



STATE OF ILLINOIS
Department of Central Management Services
Bureau of Benefits

Benefit Choice

Discover Your Options

Benefit Choice Period • May 1-June 1, 2020
College Insurance Program
Effective July 1, 2020



Table of Contents

Benefit Choice Period	1
What is Changing	1
What is Not Changing	1
What is Available in Your Area	2
Monthly Contributions	3
Enrollment Opportunities	3
Terminating Coverage	3
Transition of Care after Health Plan Change	3
Health Plans	4
HMO Benefits	4
Open Access Plan (OAP) Benefits	5
College Insurance Plan (CCHP) Benefits	6
Dental	7
Vision	8
Medicare Requirements	9
TRAIL	9
Wellness	10
Disease Management	10
Behavioral Health Services	10
Contacts	11
Federally Required Notices	12

ONLINE ENROLLMENT PLATFORM

Making benefit elections is simple through the MyBenefits website. Follow these steps:

1. Go to **MyBenefits.illinois.gov**.
2. In the top right corner of the home page, click **Login**.
3. If you are logging in for the first time, click Register in the bottom right corner of the login box and follow the prompts. You will need to provide your name as printed on the Benefit Choice Period materials mailed to your home.
4. Enter your login ID and password. After logging in and landing on the welcome page, explore your benefit options by clicking on the benefit tiles.
5. After exploring your benefit options and determining which benefits you would like to elect, click on the Benefit Choice Event, located on the Welcome page.

Need Help?

AVA, the interactive digital assistant, is available online at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov)

Or

Contact [MyBenefits Service Center](https://mybenefits.illinois.gov) (toll-free) 844-251-1777, or 844-251-1778 (TDD/TTY) with inquiries.

Representatives are available

Monday – Friday, 8:00 AM - 6:00 PM CT.

WHAT YOU NEED TO DO

1. Go to **MyBenefits.illinois.gov** to review your benefit options.
2. Choose the benefits you'd like to elect at **MyBenefits.illinois.gov** between May 1-June 1, 2020.
3. Consider going paperless. Provide, or update your email address at **MyBenefits.illinois.gov** to receive quick responses and notifications through electronic communications.
4. Take advantage of your new benefits which will become effective July 1, 2020.

Benefit Choice Period

Elect Your Benefits May 1-June 1, 2020!



TAKE ACTION! Here is a quick view of benefit changes for the coming plan year.

What's New

The following Benefit Changes effective July 1, 2020

Premium Changes

Contribution amounts will vary based on the member's age and the chosen health plan.

Telemedicine

You will now have telemedicine available to you under your HMO and OAP health plans for a reduced copayment. CCHP enrollees will receive the benefit at the same coinsurance level; however, due to the reduction in the cost of the visit, you as the member, will experience significant savings. Telemedicine provides quick access to a doctor over the phone, email or video call and can often eliminate visits to your primary care physician (PCP), urgent care center, or ER and the high costs associated with those visits. And, no waiting for an appointment in a room full of other sick people. When appropriate, the consulting doctor can prescribe a medication and send the prescription to the member's preferred pharmacy. Telemedicine coverage includes both General Practitioners and Behavioral Health providers. Your plan can provide you with additional information regarding this benefit.

Pharmacy

- **Maintenance Choice:** The Maintenance Choice tier is available to those members covered under an OAP or CCHP. This tier allows members to obtain specific medications in a 90-day supply from a CVS Caremark® pharmacy or through the CVS Caremark® Mail Service Pharmacy for half of the co-payment. Please contact CVS Caremark® to determine if your medication is available under this benefit.
- **Reduced Tier 1:** The Reduced Tier 1 pharmacy benefit is available through an HMO carrier. This tier allows members to obtain specific medications in either a 30- or 90-day supply for a reduction of the normal tier 1 applicable co-payment. Please contact your HMO to determine if your medication is available under this benefit.

Hearing Instruments and related services

Beginning July 1, 2020, a \$2,500 benefit for hearing instruments and related services every 24 months is available through all plans when a hearing care professional prescribes a hearing instrument. Contact plan for additional details.

