STATE OF ILLINOIS
Department of Central Management Services
Bureau of Benefits

Benefit Choice

Discover Your Options

Benefit Choice Period • May 1-June 1, 2020

Teachers' Retirement Insurance Program

Effective July 1, 2020

TEACHERS' RETIREMENT INSURANCE PROGRAM

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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

Or

Contact MyBenefits Service Center (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. TCHP enrollees will receive the benefit at the same co-insurance 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 TCHP. 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 copayment. 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

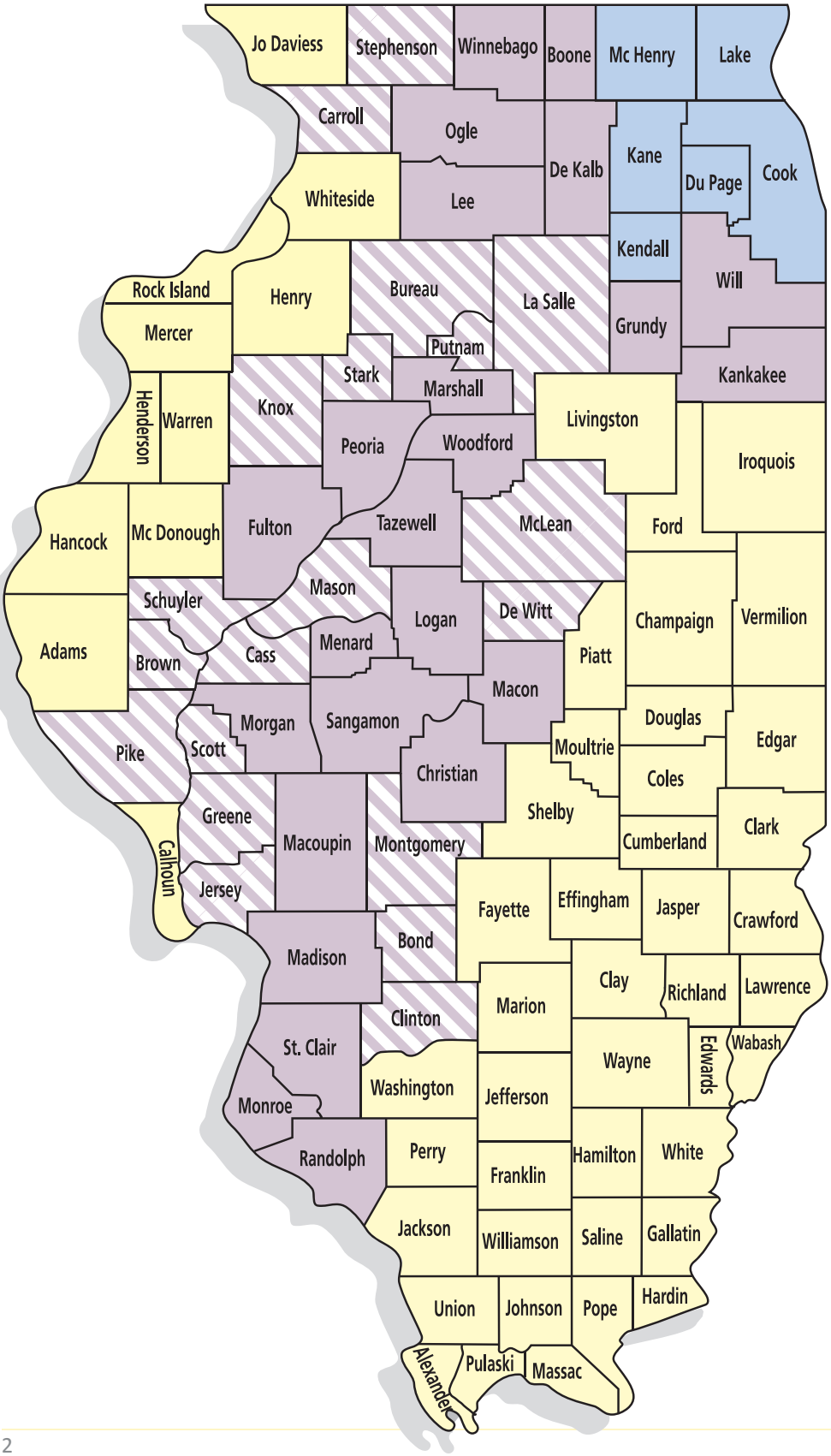
The MyBenefits online enrollment platform will continue to be of service to all of our members. A simplified plan comparison and election process is provided through online enrollment at MyBenefits.illinois.gov, or by calling the MyBenefits Service Center (toll-free) 844-251-1777.

