p>	<p><b>For Dental Plan Benefits:</b> CompBenefits, Privacy Officer 100 Mansell Court East, Suite 400 Roswell, GA 30076 800-342-5209</p>

**Restrictions:** You have a right to request restrictions on how your PHI is used for purposes of treatment, payment and health care operations. We are not required to agree to your request.

**Communications:** You have a right to receive confidential communications about your PHI. For example, you may request that we only call you at home or that we send your mail to another address. If your request is put in writing and is reasonable, we will accommodate it. If you feel you may be in danger, just tell us you are "in danger" and we will accommodate your request.

**Inspect and Access:** You have a right to inspect information used to make decisions about you. This information includes billing and medical record information. You may not inspect your record in some cases. If your request to inspect your record is denied, we will send you a letter letting you know why and explaining your options.

You may copy your PHI in most situations. If you request a copy of your PHI, we may charge you a fee for making the copies. If you ask us to mail your records, we may also charge you a fee for mailing the records.

**Amendment of your Records:** If you believe there is an error in your PHI, you have a right to make a request that we amend your PHI. We are not required to agree with your request to amend. We will send you a letter stating how we handled your request.

**Accounting of Disclosures:** You have a right to receive an Accounting of Disclosures that we have made of your PHI for purposes other than treatment, payment, and health care operations, or disclosures made pursuant to your authorization. We may charge you a fee if you request more than one Accounting in a 12-month period.

**Copy of Notice and Changes to the Notice:** 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. Changes to the Notice are applicable to the health information we already have. If we materially change this Notice, you will receive a new Notice within sixty (60) days of the material change. You can also access a revised Notice on our website at "<http://www.benefitschoice.il.gov/>"

**Complaints:** If you feel that your privacy rights have been violated, you may file a complaint by contacting the Privacy Officer of the respective plan administrator. If the Privacy Officer does not handle your complaint or request adequately, please contact the Central Management Services, Privacy Officer, Department of Central Management Services, 401 South Spring, Room 720, Springfield, Illinois 62706, 217-782-9669. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, D.C. if you feel your privacy rights have been violated. **EFFECTIVE DATE: July 1, 2009**

**LOCAL GOVERNMENT HEALTH PLAN (LGHP)**  
**BENEFIT CHOICE ELECTION FORM**  
 ENROLLMENT PERIOD: MAY 1 – MAY 31, 2009  
 Complete This Form Only If Changing Your Benefits

**SECTION A: EMPLOYEE INFORMATION (required)**

SSN:           —           —

Last Name	First Name	Phone Numbers	
		Home:	Work:

**SECTION B: HEALTH PLAN ELECTION (complete only if changing health plans)**

Health Plan Election *	If you selected Managed Care Plan, <u>you must</u> complete the information below. To find the provider identifier, go to the health plan's website. See the instructions on back for more information.
<b>Elect One:</b> Local Care Health Plan (LCHP) <input type="checkbox"/> <p style="text-align: center;">~ Or ~</p> Managed Care Plan (HMO or OAP) <input type="checkbox"/>	Provider Identifier _____ (6 or 10 characters) Carrier Code _____ (2 characters – see page 5) Plan Name _____

\* If you have another health insurance plan, including Medicare, you must give a copy of you and/or your dependent's other insurance card to your HPR. The copy must include the front and back of the card.

**SECTION C: DEPENDENT INFORMATION <sup>1</sup> (dependents will be enrolled with the same coverage that you have)**

NOTE: If you wish to add an adult child due to Public Act 95-0958, DO NOT ENTER YOUR DEPENDENT'S INFORMATION IN THIS SECTION. Instead, you must complete a Special Enrollment Period – Eligibility Certification Statement, available at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov).

HEALTH			Name	SSN	Birth Date	Relationship <sup>2</sup>	Sex (M/F)	Provider Identifier
A (Add) / D (Drop) / Change (C)								
A	D	C						

**Note:** <sup>1</sup> Documentation required to add dependents – see specific documentation requirements on the back.

<sup>2</sup> Relationship must be spouse, son, daughter, stepchild, adopted child, adjudicated child or legal guardian.

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 Local Government Health Plan rules. I agree to furnish additional information requested for enrollment or administration of the plan I have elected.