What is Not Changing

Enrollment Process

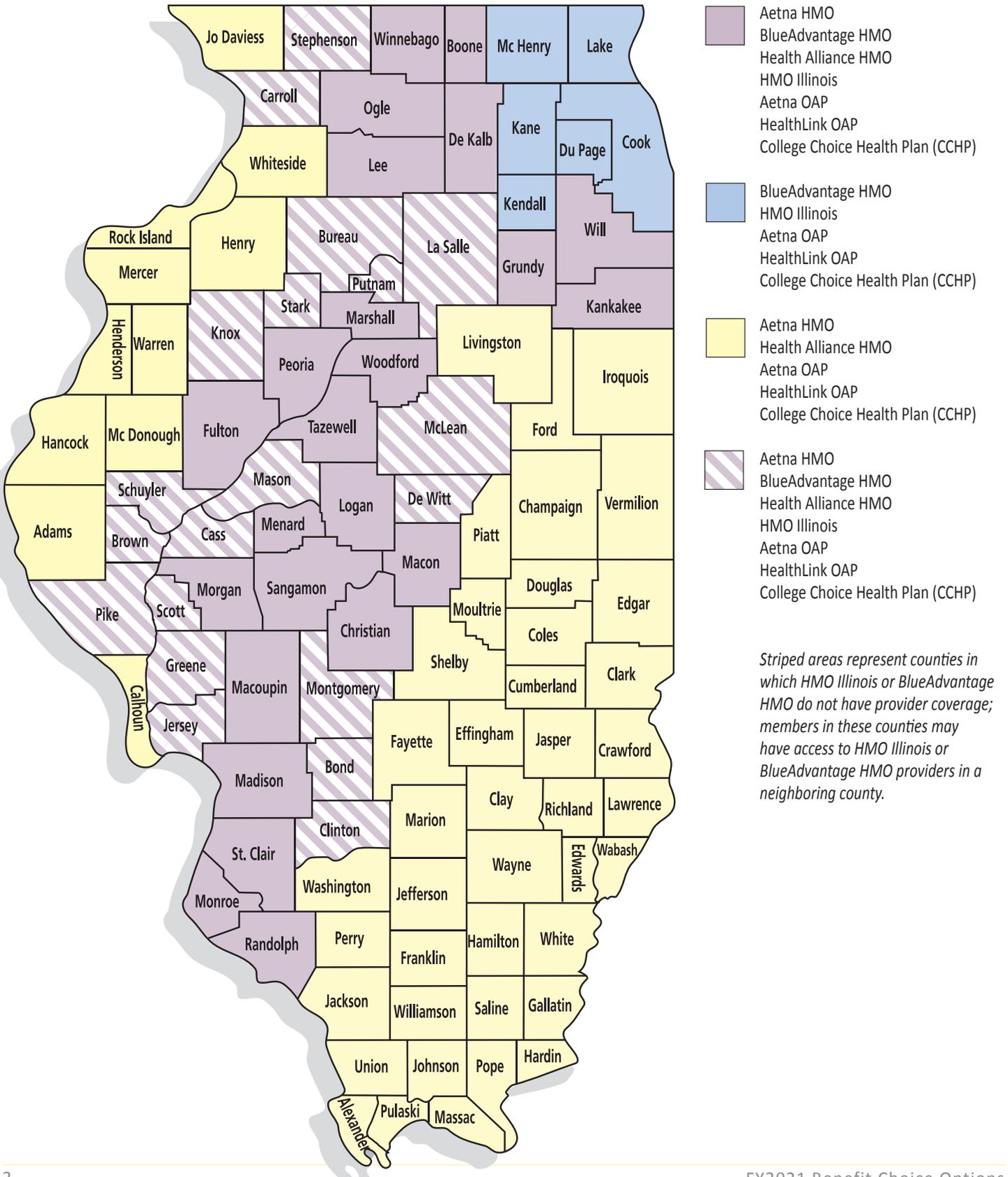
The MyBenefits online enrollment platform will continue to be of service to all of our members. A simplified plan comparison and election process is provided through online enrollment at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov), or by calling the MyBenefits Service Center (toll-free) 844-251-1777.

Plan Administrators

Plan administrators will remain the same for all plans including health, dental, vision, behavioral health and prescription drugs.

What is Available in Your Area in FY21

Review the following map and charts to identify plans available in your county. Then, review your monthly contribution and plan benefits to determine which plan is best for you.



Monthly Contributions

The College Insurance Program (CIP) shares the cost of health coverage with you. While CIP covers the majority of the cost, you must make monthly contributions based upon the health plan you select.

