FY 2012 Health Care Benefit Choice Q & A for Members

1. **Will I need to change health plans?**

   If you are currently covered under one of the health vendors that will no longer be offered by the state of Illinois, you will need to select a new vendor. This does not necessarily mean that you will need to select a new primary care physician, but you must select a new health plan.

2. **What do I need to do to change health plans?**

   You must complete the Benefit Choice enrollment form which can be found on page 31 of the FY 2012 Benefit Choice Options book. The online book can be found at http://www.state.il.us/cms/download/pdfs_benefits/FY12Seminar-StateBook-qxd.pdf

3. **When will the FY 2012 Benefit Choice Period end? How long do I have to make a decision?**

   The FY 2012 Benefit Choice Period will end at close of business on June 17, 2011.

4. **If the new plan year doesn't begin until July 1, 2011, why does the Benefit Choice Period have to end on June 17th?**

   The June 17th deadline is necessary to ensure that updates to the payroll and the group insurance membership system can be made and that members are enrolled under their selected health carrier by July 1st. Additionally, the end date allows for updated information to be sent to carriers so that insurance cards can be produced and sent to members as quickly as possible.

5. **Where can I find information about the carrier choices and associated premiums?**

   The following carriers are available for FY 2012 –

HMO Illinois	www.bcbsil.com/stateofillinois
Blue Advantage HMO	www.bcbsil.com/stateofillinois
PersonalCare OAP	www.personalcare.org
HealthLink OAP	www.healthlink.com
Quality Care Health Plan	http://provider.healthcare.cigna.com/soi.html

   Benefit information and plan administrator links can be found at: www.benefitschoice.il.gov.

6. **How do I know which carriers are available in my county?**

   Coverage maps can be found on the Benefits website.

7. **What happens if I don't select a new health carrier?**

   Members currently enrolled with Humana Benefit Plans of Illinois, Humana Winnebago, Health Alliance Illinois, Health Alliance HMO and PersonalCare HMO **MUST** select a new carrier by close of business June 17, 2011. Members who fail to elect a new carrier will be defaulted into the Quality Care Health Plan effective July 1, 2011, and charged the premiums associated with that plan.

8. **What are the premiums for FY 2012?**

   Although carrier options have changed for FY 2012, employee salary-based health plan contributions remain the same as required for FY 2011. The employee contribution amounts can be found on page 6 of the FY 2012 Benefit Choice Options book.

   Dependent monthly health plan contributions can be found on page 7 of the FY 2012 Benefit Choice Options book.

9. **My primary care physician is currently not available in either of the offered HMOs or in Tier 1 of either of the Open Access Plans (OAP). What should I do?**

   If your physician is not offered in the HMO or the Tier 1 OAP plans, you may choose to either elect another primary care physician that is available or you may continue to see your current physician under either Tier 2 or Tier 3 of the OAP (the vast majority of primary care providers are available in either Tier 1 or Tier 2). Either way, you must elect one of the available health plans during the Benefit Choice Period.

10. **Will I have a chance to change my plan before the next regular Benefit Choice Period next May?**

    In order to address any member concerns, CMS has committed to a Special Enrollment Period prior to the end of the calendar year. During this period, members will be able to change their health carrier plans based on any changes to the provider networks or any other member considerations. A date has not yet been set for the Special Enrollment Period; however, we do not anticipate setting that date until AFTER July 1st. Members will be advised as soon as the Special Enrollment Period dates are set. Members will ONLY be permitted to make **health carrier** changes during the Special Enrollment Period. **Changes to dental, life, flexible spending, dependent coverage, etc., will <u>not</u> be permitted during the Special Enrollment Period.** Even though a Special Enrollment

Period will be held to address any future changes, members whose health plan will no longer be available on July 1st MUST make a decision prior to June 17th in order to prevent being defaulted to the Quality Care Health Plan on July 1st.

When the Special Enrollment Period occurs, members who change health plans during that enrollment period will be required to satisfy all required deductibles associated with that plan (health and prescription).

11. How long do I have to enroll in a flexible spending program?

Members will have until close of business on June 17, 2011, to enroll in either flexible spending program.