Plan Administrators

Plan administrators will remain the same for all plans including health, 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.



Aetna HMO
BlueAdvantage HMO
Health Alliance HMO
HMO Illinois
Aetna OAP
HealthLink OAP
Teachers' Choice Health Plan (TCHP)

BlueAdvantage HMO
HMO Illinois
Aetna OAP
HealthLink OAP
Teachers' Choice Health Plan (TCHP)

Aetna HMO
Health Alliance HMO
Aetna OAP
HealthLink OAP
Teachers' Choice Health Plan (TCHP)

Aetna HMO
BlueAdvantage HMO
Health Alliance HMO
HMO Illinois
Aetna OAP
HealthLink OAP
Teachers' Choice Health Plan (TCHP)

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.

Monthly Contributions

The Teachers' Retirement Insurance Program (TRIP) shares the cost of health coverage with you. While TRIP 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)	$91.95	$285.64	$389.18	$112.89
	TCHP	$238.65	$673.59	$1,013.04	$267.67
	TCHP when managed care is not available in your county	$119.32	$336.80	$506.53	$133.84
Dependent Beneficiary	Managed Care Plan (OAP and HMO)	$367.96	$1,142.56	$1,556.68	$391.07**
	TCHP	$477.31	$1,347.19	$2,026.08	$535.33
	TCHP when managed care is not available in your county	$477.31	$1,347.19	$2,026.08	$401.51**

* You must enroll in both Medicare Parts A and B to qualify for the lower premiums. Send a copy of your Medicare card to TRS. 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.

** Medicare Primary Dependent Beneficiaries enrolled in a managed care plan, or in TCHP when no managed care plan is available, receive a premium subsidy.

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. 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 TRIP Coverage

To terminate coverage at any time, please contact MyBenefits Service Center. 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 TRIP may re-enroll during an open enrollment period or other qualifying enrollment opportunity. Please refer to the Teachers' Retirement Insurance Program (TRIP) 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. Contact the plan administrator for a copy of the SPD. For a copy of the SPD, contact the plan administrator (see page 9).

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	$150 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	$20 copayment per visit	Not covered
Specialist Office Visit	$20 copayment per visit	Not covered
Telemedicine	$10 copayment	Not covered
Outpatient Psychiatric and Substance Abuse	$20 copayment per visit	Not covered
Durable Medical Equipment	80% covered	Not covered
Home Health Care	$15 copayment per visit	Not covered

Prescription Drugs

Preventive Prescription Drugs – $0

	Reduced Tier I *	Tier I	Tier II	Tier III
Copayments (30-day supply)	$4	$10	$20	$40
Copayments (90-day supply)	$10	$25	$50	$100

* 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 9).

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	$150 copayment per visit	80% of network charges after $150 copayment*	60% of allowable charges after $150 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	$20 copayment	80% of network charges*	60% of allowable charges*
Specialist Office Visits	$20 copayment	80% of network charges*	60% of allowable charges*
Telemedicine	$10 copayment	Not covered	Not covered
Outpatient Psychiatric and Substance Abuse	$20 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	$15 copayment	80% of network charges*	Not covered

Prescription Drugs

Preventive Prescription Drugs – $0

	Tier I	Tier II	Tier III
Copayments (30-day supply)	$10	$20	$40
Copayments (90-day supply)	$20	$40	$80
Maintenance Choice (90-day supply)***	$10	$20	$40

* 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.

Teachers' Choice Health Plan (TCHP) Benefits

Teachers' Choice Health Plan (TCHP) 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 TCHP in-network provider. TCHP has a nationwide network of providers through Aetna PPO. 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 TCHP. For a copy of the SPD, contact the plan administrator (see page 9).