Type of Participant	Type of Plan	Not Medicare Primary	Not Medicare Primary	Not Medicare Primary	Medicare Primary*
		Under Age 26	Age 26-64	Age 65 and Above	All Ages
Benefit Recipient	Managed Care Plan (OAP and HMO)	\$137.11	\$342.76	\$465.57	\$131.95
	College Choice Health Plan	\$154.68	\$386.69	\$525.55	\$113.87
Dependent Beneficiary	Managed Care Plan (OAP and HMO)	\$548.41	\$1,371.03	\$1,862.31	\$527.78
	College Choice Health Plan	\$618.69	\$1,546.74	\$2,102.20	\$455.48

* This rate applies to benefit recipients enrolled in Medicare Part A only and whose Part B benefits are reduced. If you, or your dependent is actively working and eligible for Medicare, or you have additional questions about this requirement, contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit.

Enrollment Opportunities

After the Benefit Choice Period ends, you will only be able to change your benefits if you have an enrollment opportunity.

You must report an enrollment opportunity at MyBenefits.illinois.gov within 30 days of the event to be eligible to make benefit changes outside of the Benefit Choice Period. Also note that it is required to report important events to the MyBenefits Service Center, including, a change in Medicare status, marriage or divorce. To report a financial or medical power of attorney, contact your retirement system.

Terminating CIP Coverage

To terminate coverage at any time, contact the MyBenefits Service Center by calling (toll-free) 844-251-1777. The cancellation of coverage will be effective the first of the month following receipt of the request. Benefit recipients and dependent beneficiaries who terminate from CIP may re-enroll during an open enrollment period or other qualifying enrollment opportunity. Please refer to the College Insurance Program (CIP) Handbook for other qualifying enrollment opportunities.

Transition of Care after Health Plan Change

Benefit recipients and their dependents who elect to change health plans and are then hospitalized prior to July 1 and discharged on or after July 1, should contact both the current and future health plan administrators and primary care physicians as soon as possible to coordinate the transition of services.

Benefit recipients or dependents who are involved in an ongoing course of treatment or have entered the third trimester of pregnancy, should contact their new plan administrator before July 1 to coordinate the transition of services for treatment.

HMO Benefits

Health Maintenance Organization (HMO) members are required to stay within the health plan provider network. No out-of-network services are available. Members will need to select a primary care physician (PCP) from a network of participating providers. The PCP will direct all healthcare services and make referrals to specialists and hospitalization. Benefits are outlined in each plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the HMO plan selected. For a copy of the SPD, contact the plan administrator (see page 11).

HMO Plan Design		
Plan Year Out-of-Pocket Maximum	\$3,000 Individual	\$6,000 Family

Hospital Services		
	In-Network	Out-of-Network
Emergency Room Services	\$200 copayment per visit	\$200 copayment
Inpatient Hospitalization	\$250 copayment per admission	Not covered
Inpatient Alcohol and Substance Abuse	\$250 copayment per admission	Not covered
Inpatient Psychiatric Admission	\$250 copayment per admission	Not covered
Outpatient Surgery	\$200 copayment per visit	Not covered
Skilled Nursing Facility	100% covered	Not covered
Diagnostic Lab and X-ray	100% covered	Not covered

Transplant Services	
Organ and Tissue Transplants	\$250 copay, limited to network transplant facilities as determined by the medical plan administrator. To assure coverage, the transplant candidate must contact your plan provider prior to beginning evaluation services.

Professional and Other Services		
	In-Network	Out-of-Network
Preventive Care/Well-Baby/Immunizations	100% covered	Not covered
Physician Office Visit	\$30 copayment per visit	Not covered
Specialist Office Visit	\$30 copayment per visit	Not covered
Telemedicine	\$10 copayment	Not covered
Outpatient Psychiatric and Substance Abuse	\$30 copayment per visit	Not covered
Durable Medical Equipment	80% of network charges	Not covered
Home Health Care	\$30 copayment per visit	Not covered

Prescription Drugs					
Preventive Prescription Drugs – \$0					
	Reduced Tier I *	Tier I	Tier II	Tier III	Specialty Tier
Copayments (30-day supply)	\$4	\$12	\$24	\$48	\$96
Copayments (90-day supply)	\$10	\$30	\$60	\$120	–

* Applies to specific medications as defined by plan.
Some HMOs may have benefit limitations based on a calendar year.

Open Access Plan (OAP) Benefits

Open Access Plan (OAP) members will have three tiers of providers from which to choose to obtain services.

- **Tier I** offers a managed care network which provides enhanced benefits and operates similar to an HMO.
- **Tier II** offers an expanded network of providers and is a hybrid plan operating similar to an HMO and PPO.
- **Tier III** covers all providers which are not in the managed care networks of Tiers I or II (out-of-network providers).

Benefits are outlined in the plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the OAP. For a copy of the SPD, contact the plan administrator (see page 11).

