

Benefit Choice Period: May 1-31, 2017

The Benefit Choice Period will be **May 1 through May 31, 2017**, for all members. Members include employees (full-time employees, part-time employees working 50% or greater and employees on leave of absence), annuitants, elected officials, survivors and COBRA participants.

Elections will be effective July 1, 2017.

All Benefit Choice changes should be made on the Benefit Choice Election Form available on page 5 of this flyer. Members should complete the form only if changes are being made. Your unit Health Plan Representative (HPR) will forward the form to the Local Government Health Plan (LGHP) for processing.

Members may make the following changes during the Benefit Choice Period:

- Change health plans.
- Add or drop dependent coverage.
- Elect to waive coverage. **The election to waive coverage will terminate the health, dental, vision and prescription coverage for the member and any covered dependents.**
- Re-enroll in the Program if previously waived.

It is each member's responsibility to know their plan benefits in order to make an informed decision regarding coverage elections. Members should carefully review all the information in this flyer to be aware of the benefit changes for the upcoming plan year.

What is Changing

New Benefits Website

You can review the new MyBenefits website, at MyBenefits.illinois.gov, for more information regarding your benefits.

Contact MyBenefits Marketplace Service Center at (844) 251-1777 or (844) 251-1778 (TDD/TTY) with questions. Representatives are available Monday – Friday, 7:30 a.m. – 7:00 p.m. Central Time during the Benefit Choice Period, and Monday – Friday, 8:00 a.m. – 6:00 p.m. Central Time throughout the rest of the year.

New Health Plan Administrator

Both the Local Care Health Plan (LCHP) and Local Consumer-Driven Health Plan (LCDHP) previously administered by Cigna will be transitioned to Aetna.

Plan Administrator Name Change

Aetna will also administer the Aetna HMO, formerly Coventry Health Care HMO, and the Aetna OAP, formerly Coventry Health Care OAP.

What is Not Changing

Managed Care Plan Administrators

Plan administrators will remain the same for all managed care plans (OAP and HMO plans).

- Aetna HMO (formerly Coventry Health Care HMO)
- Aetna OAP (formerly Coventry Health Care OAP)
- BlueAdvantage HMO
- Health Alliance HMO
- HealthLink OAP
- HMO Illinois

Note that other plan administrators will remain the same for other benefits, including dental, vision, behavioral health, and prescription drugs.

Health Plan Options

There will be no changes to your health plan options this Benefit Choice Period. If you wish to keep your coverage, no action is needed. If you wish to change your plan or carrier, elect benefits by submitting a new Benefit Choice Election Form to your HPR.

Adding a Dependent

If you add a dependent for the first time this year, you must provide the required documentation no later than May 31, 2017. Failure to provide adequate documentation by this deadline may result in dependents not being added to your plan.

Health Plan Descriptions

There are several health plans available based on geographic location. All plans offer comprehensive benefit coverage. Health maintenance organizations (HMOs) have limitations including geographic availability and defined provider networks, whereas the two open access plans (OAPs), the Local Consumer-Driven Health Plan (LCDHP) and the Local Care Health Plan (LCHP) have nationwide networks of providers available to their members.

Local Consumer-Driven Health Plan (LCDHP)

The Local Consumer-Driven Health Plan (LCDHP) is a benefit option often referred to as a high-deductible health plan which requires members to be more responsible for managing their healthcare including how they spend their healthcare dollars. LCDHP is administered by Aetna and offers a comprehensive range of benefits including a nationwide network of physicians, hospitals and ancillary providers. The plan design offers both in- and out-of-network benefits; however, utilizing in-network providers will result in cost-savings to the member. Notification to Aetna, the LCDHP notification administrator, is required for certain medical services in order to avoid penalties. Contact Aetna at (855) 339-9731 or (800) 628-3323 (TDD/TTY) for direction.