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HPR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Give completed form to your unit's HPR by May 31, 2009.**

# 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 – HEALTH PLAN ELECTION

*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 Local Care Health Plan (LCHP) or the Managed Care box. If **electing/changing managed care plans**, you must enter the managed care plan's carrier code (see 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 for website addresses).

## SECTION C – DEPENDENT INFORMATION

Complete this section if you are adding or dropping health coverage for a dependent. If you are adding dependent health coverage, you must provide the appropriate documentation as indicated below.

**NOTE: If you wish to add an adult child due to Public Act 95-0958 DO NOT ENTER YOUR DEPENDENT'S INFORMATION IN THIS SECTION. Instead, you must complete a Special Enrollment Period – Eligibility Certification Statement, available at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov).**

Spouse	Marriage certificate
Natural Child through Age 18	Birth certificate
Stepchild	Birth certificate, marriage certificate indicating your spouse is the child's parent and proof the child resides with you at least 50% of the time.
Adopted Child	Adoption certificate stamped by the circuit clerk.
Adjudicated Child	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, 2) a diagnosis from a physician with an ICD-9 diagnosis code <u>and</u> 3) a statement from the Social Security Administration with the Social Security disability determination, along with a copy of the Medicare card.
Other (dependent who has received an organ transplant after 6/30/2000)	Proof of transplant, Dependent Coverage Certification Statement (CMS-138)* <u>and</u> member's tax return or other documentation proving financial dependency.
* The Dependent Coverage Certification Statement (CMS-138) is available from your HPR.	

## SIGNATURE

You must sign and date the Benefit Choice Election Form and give to your HPR by **May 31, 2009** in order for your elections to be effective July 1, 2009. Dependent documentation must be submitted to your HPR 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.**

# Plan Administrators

## Who to call for information

Plan Component	Contact For:	Administrator's Name and Address	Customer Service Contact Information
<b>Local Care Health Plan (LCHP) Medical Plan Administrator</b>	Medical service information, network providers, claim forms, ID cards, claim filing/resolution and predetermination of benefits	<b>CIGNA</b> Group Number 2457474 <b>CIGNA HealthCare</b> P.O. Box 5200 Scranton, PA 18505-5200	(800) 962-0051 (nationwide) (800) 526-0844 (TDD/TTY) <a href="http://provider.healthcare.cigna.com/soi.html">http://provider.healthcare.cigna.com/soi.html</a>
<b>LCHP Notification and Medical Case Management Administrator</b>	Notification prior to hospital services  Non-compliance penalty of \$400 applies	<b>Intracorp, Inc.</b>	(800) 962-0051 (nationwide) (800) 526-0844 (TDD/TTY) <a href="http://provider.healthcare.cigna.com/soi.html">http://provider.healthcare.cigna.com/soi.html</a>
<b>Prescription Drug Plan Administrator</b>  LCHP (1401LD3)  Health Alliance Illinois (1401LBS)  HealthLink OAP (1401LCF)	Information on prescription drug coverage, pharmacy network, mail order, specialty pharmacy, ID cards and claim filing	<b>Medco</b> Group Number: 1401LD3, 1401LBS, 1401LCF <b>Paper Claims:</b> Medco Health Solutions P.O. Box 14711 Lexington, KY 40512  <b>Mail Order Prescriptions:</b> Medco P.O. Box 30493 Tampa, FL 33630-3493	(800) 899-2587 (nationwide)  (800) 759-1089 (TDD/TTY)  <a href="http://www.medco.com">www.medco.com</a>
<b>LCHP Behavioral Health Administrator</b>	Notification, authorization, claim forms and claim filing/resolution for Behavioral Health Services	<b>Magellan Behavioral Health</b> Group Number 2457474 P.O. Box 2216 Maryland Heights, MO 63043	(800) 513-2611 (nationwide) (800) 526-0844 (TDD/TTY) <a href="http://www.MagellanHealth.com">www.MagellanHealth.com</a>

### 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 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**

Address Service Requested

**PRSR STD  
U.S. POSTAGE  
PAID**

**SPRINGFIELD, IL  
PERMIT NO. 489**

**Printed by the authority of the State of Illinois  
(CMS-BEN2002-02-6,250-04/09)  
Printed on recycled paper**

