



BENEFIT CHOICE ELECTION PERIOD

**Special
Insurance
Issue**

The annual Benefit Choice Election Period will be held in May, 2009. During the month of May, you have the opportunity to make changes to your existing benefit plans. Changes submitted in May become effective July 1, 2009.

You should receive your new Benefit Choice Options Booklet in the mail by the first part of May. Please take the time to review the information carefully to ensure you understand the changes coming July 1, 2009.

If you decide to make changes, please complete the Benefit Choice Election Form included in your

Booklet. Read this form carefully as documentation is required for some changes. The new Benefits Choice Options Booklet is also available on our website: www.state.il.us/srs.

You should complete the Benefit Choice Election form only if you are making changes. If you decide to make changes, complete, sign and date the election form and mail to the address below BEFORE the close of business May 31, 2009. Please include your telephone number on the form.

State Employees Retirement System
2101 South Veterans Parkway
P. O. Box 19255
Springfield, IL 62794-9255

- Prescription co-payments for preferred brand and non-preferred brand increase from \$24/\$48 to \$26/\$52 (generic remains \$11).
- New in-network hospital admission deductible of \$50 per plan participant.
- Out-of-network hospital admission deductible from \$200 to \$300 per plan participant.
- Dependent health contributions have increased. Details are on page 19 of the Benefit Choice Options Booklet.
- Audiologist fee benefit increases from \$100 to \$150, available once every three plan years.
- Hearing aid benefit increases from \$500 to \$600, available once every three plan years.

Quality Care Dental Plan (QCDP)

- Dental annual maximum benefit increases from \$2,000 to \$2,250.
- Orthodontia lifetime maximum increases from \$1,500 to \$1,750.
- Restorative Services have been enhanced.

OSF HealthPlans is Now a Part of Humana

The Humana Benefit Plan options will continue to provide the same benefits and same quality network of providers that you had available through OSF Health Plans.

Benefit Choice (continued on page 2)

Important Changes Effective July 1, 2009

Managed Care Plan (HMO/OAP)

- Prescription deductible of \$50 per plan participant per plan year remains the same.
- Prescription co-payments for preferred brand and non-preferred brand increase from \$22/\$44 to \$24/\$48 (generic remains \$10).
- Inpatient hospitalization co-payment increases from \$250 to \$275.
- Outpatient surgery co-payment increases from \$150 to \$175.
- Dependent health contributions have increased. Details are on page

19 of the Benefit Choice Options Booklet.

- Audiologist fee benefit increases from \$100 to \$150, available once every three plan years.
- Hearing aid benefit increases from \$500 to \$600, available once every three plan years.

Quality Care Health Plan (QCHP)

- Prescription deductible increases from \$50 to \$75 per plan participant per plan year.

Benefit Choice (continued from page 1)

If you are a current OSF member, you do not need to complete a Benefit Choice Election form unless you are changing to a plan other than Humana.

If you are a current OSF member and decide to stay enrolled with Humana you will receive a new ID card from Humana prior to starting your new plan year July 1, 2009.

**Public Act 95-0958:
Coverage for Adult Children**

Special Enrollment for Adult Children is May 1, 2009 through July 31, 2009. This Public Act provides for the extension of health, dental, vision and prescription coverage for three new categories of dependents, referred to as 'Adult Children', who may or may not have previously had coverage under the State of Illinois Group Insurance Program.

These new categories are in addition to the current dependent categories of Student, Handicapped and Other. Adult children added under these new categories are presently not eligible for life insurance coverage.

An information packet is available for members interested in enrolling their adult child. The Special Enrollment Period - Eligibility Certification Statement form will be available on our website May 1, 2009 through July 31, 2009.

**Please don't confuse this
Special Enrollment Period for
Adult Children with
Benefit Choice.**

- The enrollment period for an 'Adult Child' is May 1, 2009 through July 31, 2009.
- The Benefit Choice Enrollment Period is May 1 through May 31, 2009.

**SERS INSURANCE
CONTACT INFORMATION**

The SERS Insurance Section assigns all annuitants to a personal Group Insurance Representative (GIR) based on the last two digits of your Social Security number. The telephone numbers, e-mail addresses and fax numbers for your GIR are listed below.

If the last two digits of your SSN are 00-24 your GIR is Sheryll Clark: 217-785-7145; sclark@srs.state.il.us; fax 217-547-9771

If the last two digits of your SSN are 25-49 your GIR is Julie Harms: 217-785-7150; jharms@srs.state.il.us; fax: 217-547-9772

If the last two digits of your SSN are 50-74 your GIR is Madonna Palazzolo: 217-785-7138; mpalazzo@srs.state.il.us; fax: 217-547-9768

If the last two digits of your SSN are 75-99 your GIR is Ray Seymour: 217-785-7093; rseymour@srs.state.il.us; fax: 217-547-9770

Example: John Doe ***-**-5525. His personal GIR would be Julie Harms.