Benefit	Tier I	Tier II	Tier III (Out-of-Network)**
Plan Year Out-of-Pocket Maximum • Per Individual • Per Family	\$6,600 (includes eligible charges from Tier I and Tier II combined) \$13,200 (includes eligible charges from Tier I and Tier II combined)		Not Applicable
Plan Year Deductible (must be satisfied for all services)	\$0	\$300 per enrollee*	\$400 per enrollee*

Hospital Services (Percentages listed represent how much is covered by the plan)

Emergency Room Services	\$200 copayment per visit	\$200 copayment per visit	\$200 copayment per visit
Inpatient Hospitalization	\$250 copayment per admission	80% of network charges after \$300 copayment per admission*	60% of allowable charges after \$400 copayment per admission*
Inpatient Alcohol and Substance Abuse	\$250 copayment per admission	80% of network charges after \$300 copayment per admission*	60% of allowable charges after \$400 copayment per admission*
Inpatient Psychiatric Admission	\$250 copayment per admission	80% of network charges after \$300 copayment per admission*	60% of allowable charges after \$400 copayment per admission*
Outpatient Surgery	\$200 copayment per visit	80% of network charges after \$200 copayment*	60% of allowable charges after \$200 copayment*
Skilled Nursing Facility	100% covered	80% of network charges*	Not covered
Diagnostic Lab and X-ray	100% covered	80% of network charges*	60% of allowable charges*

Transplant Services

Organ and Tissue Transplants **Tier I:** 100% covered. **Tier II:** 80% of network charges. **Tier III:** Not covered. To assure coverage, the transplant candidate must contact your plan provider prior to beginning evaluation services.

Professional and Other Services

Preventive Care/Well-Baby/Immunizations	100% covered	100% covered	Not covered
Physician Office Visits	\$30 copayment	80% of network charges*	60% of allowable charges*
Specialist Office Visits	\$30 copayment	80% of network charges*	60% of allowable charges*
Telemedicine	\$10 copayment	Not covered	Not covered
Outpatient Psychiatric and Substance Abuse	\$30 copayment	80% of network charges*	60% of allowable charges*
Durable Medical Equipment	80% of network charges	80% of network charges*	60% of allowable charges*
Home Health Care	\$30 copayment	80% of network charges*	Not covered

Prescription Drugs

Preventive Prescription Drugs – \$0

	Tier I	Tier II	Tier III	Specialty Tier
Copayments (30-day supply)	\$12	\$24	\$48	\$96
Copayments (90-day supply)	\$24	\$48	\$96	–
Maintenance Choice (90-day supply)***	\$12	\$24	\$48	–

* A plan year deductible must be met before Tier II and Tier III plan benefits apply. Benefit limits are measured on a plan year basis.

** Using out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges do not count toward your plan year out-of-pocket maximum; this varies by plan and geographic region.

*** Medications received at CVS Caremark® Pharmacy or through CVS Caremark® Mail Service Pharmacy.

College Choice Health Plan (CCHP) Benefits

College Choice Health Plan (CCHP) members may choose any physician or hospital for medical services; however, members receive enhanced benefits, resulting in lower out-of-pocket costs, when receiving services from a CCHP in-network provider. CCHP has a nationwide network of providers through Aetna PPO. Benefits are outlined in the plan's Summary Plan Document (SPD). Benefits are outlined in the plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the CCHP. For a copy of the SPD, contact the plan administrator (see page 11).

Plan Year Deductible	
In-Network Individual \$750 per enrollee	Out-of-Network Individual \$750 per enrollee

Out-of-Pocket Maximum Limits			
In-Network Individual \$1,500	In-Network Family \$3,000	Out-of-Network Individual \$4,500	Out-of-Network Family \$9,000

Hospital Services *(Percentages listed represent how much is covered by the plan)*

	In-Network	Out-of-Network*
Emergency Room Services	\$400 per visit; Deductible applies	\$400 per visit; Deductible applies
Inpatient Hospitalization	80% of network charges; Deductible applies after \$250 per admission	60% of allowable charges; Deductible applies after \$500 per admission
Inpatient Alcohol and Substance Abuse	80% of network charges; Deductible applies after \$250 per admission	60% of allowable charges; Deductible applies after \$500 per admission
Inpatient Psychiatric Admission	80% of network charges; Deductible applies after \$250 per admission	60% of allowable charges; Deductible applies after \$500 per admission
Outpatient Surgery	80% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Skilled Nursing Facility	80% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Diagnostic Lab and X-ray	80% of network charges; Deductible applies	60% of allowable charges; Deductible applies

