



## BENEFIT CHOICE ELECTION PERIOD

### Special Insurance Issue

The annual Benefit Choice Period will be held through June 17, 2011. During this time, you have the opportunity to make changes to your existing benefit plans. Changes submitted by June 17 will become effective July 1, 2011.

The best approach when considering a change to your health coverage is to consult your primary care physician and specialists to determine if your doctor(s) has contracted with one of the health plans offered July 1, 2011. We understand that the changes outlined in this publication may seem overwhelming and difficult. Be assured that SERS Insurance Section is here to assist you with any concerns you may have (*see Contact Information in this publication*). Please take the time to review this information carefully to ensure you understand the changes effective July 1, 2011.

**REMINDER!** *Members will not be mailed an individual copy of the Benefit Choice Options Booklet.* Instead, members should access the information online at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov) OR [www.state.il.us/srs](http://www.state.il.us/srs).

Complete the enclosed 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 our office (*at the address listed at the top of this page*) BEFORE the close of business June 17, 2011.

Also included in this mailing is a map showing Managed Care Health Plans that are available throughout Illinois. The map includes the toll-free telephone number and website address for each health plan. Life, dental and dependent rates are located on the reverse side of the map.

### Important Changes Effective July 1, 2011

#### Health Plan Options:

- Quality Care Health Plan (CIGNA)
- HMO Illinois
- Blue Advantage
- HealthLink OAP
- PersonalCare OAP\*

#### The Following Plans will be TERMINATED July 1, 2011:

- Health Alliance
- Health Alliance Illinois
- PersonalCare HMO\*
- Humana Benefit Plan
- Humana-Winnebago

\* *PersonalCare HMO and PersonalCare OAP are different health plans! Members enrolled in PersonalCare HMO must select a new health plan.*

#### If You Are in One of The Terminating Plans:

You must select one of the new managed care plans or the Quality Care Health Plan administered by CIGNA. Your new plan becomes effective July 1, 2011.

If you are a member of one of the terminating plans mentioned above and you fail to notify us of your change, you will be defaulted to the Quality Care Health Plan administered by CIGNA. You will be unable to change plans until the next Benefit Choice Period in 2012.

*(continued on next page)*

**Benefit Choice** (continued from page 1)

### **New Dental Administrator**



Delta Dental will replace Compbenefits as the new administrator for the Quality Care Dental Plan effective July 1, 2011.

- This plan provides in-network and out-of-network coverage.
- No changes to member and dependent dental rates or the schedule of benefits.

If you are unsure whether your dentist is a part of the Delta Dental network, contact your dentist for clarification. Delta Dental will also be available for questions during the Benefit Choice Period. Their toll-free telephone number is 1-800-323-1743 or online at [www.soi.deltadentalil.com](http://www.soi.deltadentalil.com).

### **Prescription Drug Step Therapy (PDST)**

Beginning July 1, 2011, members enrolled in Quality Care Health Plan or one of the self-insured managed care plans will be subject to prescription drug step-therapy (PDST). PDST is a program designed to encourage members to select lower cost drugs prior to moving to a higher-cost therapeutic equivalent.

Members who are taking a medication that requires step-therapy, will receive a letter explaining that the plan will not cover that particular medication unless the alternative medicine is tried first. This letter will also have directions on how a member's physician may request a coverage review if the physician believes that the member should take the original medication without trying the alternative medication first.

### **Life Insurance Rate Change**

Life insurance rates have changed. See enclosed premium rate sheet.

### **The Following Changes are a Result of the Federal Patient Protection and Affordable Care Act:**

1. Preexisting condition limitations no longer apply.
2. Annual and lifetime maximums have been eliminated.

3. Residency of a dependent child, except for a dependent child enrolled in the adult veteran category, is no longer relevant. Dependent children enrolled in the adult veteran category must reside in the State of Illinois to be eligible for coverage.

4. Marital status of the dependent child under the age of 26 is no longer relevant.

5. Preventive services are paid at 100%.

### **Long-Term Care Insurance**

Effective July 1, 2011, Long-Term Care (LTC) Insurance will no longer be offered. Individuals who are currently enrolled in the LTC program will continue to have coverage as long as premiums continue to be paid.

Information/enrollment kits may be obtained from MetLife until May 31, 2011. New enrollments must be submitted by June 29, 2011. Additional information, including contact information for MetLife, can be found on the SERS or CMS websites.

### **Dependent Coverage Changes**

- **Dependent Child:** Effective July 1, 2011, any dependent child (under age 26) will be eligible for health, dental, vision and life insurance coverage, regardless of marital status or residency. A copy of the child's birth certificate should be attached to the enclosed Benefit Choice Election form (*social security numbers are required*).

- **Child Life Insurance:** Life insurance coverage is now available for dependent children under age 26. Due to this expansion of life coverage, members will be permitted to enroll ANY of their children under age 26 with Child Life coverage during the Benefit Choice Period without completing a Statement of Health Application. Dependent children added during this period will have Child Life Coverage effective July 1, 2011.

- **Civil Union Partners:** Effective **June 1, 2011**, the State of Illinois will provide health, dental and life coverage for civil union partners and the dependents of civil union partners of eligible

## *Dependent Coverage Changes (continued)*

members. Enrollments will be processed in accordance with qualifying change in status rules.

