

Benefit Choice Period: May 1 - May 31, 2019

The Benefit Choice Period is May 1 through May 31, 2019, for all eligible members, with your elections becoming effective July 1, 2019. 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.
- 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.

What is Changing

Health Plans

All LGHP health plans will see a slight increase in copayments, coinsurance and deductibles, including prescriptions.

Out-of-Pocket

Out-of-pocket maximum levels have also increased with each of the health plans.

What is Not Changing

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.

The MyBenefits Service Center will continue to be of service to all of our members. Members will continue to benefit from the simplified plan-comparison at MyBenefits.illinois.gov. Contact MyBenefits Service Center (toll-free) 844-251-1777, or 844-251-1778 (TDD/TTY) with questions. Representatives are available Monday - Friday, 8:00 AM - 6:00 PM CT.

Plan Administrators

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

ADDING A DEPENDENT

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.

Health Plan Descriptions

The Local Government Health Plan offers comprehensive health plan options. Consider your health needs as you select between LCHP, LCDHP, HMO and OAP plans. Additional information about the plans listed below can be found at MyBenefits.illinois.gov.

- Local Care Health Plan (LCHP) 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 an LCHP in-network provider. LCHP has a nationwide network of medical providers through Aetna PPO.
- Local Consumer-Driven Health Plan (LCDHP) is a high-deductible health plan, which requires members to take greater responsibility for how they manage their healthcare dollars. LCDHP offers both in-network and out-of-network benefits, but using in-network providers will result in greater cost-savings. LCDHP has a nationwide network of medical providers through Aetna PPO.
- 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.

- Open Access Plan (OAP) members will have three tiers of providers from which to choose to obtain services. The benefit level is determined by the tier in which the healthcare provider is contracted.
 - 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). Using Tier III can offer members flexibility in selecting healthcare providers, but involves higher out-of-pocket costs. Furthermore, members who use out-of-network providers will be responsible for any amount that is more than the charges allowed by the plan for services (allowable charges), which could result in substantial out-of-pocket costs.

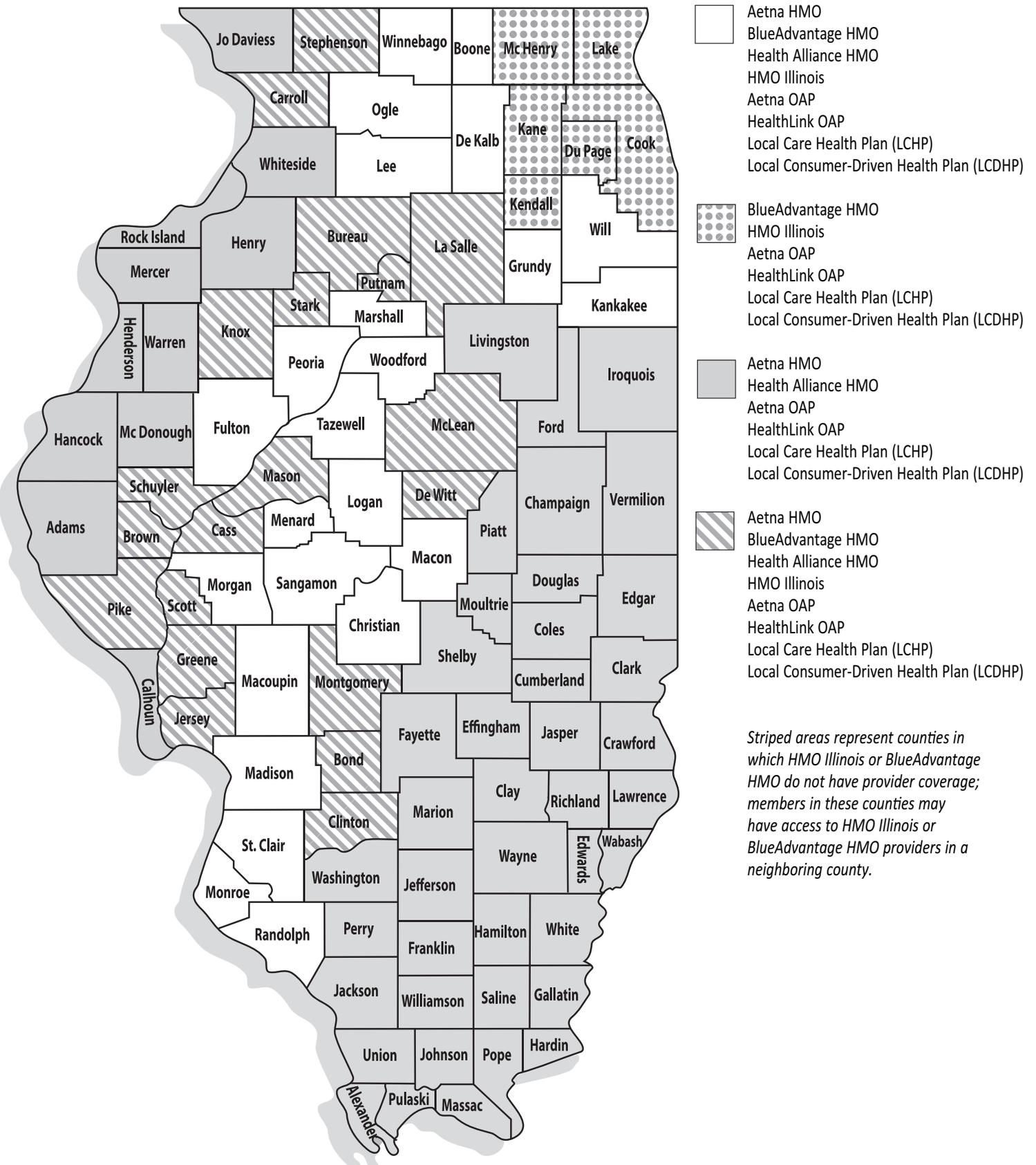
Members enrolled in an OAP can mix and match providers and tiers.