Transplant Services

Organ and Tissue Transplants	80% after \$250 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator. To assure coverage, contact Aetna prior to beginning evaluation services.
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Professional and Other Services

	In-Network	Out-of-Network*
Preventive Care/Well-Baby/Immunizations	100% covered	60% of allowable charges; Deductible applies
Physician Office Visit	80% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Specialist Office Visit	80% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Telemedicine	\$10 copayment; Deductible applies	Does Not Apply
Outpatient Psychiatric and Substance Abuse	80% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Durable Medical Equipment	80% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Home Health Care	80% of network charges; Deductible applies	60% of allowable charges; Deductible applies

Prescription Drugs

Preventive Prescription Drugs – \$0				
	Tier I	Tier II	Tier III	Specialty Tier
Copayments (30-day supply)	\$12.50	\$25.00	\$50.00	\$100.00
Copayments (90-day supply)	\$25.00	\$50.00	\$100.00	\$200.00
Maintenance Choice (90-day supply)**	\$12.50	\$25.00	\$50.00	–

* Using out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges do not count toward your plan year out-of-pocket maximum; this varies by plan and geographic region.

** Medications received at CVS Caremark® Pharmacy or through CVS Caremark® Mail Service Pharmacy.

Dental

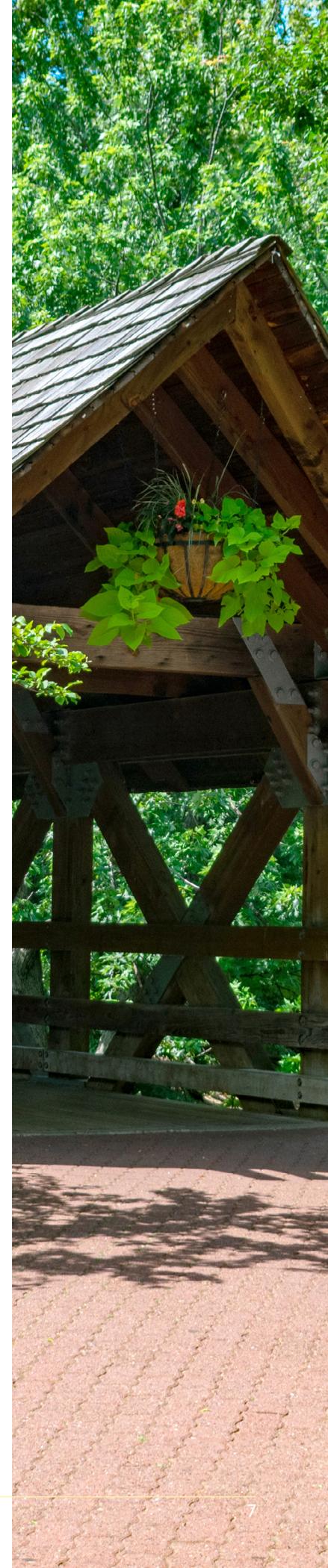
CIP's College Choice Dental Plan (CCDP) offers a comprehensive range of benefits and is available to all members. The plan is administered by Delta Dental of Illinois. You can find the Dental Schedule of Benefits at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov).

The dental plan has a plan year deductible. Once the deductible has been met, each member is subject to a combined maximum dental benefit, including orthodontia, for both in-network and out-of-network providers. The maximum lifetime benefit for child orthodontia is \$2,000 and is subject to course of treatment limitations.

Deductible and Plan Year Maximum

Plan year deductible for preventive services	N/A
Plan year deductible for all other covered services	\$100
Plan Year Maximum Benefit (Orthodontics + All Other Covered Expenses = Maximum Benefit)	
In-network plan year maximum benefit	\$2,000

It is strongly recommended that plan members obtain a pretreatment estimate through Delta Dental for any service more than \$200. Failure to obtain a pretreatment estimate may result in unanticipated out-of-pocket costs.



Vision

Vision coverage is provided at no cost to all benefit recipients enrolled in a CIP health plan. The plan is administered by EyeMed.

All enrolled benefit recipients and dependents receive the same vision coverage regardless of the health plan selected. All vision benefits are available once every 24 months from the last date used. Copayments are required.