Members interested in more information regarding the LCDHP benefit levels should refer to MyBenefits.illinois.gov. Plan highlights are listed below:

- An annual collective plan year deductible (includes medical and pharmacy) applies to all nonpreventive medical services, nonpreventive prescriptions, and behavioral health services.
- There are two plan year deductibles, one for in-network and one for out-of-network. Each plan year deductible (i.e., in-network vs. out-of-network) is exclusive and separate from the other.
- Members with one or more dependents on their coverage must satisfy the family annual plan year deductible before services will be covered at the plan's benefit levels of 90% in-network and 70% out-of-network.
- Preventive medical services obtained through an in-network provider are covered at 100% and are not subject to the annual plan year deductible. Preventive medical services obtained out-of-network are not covered.
- Preventive medications are covered at the applicable coinsurance level and are not subject to the annual plan year deductible.

- The plan has two out-of-pocket maximums, one for all eligible in-network services and one for all eligible out-of-network services. Each out-of-pocket maximum (i.e., in-network vs. out-of-network) is exclusive and separate from the other. Plan coinsurance and deductibles are applied to the out-of-pocket maximums. Benefits will be paid at 100% up to the allowed charges after the applicable out-of-pocket maximum has been met.

The LCDHP currently utilizes Magellan for behavioral health benefits and CVS/caremark for prescription benefits.

Local Care Health Plan (LCHP)

LCHP is the medical plan that offers a comprehensive range of benefits. Under the LCHP, plan participants can choose any provider for medical services; however, plan participants receive enhanced benefits, resulting in lower out-of-pocket costs when receiving services from a LCHP network provider.

Managed Care Plans

- Health Maintenance Organizations (HMOs)

Members who select an HMO plan must select a primary care physician (PCP) from a network of participating providers. The PCP will direct all healthcare services and will make referrals for specialists and hospitalizations. When care and services are coordinated through the PCP, only a copayment will apply. There are no annual plan deductibles for medical services obtained through an HMO.

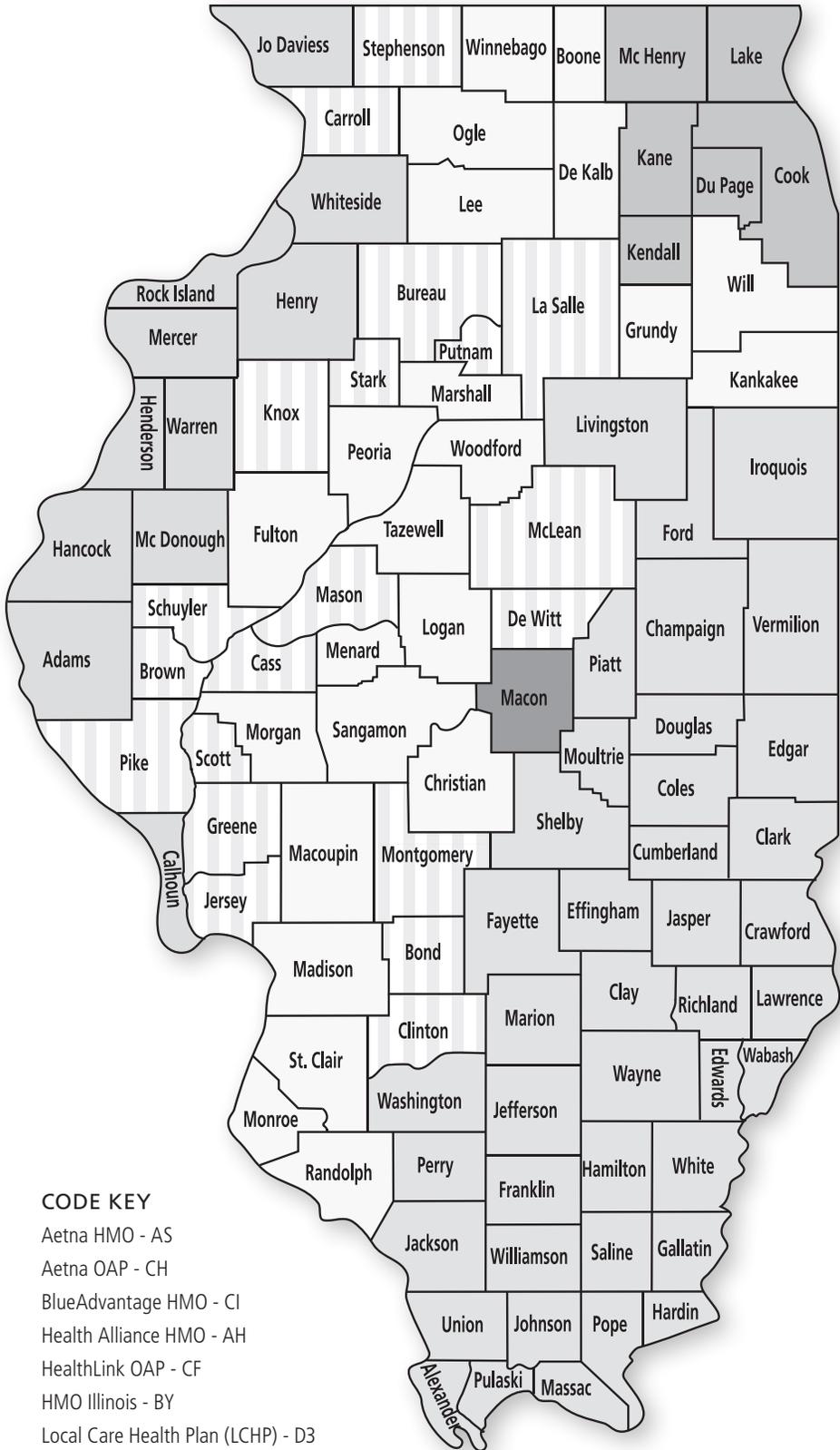
- Open Access Plans (OAPs)

