

Informer

May 2000

A newsletter for retired members of the State Employees' Retirement System of Illinois

**Special
Insurance
Issue**

Benefit Choice Enrollment Period

Enclosed is the annual Benefit Choice brochure provided by the Department of Central Management Services (CMS). The annual Benefit Choice enrollment period will be held during May and a portion of June.

Any changes you make to your insurance coverage during the enrollment period becomes effective July 1, 2000. Your changes must be received at SERS by June 7, 2000.

If you don't want to make any changes, you don't have to do anything.

Since this information is very important and some benefits and premiums have changed, take a few minutes to review the enclosed brochure.

Effective July 1, 2000, the premium rates are shown on the following pages:

- Deductibles for members and their dependents, page 18.
- Health insurance for dependents, page 7.
- Prescription drugs, page 20.
- Optional life insurance, page 39.

If you reside outside of Illinois during a portion of the year, you should not join a Health Maintenance Organization (HMO) or Managed Care dental plan. These plans have strict requirements about using the designated providers.

Your benefits would be severely reduced by not using their providers. In some cases, no benefits would be paid if the designated provider is not used.

Eligible dependents may be added to health coverage during the Benefit Choice enrollment period without evidence of insurability. The deadline for making these changes is also June 7, 2000, with coverage beginning July 1, 2000.

Dependents may be added to your coverage any time during the year if you experience a change in family status and notify us in writing within 60 days of the event (such as marriage, birth, etc.).

Any increase in life insurance coverage still requires a completed health certificate, which is subject to approval by the life insurance carrier.

You may make changes to your coverage during the annual Benefit Choice enrollment period ONLY. Otherwise, you will have to wait until next year's enrollment period.

If you wish to make changes to your medical, dental or life insurance coverage, please contact the SERS Insurance Section at 217-785-7150. You may also contact our Chicago office at 312-814-5853. TDD for hearing-impaired members is 217-785-7218.

The deadline for making changes to your insurance coverage is June 7, 2000

SRS

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***This section contains
some frequently asked
questions of interest.***

Q: *How do I file a claim for the Vision Service Plan (VSP)?*

A: If you use a participating provider, they file the claim for you. The VSP benefit allows you to receive a routine eye examination once a year. For more information on reimbursements for glasses and contact lenses, call the Vision Service Plan at 1-800-877-7195.

Q: *My primary care physician is terminating his contract with my HMO. What are my options?*

A: If you receive a letter that your primary care physician is dropping out of your HMO, you may choose another primary care physician; choose another HMO; or choose the Quality Care health plan with UNICARE, using any physician you wish.

Notify our office in writing so the necessary changes can be processed. We will also need a copy of the letter you receive from your physician for verification.

Q: *Where can we obtain duplicate identification cards for the Quality Care health plan if our cards are lost?*

A: Call UNICARE at 1-888-209-7950 to request replacement identification cards. You may also call the National Prescription Administrators (NPA) at 1-800-250-9594 to request replacement prescription drug cards for the Quality Care health plan.

If your health coverage is with an HMO, call the toll-free customer service number on page 14 of the enclosed Benefit Choice brochure to request duplicate cards.

Q: *Is there a deadline for submitting Quality Care health and dental claims for payment?*

A: Claims incurred prior to July 1, 1997 are no longer eligible for payment. Claims incurred between July 1, 1997 through June 30, 1998 must be submitted by June 30, 2000.

Claims for services rendered beginning July 1, 2000 must be filed no more than one year from the end of the plan year.

For example, claims with dates of service of July 1, 2000 thru June 30, 2001 must be filed by June 30, 2002. After receiving care, submit claims to your insurance carrier as soon as possible for processing.

Q: *How are prescription drugs paid under the Quality Care health plan?*

A: If you purchase prescriptions at a participating pharmacy, they file the claim electronically. The co-payments are located on page 20 of the Benefits Choice brochure.

SERS encourages our retirees and survivors with questions about changing their insurance coverage to call us at 217-785-7150.

A SERS insurance representative will provide you with personalized answers to your questions.

This service should prevent any problems with getting your medical and dental claims processed.