Service	In-Network	Out-of-Network**	Benefit Frequency
Eye Exam	\$10 copayment	\$20 allowance	Once every 24 months
Standard Frames	\$10 copayment (up to \$90 retail frame cost; member responsible for balance over \$90)	\$20 allowance	Once every 24 months
Vision Lenses* (single, bifocal and trifocal)	\$10 copayment	\$20 allowance for single vision lenses \$30 allowance for bifocal and trifocal lenses	Once every 24 months
Contact Lenses (All contact lenses are in lieu of vision lenses)	\$20 copayment for medically necessary \$50 copayment for elective contact lenses \$70 allowance for all other lenses not mentioned above	\$70 allowance	Once every 24 months

* Vision Lenses: Member pays all optional lens enhancement charges. In-network providers may offer additional discounts on lens enhancements and multiple pair purchase.

** Out-of-network claims must be filed within one year from the date of service.



College Insurance Program

Medicare Requirements

Each benefit recipient must contact the Social Security Administration (SSA) and apply for Medicare benefits upon turning age 65. If the SSA determines that a benefit recipient is eligible for Medicare Part A at a premium-free rate, CIP requires that the benefit recipient enroll in Medicare Parts A and B. Once enrolled, the benefit recipient is required to send a front-side copy of the Medicare identification card to the State of Illinois Medicare COB Unit.

If the SSA determines that a benefit recipient is not eligible for premium-free Medicare Part A based on his/her own work history or, the work history of a spouse at least 62 years of age (when applicable), the benefit recipient must request a written statement of the Medicare ineligibility from the SSA. Upon receipt, the written statement must be forwarded to the State of Illinois Medicare COB Unit to avoid a financial penalty. Benefit recipients who are ineligible for premium-free Medicare Part A benefits, as determined by the SSA, are not required to enroll into Medicare.

Total Retiree Advantage Illinois (TRAIL)

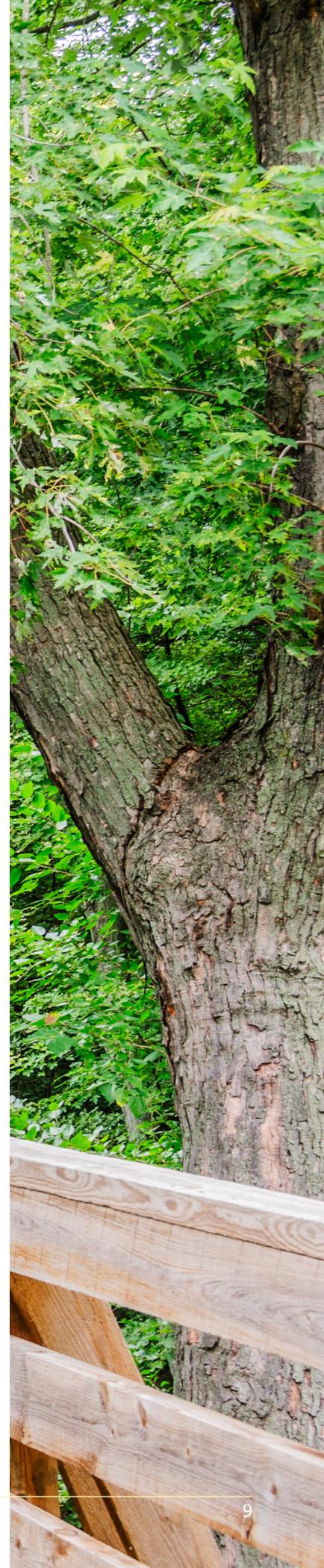
Medicare Advantage Prescription Drug Program

The State of Illinois offers retirees, annuitants and survivors a healthcare program referred to as the TRAIL. This program provides eligible members and their covered dependents comprehensive medical and prescription drug coverage through CIP-sponsored Medicare Advantage Prescription Drug plans. In order to be eligible for the TRAIL MAPD program, a member (and all covered dependents) must be enrolled in Medicare Parts A and B and be a resident of the United States (or a US territory). The Department of Central Management Services (CMS) will notify all eligible members by mail prior to the start of the TRAIL Open Enrollment Period this fall. The TRAIL Open Enrollment Period runs from the middle of October through the middle of November each year. All elections made during the TRAIL Open Enrollment Period will be effective January 1st. **All newly eligible members must enroll** into a CIP-sponsored TRAIL plan, or opt-out of their CIP-sponsored insurance coverage during the fall open enrollment period. Members already enrolled in a TRAIL Medicare Advantage Prescription Drug Plan are not required to make changes.



