

Message to Plan Members

The Benefit Choice Period will be **May 1 through June 17, 2011**, for all members. Members include employees (full-time employees, part-time employees working 50% or greater and employees on leave of absence), annuitants, elected officials, survivors and COBRA participants. **Elections will be effective July 1, 2011.**

Unless otherwise indicated, all Benefit Choice changes should be made on the Benefit Choice Election Form. Members should complete the form **only if changes** are being made. Your unit health plan representative (HPR) will forward the changes indicated on the form to the LGHP for processing.

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

- Change health plans.
- Add or drop dependent coverage.
- Elect to waive coverage. **The election to waive coverage will terminate the health, dental, vision and prescription coverage for the member and any covered dependents.**
- Re-enroll in the Program if previously waived (full-time employees, part-time employees or elected officials).

Benefit Choice Changes for Plan Year 2012

(Enrollment Period May 1 – June 17, 2011)

The information below represents changes to the LGHP benefit plans. Please carefully review all the information in this booklet to be aware of the benefit changes.

- **Managed Care Contracts** – A final decision regarding the managed care contracts for FY 2012 has been made. As a result, vendor names, coverage areas and rates are now available.

Members have until June 17, 2011, to make a decision regarding their coverage choices for FY 2012. Anyone who fails to submit a Benefit Choice Election Form by June 17th, **will be defaulted into the Local Care Health Plan.**
- **Dental Plan** - Effective July 1, 2011, Delta Dental of Illinois will become the plan administrator of the dental program. The Dental Schedule of Benefits has not changed. Even though Delta Dental offers two provider networks, the Delta Dental PPOSM network and the Delta Dental PremierSM network, you can still utilize any licensed general or specialty dentist, regardless of whether the dentist participates in one of the networks, and receive the benefit shown on the

Dental Schedule of Benefits. However, in most cases you can reduce your out-of-pocket expenses by utilizing a network provider. See pages 16 and 17 for more information.

Questions regarding services rendered prior to July 1, 2011, will continue to be handled by CompBenefits at (800) 999-1669.

- **Dependent Children** – Effective July 1, 2011, any dependent child (under age 26) will be eligible for health, dental and vision coverage regardless of student status, marital status or residency. Exception: In accordance with Public Act 95-0958, adult veteran children must live in Illinois in order to be eligible for coverage in the Adult Veteran category. Also, if the adult veteran child is age 26 or older, they must be unmarried. Use the Benefit Choice Enrollment Form on page 19 to enroll a new dependent.

Other Plan Year 2012 Changes

- **Student, Student Leave of Absence and Student Military Extension** – Effective July 1, 2011, these dependent categories will no longer be available. Dependents enrolled in any of these categories will automatically be reclassified into the “Sponsored Adult Child” category by CMS during the month of August 2011. **Members do not need to take any action regarding this transition.**

- **Civil Union Partners** – Per Public Act 96-1513, the State of Illinois now requires employers to provide coverage for civil union partners and the dependents of civil union partners. June 1, 2011, will begin a 60-day qualifying change in status enrollment period for those members who have a valid Civil Union Partnership Certificate from another state. For members who obtain a Civil Union Partnership Certificate in Illinois, the 60-day qualifying change in status enrollment period will begin upon the issuance of the certificate. Enrollments will be processed in accordance with qualifying change in status rules.

Information and FAQs regarding coverage for civil union partners can be found on the Benefits website. **As the law permitting civil union partner coverage is not effective until June 1, 2011, coverage for civil union partners and their dependents CANNOT be requested during the Benefit Choice Period.**

- **Member Handbook** – A new Local Government Member Handbook will be released on July 1, 2011. This handbook contains vital information for members regarding the various benefits offered by LGHP. The handbook will be available on the Benefits website beginning July 1, 2011.

- **Federal Healthcare** – The following changes are a result of the Patient Protection and Affordable Care Act.

1. Preexisting condition limitations no longer apply.
2. Annual and lifetime maximums have been eliminated.
3. Residency of a dependent child, except for a dependent child enrolled in the Adult Veteran category, is no longer relevant. Dependent children enrolled in the Adult Veteran category must reside in the State of Illinois to be eligible for coverage.
4. Marital status of a dependent child under the age of 26 is no longer relevant.
5. Preventive services are paid at 100%.

- **Prescription Drug Step Therapy (PDST)** – Beginning July 1, 2011, members enrolled in the Local Care Health Plan or one of the self-insured managed care plans will be subject to prescription drug step therapy (PDST). PDST is a program designed to encourage members to select lower cost drugs prior to moving to a higher cost therapeutic equivalent. See page 15 for more information.

