SPECIAL ENROLLMENT PERIOD FOR UNICARE MEMBERS

The State contract with UniCare HMO will terminate effective December 31, 2009. Due to this unforeseen change, a Special Enrollment Period will be held for UniCare HMO members ONLY. UniCare HMO members will be allowed to change health plans; however, no other changes will be allowed (e.g., members cannot add or drop a dependent). The Special Enrollment Period is from November 16, 2009, through December 15, 2009. Members should return their completed and signed Special Enrollment Form to their Benefits Coordinator. Copies of the Special Enrollment letter and form are on the next two pages for anyone who needs an additional copy.

CMS

I L L I N O I S Pat Quinn, Governor

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

James P. Sledge, Director

November 12, 2009

URGENT – RESPONSE REQUIRED

Dear Member:

Our records indicate that you and your covered dependents, if any, are currently enrolled in UniCare HMO health coverage under the State of Illinois. We regret to inform you that UniCare HMO will no longer be available to State of Illinois members after December 31, 2009. You may have already received a letter from UniCare HMO advising you that they will be leaving the Illinois healthcare market. **Please disregard the options indicated in that letter as your options are different.**

Due to UniCare HMO leaving Illinois, UniCare HMO members must choose another managed care health plan or the Quality Care Health Plan. A Special Enrollment Period will be held from November 16, 2009, through December 15, 2009, for UniCare HMO members only. Please refer to the Special Enrollment Form on the back of this letter for the health plans available in your service area. If you are electing a managed care plan, you should check the plan's provider directory to ensure the Primary Care Physician (PCP) you are interested in is in the plan's network. You should also contact the PCP's office to verify they are accepting new patients before making your election.

Please refer to your FY2010 Benefit Choice Options booklet for further information regarding the health plans available and to review the cost of coverage. The information is also available on our website at www.benefitschoice.il.gov.

The Special Enrollment form on the back of this letter must be completed and returned to your Group Insurance Representative (GIR) no later than December 15, 2009. The effective date of your new health plan will be January 1, 2010. **Failure to choose another health plan by December 15, 2009, will result in our office automatically enrolling you in the Quality Care Health Plan.**

If you have any questions or concerns, please contact your agency GIR indicated on the back of this letter.

Bureau Of Benefits, Group Insurance Division
201 E. Madison, Suite 2B, P.O. Box 19208, Springfield, IL, 62794-9208
Printed on Recycled Paper

Special Enrollment Period for UniCare Members

Member Name: _____ **SSN:** _____ - _____ - _____

As stated in the enclosed letter, members enrolled in UniCare HMO must select a new health plan carrier. You must complete and return this form to your agency Group Insurance Representative (GIR) no later than December 15, 2009. This new election will be effective January 1, 2010. Please note, you cannot add or drop dependents during this Special Enrollment Period. You may only change your health carrier.

If you are electing a managed care plan you must complete the **Primary Care Physician (PCP) Election Section** below indicating a Primary Care Physician (PCP) for you and each of your dependents. If you elect the Quality Care Health Plan (QCHP) administered by CIGNA, you need only indicate the health plan making sure to sign and date the form.

Health Carrier Election (select one – if you are electing a managed care plan, please ensure the option you elect is available in your area).

_____ **Personal Care HMO** (McHenry, Will, Kankakee Counties)

_____ **HMO Illinois** (McHenry, Lake, Kane, Cook, DuPage, Kendall, Will, Kankakee Counties)

_____ **Humana Benefit Plan of Illinois** (McHenry County)

_____ **Health Alliance HMO** (Kendall County)

_____ **HealthLink Open Access** (Kankakee County)

_____ **Quality Care Health Plan (QCHP)** (available in all counties - if you elect this carrier, you do **not** need to complete the **Primary Care Physician Election Section** below).

Primary Care Physician Election Section (only complete this section if you elected a managed care plan)

Member Name	Primary Care Physician Name	Provider Identifier

Dependent(s) Name	Primary Care Physician Name	Provider Identifier

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I authorize premiums to be deducted for the plan I have selected. I understand that it is my responsibility to review my paycheck and verify insurance deductions are accurate and if my deductions are not correct, I must immediately contact my Group Insurance Representative (GIR). I agree to abide by all Group Insurance Program rules.

Member Signature _____ Date _____

GIR Signature _____ Date _____