For more information regarding the Medicare Advantage Prescription Drug 'TRAIL' Program, go to [MyBenefits.illinois.gov](https://mybenefits.illinois.gov), or contact:

**State of Illinois Medicare COB Unit
PO Box 19208
Springfield, Illinois 62794-9208
CMS.Ben.MedicareCOB@illinois.gov
Fax: 217-557-3973**



Wellness

WHAT YOU CAN DO

- 1. Get annual preventive checkups and health screenings.** Your health plan covers many preventive services at no cost to you.
- 2. Know your numbers.** Get biometric screenings from your doctor during your annual physical. Biometric screenings are quick and easy tests that measure your blood pressure, pulse rate, blood glucose, total cholesterol, and body mass index.
- 3. Visit CMS.HealthChallenge.illinois.gov** and check out the many phone-apps and opportunities for health and wellness fairs, and challenges.
- 4. Take a Health Risk Assessment (HRA)** through your health plan administrator's website – a confidential assessment with health-related questions that, once completed, suggests a personal action plan to improve your health. Results are most accurate when combined with a biometric screening.

CIP offers wellness programs to help members lead better, healthier, and more satisfying lives. The following programs focus on improving lifestyle choices, including eating healthier, being more physically active, ending tobacco use, managing stress, and avoiding, stabilizing, or improving chronic health problems. Check out the following programs and consider which may be right for you.

Disease Management

Disease Management Programs target and assist those identified as having certain risk factors for chronic conditions, like diabetes and cardiac health. If you have been identified as having risk factors and meet the appropriate medical criteria, you may be contacted by your health plan administrator to participate in one of these highly confidential programs.

Behavioral Health Services

CIP recognizes that the whole health of their members encompasses more than physical health, and offers behavioral health services automatically to those enrolled in a CIP health plan.

If you are enrolled in CCHP, contact Magellan Health (see page 11). If you are enrolled in an HMO or OAP health plan, contact your plan administrator.



Contacts

Purpose	Administrator Name and Address	Phone	Website
Enrollment Customer Service	MyBenefits – Morneau Shepell 134 N. LaSalle Street, Suite 2200, Chicago, IL 60602	844-251-1777 844-251-1778 (TDD/TTY)	MyBenefits.illinois.gov
Health Plan	Aetna HMO (Group Number 285657) Aetna OAP (Group Number 285653) College Choice Health Plan (CCHP) - Aetna PPO (Group Number 285662) Address for all Aetna Plans: PO Box 981106, El Paso, TX 79998-1106	855-339-9731 800-628-3323 (TDD/TTY) Fax: 859-455-8650 attn: Claims	aetnastateofillinois.com
	BlueAdvantage HMO (Group Number B06803) PO Box 805107, Chicago, IL 60680-4112	800-868-9520 866-876-2194 (TDD/TTY)	bcbsil.com/stateofillinois
	Health Alliance Medical Plans (Group Number 00810A) 3310 Fields South Drive, Champaign, IL 61822	800-851-3379 800-526-0844 (TDD/TTY)	healthalliance.org/ stateofillinois
	HealthLink OAP (Group Number 160003) PO Box 411580, St. Louis, MO 63134	800-624-2356 877-232-8388 (TDD/TTY)	healthlink.com/soi/ learn-more
	HMO Illinois (Group Number H06803) PO Box 805107, Chicago, IL 60680-4112	800-868-9520 866-876-2194 (TDD/TTY)	bcbsil.com/stateofillinois
Prescription Drug Plan	CVS Caremark® (for CCHP or OAP Plans) Group Numbers: (CCHP 1399CD3) (Aetna OAP 1399CCH) (HealthLink OAP 1399CCF) Paper Claims: CVS Caremark® PO Box 52136, Phoenix, AZ 85072-2136 Mail Order Rx: CVS Caremark® PO Box 94467, Palatine, IL 60094-4467	877-232-8128 800-231-4403 (TDD/TTY)	caremark.com
Vision Plan	EyeMed Out-of-Network Claims PO Box 8504, Mason, OH 45040-7111	866-723-0512 TTY users, call 711	eyemedvisioncare.com/stil
Dental Plan	Delta Dental of Illinois (Group Number 20242) PO Box 5402, Lisle, IL 60532	800-323-1743 800-526-0844 (TDD/TTY)	soi.deltadentalil.com
Behavioral Health	Magellan Healthcare, Inc PO Box 2216, Maryland Heights, MO 63043	800-513-2611 (nationwide) 800-456-4006 (TDD/TTY)	magellanascent.com
State Universities Retirement System	1901 Fox Drive Champaign, IL 61825-2710	800-275-7877 800-526-0844 (TDD/TTY)	surs.org

Federally Required Notices

Notice of Creditable Coverage

Prescription Drug information for CIP Medicare-eligible Plan Participants

This Notice confirms that the College Insurance Program (CIP) has determined that the prescription drug coverage it provides is Creditable Coverage. This means that the prescription coverage offered through CIP 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.