Open access plans combine similar benefits of an HMO with the same type coverage as a traditional health plan. Members who elect an OAP will have three tiers of providers from which to choose. The benefit level is determined by the tier in which the healthcare provider is contracted. Members enrolled in an OAP can mix and match providers and tiers.

Additional plan design information is available on the Benefits website or in the plan administrator's SPD.

What is Available in Your Area in FY18

Review the following map and charts to compare plans and determine which plan is best for you.



Health Alliance HMO
 Aetna HMO (formerly Coventry HMO)
 HMO Illinois
 HealthLink OAP
 Aetna OAP (formerly Coventry OAP)
 BlueAdvantage HMO
 Local Care Health Plan (LCHP)
 Local Consumer-Driven Health Plan (LDCHP)

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 HealthLink OAP
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 Local Consumer-Driven Health Plan (LDCHP)

CODE KEY

- Aetna HMO - AS
- Aetna OAP - CH
- BlueAdvantage HMO - CI
- Health Alliance HMO - AH
- HealthLink OAP - CF
- HMO Illinois - BY
- Local Care Health Plan (LCHP) - D3
- Local Consumer-Driven Health Plan (LCDHP) - D9

Striped areas represent counties in which HMO Illinois or BlueAdvantage HMO do not have provider coverage; members in these counties may have access to HMO Illinois or BlueAdvantage HMO providers in a neighboring county.

Health Plan Comparison

Benefit	LCHP	LCDHP	HMO	OAP Tier I (In-Network)	OAP Tier II (In-Network)	OAP Tier III (Out-of-Network)**
Patient Responsibilities						
Annual Out-of-Pocket Maximum		In-Network**	Out-of-Network**			
Per Enrollee	\$1,750	\$3,000	\$6,000	\$6,250 (Tier I and Tier II combined)		Not applicable
Per Family	\$3,500	\$6,000	\$12,000	\$12,750 (Tier I and Tier II combined)		Not applicable
Annual Plan Deductible*						
Per Enrollee	\$750 per enrollee	\$1,500	\$3,000	Not applicable	\$300 per enrollee	\$500 per enrollee
Per Family	\$750 per enrollee	\$3,000	\$6,000	Not applicable	\$300 per enrollee	\$500 per enrollee

