



# State of Illinois Group Insurance Program FY 2013 Benefit Choice Period

\*\*\*\*\*AUTO\*\*5-DIGIT 60030

|||||

589 000 002  
FNAME LNAME  
123 MAIN ST  
ANYTOWN, ST 65432-1234

A 5Q1 T-1 P-1 ##

Dear Member:

In an effort to ensure that health carriers are in place for the start of the next fiscal year (July 1, 2012), a decision has been made to enter into emergency contracts with Health Alliance HMO, Health Alliance Illinois and Coventry Health Care HMO. These contracts will be for 90 days with an option to extend for an additional period as needed. The following carriers are available during the FY 2013 Benefit Choice Period:

- |                                  |  |
|----------------------------------|--|
| Quality Care Health Plan (Cigna) | HMO Illinois   |
| Health Alliance HMO              | BlueAdvantage HMO                                    |
| Health Alliance Illinois         | Coventry Health Care HMO (formerly PersonalCare HMO) |
| HealthLink OAP                   | Coventry Health Care OAP (formerly PersonalCare OAP) |

**The FY 2013 Benefit Choice Period will end June 15, 2012.** Benefit Choice options, rates and all forms necessary to complete enrollment changes can be found on the Benefits website at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov). Members should complete the Benefit Choice Election form **only if changes** are being made. Changes **MUST** be submitted to the agency, university or retirement system group insurance representative (GIR) on or before **June 15, 2012**. Your GIR will process the changes based upon the information indicated on the form. Once your request has been processed, a verification form that indicates your changes will be sent to your address on file. If you do not receive this verification by June 30, 2012, please contact your GIR.

The back of this letter includes information regarding plan changes for FY 2013. Also enclosed is a map of the managed care plans available by county and a notification regarding your coverage which the Bureau of Benefits is required, by law, to provide to you. Please review this information carefully and retain this notification in your records. Additional copies of this notification and the Notice of Privacy Practices can be obtained through the Benefits website or by calling the Privacy Officer at the Department of Central Management Services.

**NOTE: The State is in the process of accepting proposals from managed care health plans to provide coverage for FY 2013 and beyond. The decisions regarding these proposals may result in changes to health carriers during FY 2013. If any changes to the health carrier options available occur, a Special Enrollment Period will be held to allow members the opportunity to modify their coverage elections, if desired.**

If you have questions or need assistance regarding your options for FY 2013, please contact your GIR (contact information available on the Benefits website - click on the 'Contact Information' link) or the Bureau of Benefits at (800) 442-1300, (217) 782-2548 or TDD/TTY at (800) 526-0844.

Enclosures

# State Employees Group Insurance Program

## Important Changes for FY 2013 (July 1, 2012)

Below is a summary of important information for FY 2013. This is a summary and is not intended to reflect all benefit information for the FY 2013 plan year. All information regarding the benefits for FY 2013 can be found on the Benefits website at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov).

- **FY 2013 Benefit Choice Period Rates** – The monthly contribution rates and salary bands for full-time employees, as well as life, dental and dependent health rates can be found on pages 6 and 7 of the Benefit Choice Options booklet. The rates for part-time employees, COBRA participants, non-IRS civil union partners and their children, non-IRS domestic partners and non-IRS adult veteran children can be found on the Benefits website by clicking the 'Rates and Calculators' link. You may also contact your agency group insurance representative (GIR) for the rates. Please note, these rates may change in the event of a Special Enrollment Period.
- **MCAP Maximum Amount Lowered** – As a result of the Patient Protection and Affordable Care Act, the Medical Care Assistance Program (MCAP) maximum annual contribution amount will be lowered to \$2,500.00. Retirees are not eligible to enroll in MCAP or DCAP.
- **New Benefit Statements** – As stated in the letter mailed with the benefit statements in March, CMS has been developing an online version of the benefit statement. Members can now access their benefit information online by going to the Benefits website and clicking on the 'Benefits Statement' link which will direct members to an instructional page and then to a link to the 'Create a new ID' screen. Members who are accessing the site for the first time will be required to go through a one-time registration process that will ask for their last name, social security number and birth date. By registering, members will be able to access their online benefit statement while making sure their information stays protected.

The online statement contains such information as:


- The name of the member's elected health plan
- The amount that the member pays and the amount that the State pays for health, dental and life insurance coverage of the member and their dependents
- The names of the dependents who are enrolled on the member's health, dental and vision coverage and whether or not they have child life or spouse life coverage
- The Medicare status of the member and any enrolled dependents
- The payout amount of life insurance coverage indicated by type, including basic life, member optional life, AD&D, spouse life and child life

Members should let their agency group insurance representative (GIR) know if any of the information on the statement is incorrect. Members who have problems accessing their statement should contact their GIR for assistance.