Because your existing coverage is 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 coverage through CIP 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 CIP coverage, the Medicare Special Enrollment Period for enrollment into a Medicare Part D plan is two months after your CIP coverage ends.

If you keep your existing group coverage through CIP, it is not necessary to join a Medicare prescription drug plan this year. Plan participants who decide to enroll in a Medicare prescription drug plan may need to provide a copy of the Notice of Creditable Coverage to enroll in the Medicare prescription plan without a financial penalty. Participants may obtain a Benefits Confirmation Statement as a Notice of Creditable Coverage by contacting the MyBenefits Service Center (toll-free) 844-251-1777, or 844-251-1778 (TDD/TTY).

Summary of Benefits and Coverage (SBC) and Glossary

Under the Affordable Care Act, health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about a health plan's benefits and coverage. The summary is designed to help you better understand and evaluate your health insurance choices.

The forms include a short, plain language Summary of Benefits and Coverage (SBC) and a glossary of terms commonly used in health insurance coverage, such as "deductible" and "copayment."

All insurance companies and group health plans must use the same standard SBC form to help you compare health plans. The SBC form also includes details, called "coverage examples," which are comparison tools that allow you to see what the plan would generally cover in two common medical situations. You have the right to receive the SBC when shopping for, or enrolling in coverage, or if you request a copy from your issuer or group health plan. You may also request a paper copy of the SBCs and glossary of terms from your health insurance company or group health plan. All CIP health plan SBCs are available on [MyBenefits.illinois.gov](https://mybenefits.illinois.gov).

Notice of Privacy Practices

The Notice of Privacy Practices will be updated at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov), effective July 1, 2020. You have a right to obtain a paper copy of this Notice, even if you originally obtained the Notice electronically. We are required to abide by the terms of the Notice currently in effect; however, we may change this Notice. If we materially change this Notice, we will post the revised Notice on our website at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov).



Illinois Department of
 Central Management Services
 Bureau of Benefits
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 Springfield, IL 62794-9208

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Due to these unprecedented times, we ask that you please check our website at **BenefitsChoice.il.gov** under the Latest News section for any updates or cancellations to the dates and times of these Benefit Choice Fairs.

Benefit Choice Fair Dates & Locations

The CMS-sponsored Benefit Choice Open Enrollment Fairs are currently scheduled in 15 locations throughout the State of Illinois, May 1-22, from 9:00 AM to 3:30 PM, and are open to all active and retired members not enrolled in an MAPD Plan. CMS representatives, as well as benefit vendors, available in that area, will be present at each location to answer questions. Presentations regarding benefit changes will be at 10:00 AM, 12:00 PM and 3:00 PM respectively.

May 1, 2020

Illinois State Library
 300 S. 2nd Street
 Springfield, IL

May 4, 2020

University of Illinois
 1900 S. 1st Street
 I-Hotel & Conference Center
 Champaign, IL

May 5, 2020

Illinois State University
 100 N University Street
 Bone Student Center
 Circus Room
 Normal, IL

May 6, 2020

DHS-Shapiro
 100 East Jeffrey Street
 Staff Development Building
 Kankakee, IL

May 7, 2020

DHS-Elgin MHC
 750 S. State Street
 Rehab Building #110
 Elgin, IL

May 8, 2020

Bilandic Building
 160 N. LaSalle Street
 C500 & N502 & N505
 Chicago, IL

May 11, 2020

DHS-ISD
 125 Webster
 Jacksonville, IL

May 12, 2020

Western Illinois University
 1 University Circle
 Heritage Room
 University Union
 Macomb, IL

May 13, 2020

Western Illinois University
 3300 River Drive
 Riverfront Hall
 Moline, IL

May 14, 2020

Northern Illinois University
 340 Carroll Ave.
 Holmes Student Center
 Sandburg Auditorium
 DeKalb, IL

May 15, 2020

IDOT
 401 Main Street
 6th Floor, Becker Building
 Peoria, IL

May 18, 2020

IDOT
 1102 Eastport Plaza Drive
 Collinsville, IL

May 19, 2020

Southern Illinois University
 1255 Lincoln Drive
 Student Center, 2nd Floor,
 Ballroom A
 Carbondale, IL

May 21, 2020

Eastern Illinois University
 1644 7th Street
 Grand Ballroom, MLK Jr Union
 Charleston, IL

May 22, 2020

Department of Agriculture
 801 E. Sangamon Avenue
 Springfield, IL