Plan Benefit Levels Comparison

	In-Network	Out-of-Network**	In-Network	Out-of-Network**	In-Network	Out-of-Network**
Emergency Room	90% of network charges after \$400 per visit	90% of allowable charges after \$400 per visit	90% of network charges	90% of allowable charges	\$200	\$200
Preventive Services Including Immunizations	100%	60% of allowable charges	100%	No Coverage	100%	Covered under Tier I and Tier II only
Inpatient	90% of network charges after \$250 per visit	60% of allowable charges after \$500 per visit	90% of network charges	70% of allowable charges	\$250 copayment	90% of network charges after \$300 copayment
Outpatient Surgery	90% of network charges	60% of allowable charges	90% of network charges	70% of allowable charges	\$200 copayment	80% of allowable charges after \$400 copayment
Diagnostic Lab and X-ray	90% of network charges	60% of allowable charges	90% of network charges	70% of allowable charges	100%	80% of allowable charges
Durable Medical Equipment	90% of network charges	60% of allowable charges	90% of network charges	70% of allowable charges	80% of network charges	80% of allowable charges
Physician Office Visit	90% of network charges	60% of allowable charges	90% of network charges	70% of allowable charges	\$30 copayment	80% of allowable charges

*The annual plan deductible must be met before benefit levels will be applied.

**Utilizing out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges do not count toward your annual out-of-pocket maximum; this varies by plan and geographic region. Members who use out-of-network providers should contact their health plan administrator for information regarding out-of-network charges before obtaining services.

LOCAL GOVERNMENT HEALTH PLAN (LGHP)
BENEFIT CHOICE ELECTION FORM
 Enrollment Period May 1, 2017 through May 31, 2017
 Complete This Form Only If Changing Your Benefits

SECTION A: MEMBER INFORMATION

Last Name:	First Name:
Primary Phone #:	Alternate Phone #:
Email Address:	SSN:

SECTION B: HEALTH PLAN ELECTION (complete only if changing health plans)

<p>Health Plan Election*</p> <p>Elect One:</p> <p><input type="checkbox"/> Local Care Health Plan (LCHP)</p> <p><input type="checkbox"/> Local Consumer-Driven Health Plan (LCDHP)</p> <p><input type="checkbox"/> Open Access Plan (OAP)</p> <p><input type="checkbox"/> Health Maintenance Organization (HMO)</p>	<p>If you selected an HMO or an OAP, you must complete the following:</p> <p>Carrier Name: _____</p> <p>Carrier Code (2 Characters): _____</p> <p>If you elected an HMO, also complete the field below:</p> <p>Nation Provider Identifier (NPI) (10 digits required):</p> <p>_____</p> <p style="text-align: center;">(NPI's can be found on the health plan's website)</p> <p>If you elected HMO Illinois or BlueAdvantage HMO, you must complete the following:</p> <p>Medical Group # (3 digits): _____</p>
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** If you have another health insurance plan, including Medicare, you must give a copy of you and/or your dependent's other insurance card to your HPR. The copy must include the front and back of the card.*

SECTION C: DEPENDENT INFORMATION¹ (dependents will be enrolled with the same coverage that you have)

HEALTH			Name	SSN (REQUIRED)	Birth Date	Relationship ²	Sex (M/F)	National Provider Identifier (HMOs only) If HMO IL or BlueAdvantage HMO add 3-digit Medical Group # ➔	Medical Group Number
A (Add) D (Drop) C (Change)	A	D							

Note: ¹Documentation required to add dependents – see specific documentation requirements on the instruction sheet.

²Relationship categories are on the instruction sheet

This authorization will remain in effect until I provide written notice to the contrary. The information contained in this form is complete and true. I agree to abide by all Local Government Health Plan rules. I agree to furnish additional information requested for enrollment or administration of the plan I have elected.

MEMBER SIGNATURE: _____ DATE: _____

HPR SIGNATURE: _____ DATE: _____

Give completed form to your unit's HPR no later than May 31, 2017!

BENEFIT CHOICE ELECTION FORM INSTRUCTION SHEET

If you are keeping your current coverage elections you do not need to complete the Benefit Choice Election Form.

SECTION A – MEMBER INFORMATION

Complete all fields.