- **New Benefits Handbook** – A new State of Illinois Employees' Benefits Handbook was released in November 2011. This handbook contains vital information for employees regarding the various benefits offered by the State. A separate benefits handbook is available for State of Illinois retirees. The retiree handbook contains much of the same information as the employee handbook; however, it also contains information specific to annuitants, retired employees and survivors. Both handbooks and applicable amendments are available on the Benefits website ([www.benefitschoice.il.gov](http://www.benefitschoice.il.gov)).
- **SB 1313** – Senate Bill 1313 modifies the way in which the cost of health insurance premiums by retirees, annuitants and survivors is derived. At this time, no changes resulting from SB 1313 have been implemented. Information regarding any changes, including the costs associated with those changes, will be provided to the retirement systems and posted on the Benefits website ([www.benefitschoice.il.gov](http://www.benefitschoice.il.gov)) as soon as it is available.

# Managed Care Plans in Illinois Counties

## State Managed Care Health Plans For Plan Year 2013

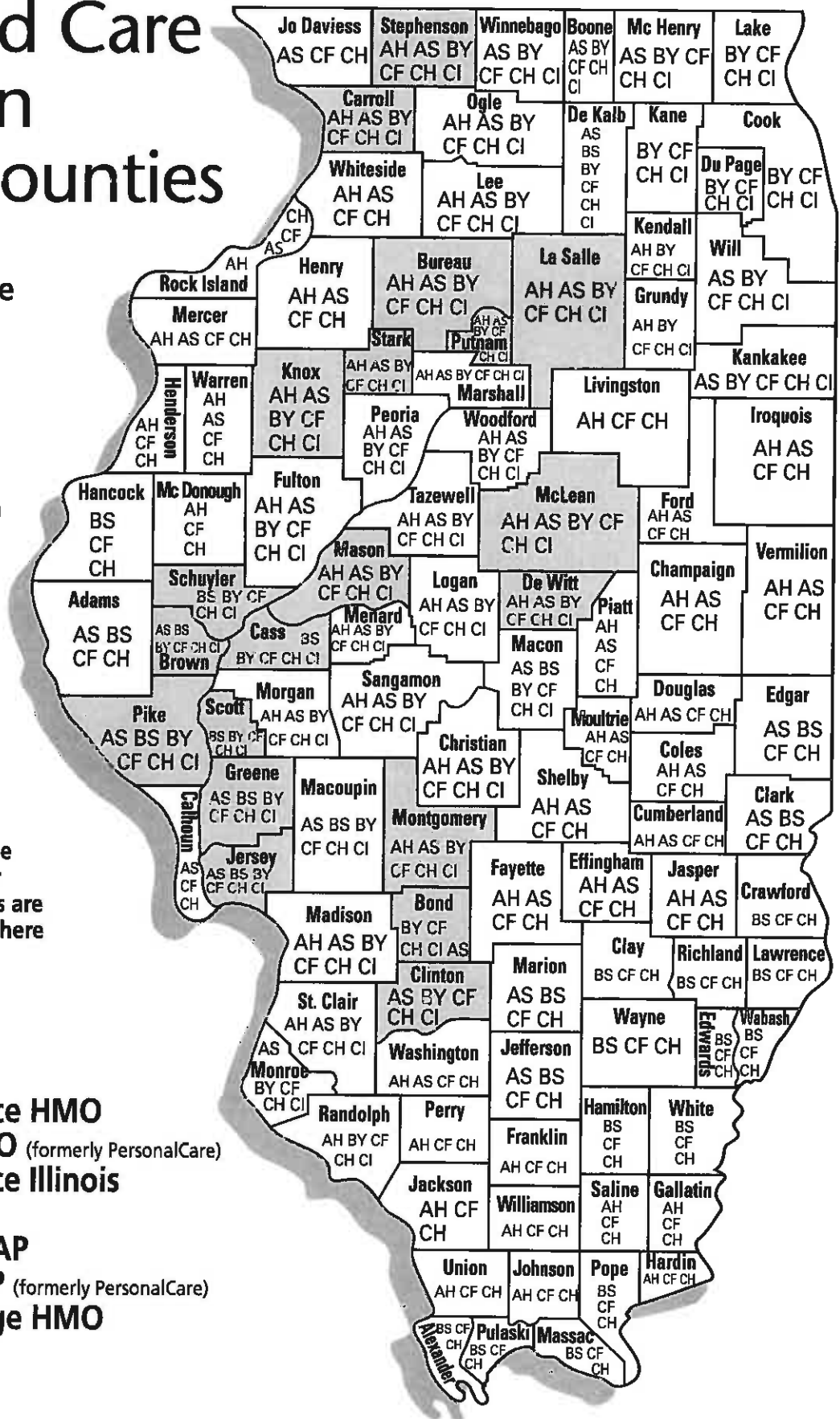
 Shaded areas represent counties in which HMO Illinois or BlueAdvantage HMO do not have provider coverage; members in these counties may have access to HMO Illinois or BlueAdvantage HMO providers in a neighboring county.

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** = Coventry HMO (formerly PersonalCare)
- BS** = Health Alliance Illinois
- BY** = HMO Illinois
- CF** = HealthLink OAP
- CH** = Coventry OAP (formerly PersonalCare)
- CI** = BlueAdvantage HMO

Note: QCHP available Statewide



# 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 choose to drop your State Employees Group Insurance 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**