



December 17, 2012

Local Member Name
Address 1
Address 2
City, State Zip

URGENT – RESPONSE REQUIRED

Dear Member:

Our records indicate that you and your covered dependents, if any, are currently enrolled in Health Alliance Illinois under the Local Government Health Plan. We regret to inform you that Health Alliance Illinois will no longer be available to Local Government Health Plan members after January 31, 2013.

Due to Health Alliance Illinois no longer being available, Health Alliance Illinois members must choose another managed care health plan or the Local Care Health Plan; therefore, a Special Enrollment Period will be held from now through January 31, 2013, for these impacted members.

Please refer to the enclosed map regarding the health plans available. The information is also available on our website at www.benefitschoice.il.gov. If you are electing an HMO plan, you should contact the HMO plan to ensure the primary care physician (PCP) in which you are interested is in the plan's network. **Contacting the HMO plan directly will give you the most current information.** You should also contact the PCP's office to verify they are accepting new patients before making your election.

The Special Enrollment form on the back of this letter must be completed and returned to your Health Plan Representative (HPR) no later than January 31, 2013, who will then forward to our office. The effective date of your new health plan will be February 1, 2013. **Failure to choose another health plan by January 31, 2013, will result in our office automatically enrolling you in the Local Care Health Plan.**

If you have any questions or concerns, please contact your unit's HPR indicated on the back of this letter.

Special Enrollment Period for Health Alliance Illinois Members

Member Name:

SSN: xxx-xx-****

As stated in the letter, members enrolled in Health Alliance Illinois must select a new health plan. You must complete and return this form to your unit's Health Plan Representative (HPR) no later than January 31, 2013, who will then forward to our office. This new election will be effective February 1, 2013. Please note, you cannot add or drop dependents during this Special Enrollment Period. **You may only change your health plan.**

- If you are electing an HMO, you must complete the **Health Plan Election and Primary Care Physician Election** sections below indicating a primary care physician (PCP) for you and each of your dependents. BlueAdvantage HMO and HMO Illinois plans also require the physician medical group number.
- If you elect the Local Care Health Plan (LCHP), HealthLink OAP or Coventry OAP, you need only indicate the desired health plan in the **Health Plan Election** section below.

Health Plan Election (select one – if you are electing an HMO, ensure the option you elect is available in your area).

_____ **BlueAdvantage HMO**

_____ **Coventry Open Access ***

_____ **Coventry HMO**

_____ **HealthLink Open Access ***

_____ **HMO Illinois**

_____ **Local Care Health Plan (LCHP) ***

_____ **Health Alliance HMO**

* If you elect one of these carriers, you do **not** need to complete the **Primary Care Physician Election** section below.

Primary Care Physician Election (only complete this section if you elected an HMO)

Member Name

Primary Care Physician Name

Provider Identifier

Medical Group #

Dependent(s) Name

Primary Care Physician Name

Provider Identifier

Medical Group #

I agree to abide by all Local Government Health Plan rules.

Member Signature _____

Date _____

HPR Signature _____

Date _____

Please return this form to:

HPR Name

HPR Address

HPR City, State, Zip

HPR Phone and Fax #'s