SECTION B – HEALTH PLAN ELECTION

If you wish to **change your health** plan you must check the Local Care Health Plan (LCHP), the Local Consumer-Driven Health Plan (LCDHP), the OAP or the HMO box. If **electing/changing to either an HMO or OAP plan**, you must enter the HMO or OAP’s carrier code (see map for carrier codes) and the plan’s name. If you are electing an HMO, you must also enter the National Provider Identifier (NPI) associated with your Primary Care Physician (PCP)*. NPI’s are located in the HMO plan’s online directory (available on the plan administrator’s website) and are 10 digits in length. If you elect HMO Illinois or BlueAdvantage HMO you will also need to enter the 3-digit medical group number.

Do not complete this section if you only want to change your primary care physician (PCP) – you must contact your managed care plan directly in order to make this change.

SECTION C – DEPENDENT INFORMATION

Complete this section if you are (1) changing your health plan to an HMO, or (2) adding or dropping dependent health coverage. If your dependents are already enrolled and you are only changing your health plan to LCHP, LCDHP or one of the OAP plans you do not need to complete this section. If you are adding dependent health coverage, you must also provide the appropriate documentation as indicated below:

Spouse or Civil Union Partner	Marriage certificate or civil union partnership certificate.
Natural Child through age 25	Birth certificate.
Stepchild or civil union partner’s child through age 25	Birth certificate indicating your spouse/civil union partner is the child’s parent and a marriage/ civil union partnership certificate indicating the child’s parent is your spouse/civil union partner.
Adopted Child through age 25	Adoption certificate stamped by the circuit clerk.
Adjudicated Child/Legal Guardianship through age 25	Court documentation signed by a judge.
Adult Veteran Child (IRS/non-IRS) through age 29	Birth certificate (if not already on file), proof of Illinois residency and Veterans’ Affairs release form DD-214 (or equivalent).
Disabled age 26 or older	Birth certificate (if not already on file), statement from the Social Security Administration with the Social Security disability determination <i>or</i> a court order adjudicating the disability, and a copy of the Medicare card (if applicable).
Other (organ transplant recipient)	Birth certificate (if not already on file), proof of organ transplant performed after June 30, 2000.

Dependent documentation must be submitted to your HPR by the end of the Benefit Choice Period. ***If documentation is not provided within the Benefit Choice Period, your dependents will not be added.***

SIGNATURE

You must sign and date the Benefit Choice Election Form and give to your HPR no later than **May 31, 2017**, in order for your elections to be effective July 1, 2017.

**A Primary Care Physician (PCP) is a family practice, general practice, internal medicine, pediatrician (children) or an OB/GYN (women) physician.*

Federally Required Notices

Notice of Creditable Coverage

Prescription Drug information for LGHP Medicare-eligible Plan Participants

This Notice confirms that the Local Government Health Plan (LGHP) has determined that the prescription drug coverage it provides is Creditable Coverage. This means that the prescription coverage offered through LGHP 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 LGHP 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 LGHP coverage, the Medicare Special Enrollment Period for enrollment into a Medicare Part D plan is two months after your LGHP coverage ends.

If you keep your existing group coverage through LGHP, 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 complete Notice of Creditable Coverage at MyBenefits.illinois.gov. Participants may also contact the State of Illinois Medicare Coordination of Benefits Unit at (800) 442-1300 or (217) 782-7007 to obtain a copy or to request a personalized Notice.

Summary of Benefits and Coverage (SBC) and Uniform 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 regulation 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 uniform 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 copy of the glossary of terms from your health insurance company or group health plan. All LGHP health plan SBCs, along with the uniform glossary, are available on MyBenefits.illinois.gov.

Notice of Privacy Practices

The Notice of Privacy Practices will be updated on the MyBenefits website, effective July 1, 2017. 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 with 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.

MARK YOUR CALENDAR: MAY 1-31, 2017

Benefit Choice Period

Local Government Health Plan

Discover Your Options

Printed on recycled paper

STATE OF ILLINOIS
Department of Central Management
Services, Bureau of Benefits