Additional Benefit Plans

- Vision coverage is provided to members enrolled in any of the health plans. All members and enrolled dependents have the same vision coverage regardless of the health plan selected. EyeMed Vision Care administers the vision plan for LGHP and using EyeMed network providers will result in greater cost-savings.
- The Local Care Dental Plan (LCDP) offers a comprehensive range of dental benefits to all members and dependents enrolled in any LGHP health plan. The plan is administered by Delta Dental of Illinois. Participants can choose any dental provider they wish, but may pay less out-of-pocket by utilizing the Delta Dental PPO Network or Delta Dental Premier Network. The Dental Schedule of Benefits is available at MyBenefits.illinois.gov.

What is Available in Your Area in FY20

Review the following map and charts to compare plans. Then, review your out-of-pocket maximums to determine which plan is best for you.



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	In-Network	Out-of-Network				
Per Enrollee	\$2,000	\$6,000	\$5,000	\$7,000	unlimited	\$7,250 (Tier I and Tier II combined)		Not applicable
Per Family	\$4,000	\$12,000	\$8,000	\$14,000	unlimited	\$13,750 (Tier I and Tier II combined)		Not applicable
Plan Year Deductible*								
Per Enrollee	\$1,000 per enrollee		\$2,000	\$4,000	Not applicable	Not applicable	\$400 per enrollee	\$600 per enrollee
Per Family	\$1,000 per enrollee		\$4,000	\$8,000			\$400 per enrollee	\$600 per enrollee
Plan Benefit Levels Comparison								
Annual Out-of-Pocket Maximum	In-Network	Out-of-Network**	In-Network	Out-of-Network**				
Emergency Room	80% after \$400 ER deductible*	80% after \$400 ER deductible*	80%*	80%*	\$300	\$300	\$300	\$300
Preventive Services including immunizations	100%	50% of allowable charges*	100%	No coverage	100%	100%	100%	Covered under Tier I and Tier II only
Inpatient	80% of network charges after \$350 per visit*	50% of allowable charges after \$600 per visit*	80% of network charges*	50% of allowable charges*	\$350 copayment	\$350 copayment	80% of network charges* after \$400 copayment	50% of allowable charges* after \$500 copayment
Outpatient Surgery	80% of network charges*	50% of allowable charges*	80% of network charges*	50% of allowable charges*	\$300 copayment	\$300 copayment	80% of network charges* after \$300 copayment	50% of allowable charges* after \$300 copayment
Diagnostic Lab and X-ray	80% of network charges*	50% of allowable charges*	80% of network charges*	50% of allowable charges*	100%	100%	80% of network charges*	50% of allowable charges*
Durable Medical Equipment	80% of network charges*	50% of allowable charges*	80% of network charges*	50% of allowable charges*	70% of network charges	70% of network charges	60% of network charges*	50% of allowable charges*
Physician Office Visit	80% of network charges*	50% of allowable charges*	80% of network charges*	50% of allowable charges*	\$40 copayment	\$40 copayment	80% of network charges*	50% of allowable charges*

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

** 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. 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, 2019 through May 31, 2019

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)

Health Plan Election*

Elect One:

- Local Care Health Plan (LCHP)
- Local Consumer-Driven Health Plan (LCDHP)
- Health Maintenance Organization (HMO)
 - Aetna HMO
 - BlueAdvantage HMO
 - Health Alliance HMO
 - HMO Illinois
- Open Access Plan (OAP)
 - Aetna OAP
 - HealthLink OAP

If you selected an HMO or an OAP, you must complete the following:

Carrier Name: _____

If you elected an HMO, also complete the field below:

Nation Provider Identifier (NPI) (10 digits required):

(NPI's can be found on the health plan's website)

If you elected HMO Illinois or BlueAdvantage HMO, you must complete the following:

Medical Group # (3 digits): _____

* If you have another health insurance plan, including Medicare, you must send a copy of your 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)	Medical Group Number
A (Add)	D (Drop)	C (Change)						If HMO IL or BlueAdvantage HMO add 3-digit Medical Group # °	
A	D	C							

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: _____

Send completed form to your unit's HPR no later than May 31, 2019.

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 specify the plan’s full 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 dependent(s) 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 or 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, 2019**, in order for your elections to be effective July 1, 2019.

*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 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 LGHP health plan SBCs are available on MyBenefits.illinois.gov.

Notice of Privacy Practices

The Notice of Privacy Practices will be updated at MyBenefits.illinois.gov, effective July 1, 2019. 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.



STATE OF ILLINOIS
 Department of Central
 Management Services
 Bureau of Benefits

MARK YOUR CALENDAR

Benefit Choice Period

Enroll in Your Benefits May 1-31, 2019!

ENROLL NOW! A Benefit Choice Election Form is enclosed inside this mailer.
 The MyBenefits.illinois.gov website is your online hub for benefits information.

Contact MyBenefits Service Center (toll-free) 844-251-1777, or 844-251-1778 (TDD/TTY).
 Representatives are available during the Benefit Choice Period Monday – Friday, 8:00 AM – 6:00 PM CT.

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