Plan Year Deductible	
In-Network Individual $500 per enrollee	Out-of-Network Individual $500 per enrollee

Out-of-Pocket Maximum Limits			
In-Network Individual $1,200	In-Network Family $2,750	Out-of-Network Individual $4,400	Out-of-Network Family $8,800

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% covered; Deductible applies after $200 per admission	60% covered; Deductible applies after $400 per admission
Inpatient Alcohol and Substance Abuse	80% covered; Deductible applies after $200 per admission	60% covered; Deductible applies after $400 per admission
Inpatient Psychiatric Admission	80% covered; Deductible applies after $200 per admission	60% covered; Deductible applies after $400 per admission
Outpatient Surgery	80% covered; Deductible applies	60% covered; Deductible applies
Skilled Nursing Facility	80% covered; Deductible applies	60% covered; Deductible applies
Diagnostic Lab and X-ray	80% covered; Deductible applies	60% covered; Deductible applies

Transplant Services	
Organ and Tissue Transplants	80% after $200 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Not covered for out-of-network. Benefits are not available unless approved by the Notification Administrator. To assure coverage, contact Aetna prior to beginning evaluation services.

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

Prescription Drugs			
Preventive Prescription Drugs – $0			
TCHP applies 20% coinsurance to the retail cost of the drug not to exceed the maximum copayment or be less than the minimum copayment.			
	Tier I	**Tier II**	**Tier III**
Copayments (30-day supply)	Greater of 20% or $7	Greater of 20% or $14	Greater of 20% or $28
Copayments (90-day supply)	Greater of 20% or $14	Greater of 20% or $28	Greater of 20% or $56
Maintenance Choice (90-day supply)**	Greater of 10%; Deductible applies	Greater of 10%; Deductible applies	Greater of 10%; Deductible applies

* 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.

Teachers' Retirement 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, TRIP requires that the benefit recipient enroll in Medicare Part A. 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 TRIP-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 TRIP-sponsored TRAIL plan, or opt-out of their TRIP-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.

Total Retiree Advantage Illinois
Your Trail to Better Health

For more information regarding the Medicare Advantage Prescription Drug 'TRAIL' Program, go to 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

The State 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

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

If you are enrolled in TCHP, contact Magellan Healthcare (see page 9). If you are enrolled in an HMO or OAP health plan, contact your plan administrator.

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.

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 285655) Aetna OAP (Group Number 285651) Teachers' Choice Health Plan (TCHP) - Aetna PPO (Group Number 285659) 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 B06802) PO Box 805107, Chicago, IL 60680-4112	800-868-9520 866-876-2194 (TDD/TTY)	bcbsil.com/stateofillinois
	Health Alliance Medical Plans (Group Number 00710A) 3310 Fields South Drive, Champaign, IL 61822	800-851-3379 800-526-0844 (TDD/TTY)	healthalliance.org/ stateofillinois
	HealthLink OAP (Group Number 160002) PO Box 411580, St. Louis, MO 63134	800-624-2356 877-232-8388 (TDD/TTY)	healthlink.com/soi/ learn-more
	HMO Illinois (Group Number H06802) PO Box 805107, Chicago, IL 60680-4112	800-868-9520 866-876-2194 (TDD/TTY)	bcbsil.com/stateofillinois
Prescription Drug Plan	CVS Caremark® (for TCHP or OAP Plans) Group Numbers: (TCHP 1402TD3) (Aetna OAP 1402TCH) (HealthLink OAP 1402TCF) **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
Behavioral Health	Magellan Healthcare, Inc. PO Box 2216, Maryland Heights, MO 63043	800-513-2611 (nationwide) 800-456-4006 (TDD/TTY)	magellanascend.com
Teachers' Retirement System (TRS)	2815 West Washington Street PO Box 19253, Springfield, IL 62794-9253	877-927-5877 (877-9-ASK-TRS) 866-326-0087 (TDD/TTY)	trsil.org

Federally Required Notices

Notice of Creditable Coverage

Prescription Drug information for TRIP Medicare-eligible Plan Participants

This Notice confirms that the Teachers' Retirement Insurance Program (TRIP) has determined that the prescription drug coverage it provides is Creditable Coverage. This means that the prescription coverage offered through TRIP 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 TRIP 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 TRIP coverage, the Medicare Special Enrollment Period for enrollment into a Medicare Part D plan is two months after your TRIP coverage ends.

If you keep your existing group coverage through TRIP, 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 TRIP 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, 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.

Notes

Notes

Notes

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Illinois Department of
Central Management Services
Bureau of Benefits
PO Box 19208
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