Information and FAQs regarding coverage for these individuals can be found on the SERS website [www.state.il.us/srs](http://www.state.il.us/srs) or CMS website [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov). The law permitting civil union partner coverage **becomes effective June 1, 2011**. See our website for civil union Frequently Asked Questions.

**Note:** A Civil Union Certificate and enrollment form will be required when adding a Civil Union Partner. The law also permits enrollment of the Civil Union Partner's children (a copy of the birth certificate of the child will be required).

The enrollment form and tax information concerning civil union dependents can be found on the websites referenced above on June 1, 2011 (*social security numbers are required*).

- **Student, Student Leave of Absence and Student Military Extension:** Effective July 1, 2011, these dependent categories will no longer be available. Dependents enrolled in any of these categories will automatically be reclassified as a "Sponsored Adult Child." Members do not need to take any action regarding this transition.

- **Dependent Certification:** Semi-annual certifications for students & sponsored adult children will no longer be required. Annual certifications will be required for the following dependent categories: disabled, other and veteran adult children age 26 and older.

- **Domestic Partners:** Effective June 1, 2011, the domestic partner dependent category will no longer be available. The removal of this category is a result of the passage of the State's civil union law. Dependents currently enrolled in this category will continue to have coverage as long as they remain eligible and premiums are paid. New domestic partner dependents CANNOT be added after May 31, 2011.

## **NEW! Member Handbook for Retirees & Survivors**



A new State of Illinois Retiree, Annuitant & Survivor Benefits Handbook has been created and contains state benefit information exclusive to retirees and survivors. This handbook will be available July 1, 2011, on the SERS website at [www.state.il.us](http://www.state.il.us).

### **Information & Reminders**

- **Members paying a percentage of the cost for health insurance will receive a new premium rate sheet from SERS in June. This information will also be posted on our website in the near future.**
- The online Benefit Choice Options booklet includes basic Medicare information (*pages 16 & 17*).
- The Dental Schedule of Benefits is not included in the Benefit Choice Options booklet. This year's schedule can be found on our website at [www.state.il.us/srs](http://www.state.il.us/srs).
- If you have a change in address, SERS must receive your request for change in writing. For the protection of our members, we no longer accept address changes over the telephone.
- If you choose a new health plan during the Benefit Choice Period, members or dependents involved in an ongoing course of treatment should contact the new plan to coordinate the transition of services and providers.
- If you or your dependents are hospitalized before July 1, contact both the current and future health plan administrators as soon as possible.

### **Member Responsibilities**

You must notify your SERS Group Insurance Representative (GIR) if:

- You and/or your dependents experience a change of address.
- Your dependent loses eligibility. Dependents that are no longer eligible under the Plan (includ-

**Member Responsibility** (continued from Page 3)

ing divorced spouses) must be reported to your GIR (see Contact Information below).

- Failure to report an ineligible dependent is considered a fraudulent act.
- Any premium payments you make on behalf of the ineligible dependent which result in an overpayment will not be refunded and you may

be responsible for any claims paid by the carrier during the time of ineligibility. Additionally, the ineligible dependent may lose any rights to COBRA continuation coverage.

- You experience a change in Medicare Status. A copy of the Medicare card must be provided to your GIR when a change in your or your dependent's Medicare status occurs.

**Delta Dental**

[www.soi.deltadentalil.com](http://www.soi.deltadentalil.com) • 1-800-323-1743

*Example of PPO, Premier and Out-of-Network Provider Payments*

<i>PPO Dentist</i>		<i>Premier Dentist</i>		<i>Out-of-Network Dentist</i>	
Dental Cost	\$1,000	Dental Cost	\$1,000	Dental Cost	\$1,000
PPO Allowed Fee	\$600	Premier Maximum Allowed Fee	\$900	No Negotiated Fee	n/a
Schedule of Benefits Amount	\$781	Schedule of Benefits Amount	\$781	Schedule of Benefits Amount	\$781
Your Out-of-Pocket Cost	\$0	Your Out-of-Pocket Cost	\$119	Your Out-of-Pocket Cost	\$219

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**Prescription Drug CoPays for a 30-Day Supply**

	<i>Prescription Plan</i>	
	<i>QCHP</i>	<i>All Other Plans</i>
Generic	\$11	\$10
Preferred Brand (formulary)	\$26	\$24
NonPreferred Brands	\$52	\$48
Deductible	\$75	\$50

**SERS Contact Information**

All annuitants are assigned to a personal Group Insurance Representative (GIR) based on the last two digits of your social security number. Their information is listed below.

Sheryll Clark (00-32)  
217-785-7145, fax 217-547-9771  
sheryll.clark@srs.illinois.gov

Julie Harms (33-66)  
217-785-7150, fax: 217-547-9772  
julie.harms@srs.illinois.gov

Madonna Palazzolo (67-99)  
217-785-7138, fax: 217-547-9768  
madonna.palazzolo@srs.illinois.gov

*Example: John Doe \*\*\*-\*\*-5535.  
The GIR would be Julie Harms.*

