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## Group Insurance Benefits Fact Sheet

To properly maintain your insurance records, keep your contact information current with General Assembly Retirement System. Group insurance booklets and the latest information are available on our website, [srs.illinois.gov](http://srs.illinois.gov).

### GROUP LIFE INSURANCE AT RETIREMENT

If you are retiring within one year of terminating State employment and you are under age 60, your life insurance will remain as it was as an active employee. Once you turn age 60 (or retire at age 60 or older), your Basic Life insurance will reduce to \$5,000 and any Optional Life insurance you carry will reduce to increments of \$5,000, up to a maximum of four times the Basic amount. Spouse Life insurance will reduce to \$5,000. Child Life will remain at \$10,000. Members who retire at age 60 or older who experience a reduction in life insurance coverage at the time of their retirement, can contact the State of Illinois life insurance administrator, MetLife, to discuss conversion or portability options. Premiums for any elected Optional Life insurance coverage are deducted from your monthly pension check.

If you are retiring after one year of terminating state employment, you are eligible for Basic life insurance only.

The State of Illinois life insurance administrator, MetLife, maintains State life insurance beneficiary designations. Your State life insurance beneficiary is separate from your GARS death benefit beneficiary. To designate a beneficiary or update your State life insurance beneficiary designation, contact MetLife at 800-880-6394 or visit their website: [www.metlife.com/stateofillinois](http://www.metlife.com/stateofillinois).

### INSURANCE INFORMATION AT RETIREMENT

To qualify for the State of Illinois Group Insurance at retirement, you must have at least 4 years of GARS service credit if you are a Tier 1 member, or 8 years of GARS service credit if you are a Tier 2 member. If you are retiring and meet those service credit requirements, you must complete the insurance form (7016) included in your retirement packet, even if you don't want to enroll in the plan. GARS will confirm your insurance eligibility and process your initial enrollment. Going forward, you will utilize the MyBenefits Service Center and customized website which can assist you with insurance questions, choices and changes by calling (844) 251-1777 or visiting [mybenefits.illinois.gov](http://mybenefits.illinois.gov).

Insurance coverage becomes effective on the date of commencement of the monthly annuity, or the first of the month in which the application for retirement was received, whichever is later. Your retiree health insurance premium is paid by the State but premiums for dependent health coverage, as well as member and dependent dental coverage, are deducted from the monthly pension benefit. Current rates are available in the most current Benefits Choice booklet available at [srs.illinois.gov](http://srs.illinois.gov) or the MyBenefits website at [mybenefits.illinois.gov](http://mybenefits.illinois.gov).

### MEDICARE IN RETIREMENT

Medicare is a federal health insurance program for individuals 65 and older, individuals under age 65 with certain disabilities and individuals of any age with end stage renal disease. Retirees and their insured dependents as well as survivors and disabled benefit recipients must apply for Medicare benefits upon turning age 65. If SSA determines that you and/or your dependent are eligible for Medicare Part A and/or Part B, you and your dependents are required by the State to enroll in Medicare Parts A and B. If a retiring or disabled benefit recipient fails to purchase Part B of Medicare once they become eligible for premium-free Part A, the State will reduce its benefits and the member will pay the portion that Medicare would have paid. This reduction results in higher out-of-pocket expenses.

Once enrolled in Medicare, the member and/or dependent is required to send GARS a copy of their Medicare card showing enrollment in Medicare Parts A and B to ensure their insurance is administered correctly to avoid claim and/or premium errors.

If SSA determines you and/or your dependents don't qualify for premium-free Medicare Part A, you and/or your dependents must provide GARS a copy of the determination letter from the Social Security Administration verifying ineligibility to avoid a financial penalty.

Questions about Medicare should be directed to the Social Security Administration's Medicare hotline, 1-800-MEDICARE or the CMS Medicare Unit at (217) 782-7007.

## OPT-OUT ELECTION:

Retirees, annuitants and survivors may elect to Opt-Out of the State Employees Health Insurance Program if proof of other major medical insurance can be provided by an entity other than the Department of Central Management Services. Opting-out will terminate all health, dental, vision and prescription coverage for the member and any dependents, unless Dental-Only coverage is elected. Life insurance coverage, for the employee and any dependents, will remain in force (Basic Life and any elected Optional Life). Non-Medicare retirees, annuitants and survivors who elect to opt-out, will be opting-out of health, vision, behavioral health and prescription coverage. Dental and optional life insurance coverage will remain in effect unless the annuitant specifically terminates the coverage during the Benefit Choice Period.

## OPT-OUT WITH FINANCIAL INCENTIVE

Employees who are retiring and enrolled in the State Group Insurance Program but have other comprehensive medical coverage may elect to opt out of the Program and receive a financial incentive. Annuitants with less than 20 years of State service receive a financial incentive of \$150 a month. For those with 20 years of State service, the financial incentive is \$500 per month, less applicable withholding.

To qualify for the incentive, the annuitant must be:

- Receiving a retirement annuity from GARS
- Ineligible for Medicare
- Vested to enroll in the State insurance as an annuitant
- Provide proof of major medical insurance coverage by an entity other than the State of Illinois annually to continue receiving the incentive.

To apply, check the Opt-Out with Financial Incentive box on the Retiree Insurance form (7016) and return with proof of coverage to GARS. Once reviewed for eligibility, GARS will mail or email the financial incentive packet.

Note: The incentive is administered by CMS and not included with your monthly pension check. Submit documents to GARS for review and approval and then GARS will forward to CMS for processing.

## TRAIL – Total Retiree Advantage Illinois Program

The State of Illinois offers retirees, annuitants and their covered dependents comprehensive medical and prescription drug coverage through State-sponsored Medicare Advantage Prescription Drug (MAPD) plans. Medicare Advantage Prescription Drug (MAPD) plans are part of Medicare and combine all the benefits of Medicare A (hospital coverage), Medicare Part B (doctor and outpatient care) and Medicare Part D (prescription drug) into one convenient plan. Retirees, survivors and all Medicare-eligible dependents should begin the enrollment process in Medicare Parts A and B **three months prior to turning age 65 or retiring**, whichever is later. For more information regarding the TRAIL Medicare Advantage Program, go to [cms.illinois.gov/thetrail](https://cms.illinois.gov/thetrail).

Retirees annuitants and survivors who are **eligible** to enroll in Medicare Parts A and B **are required** to enroll in a TRAIL MAPD Plan if they do not insure dependents or they cover a dependent also enrolled in Medicare Parts A and B. If you meet these requirements, you will have 60 days to complete your enrollment. **If you are deemed eligible, failure to elect a TRAIL MAPD plan by end of the enrollment opportunity WILL result in loss of your State insurance coverage (health, prescription and vision coverage) and you will only have coverage through Medicare Parts A and B.**

You will have two opportunities to enroll: the initial enrollment and the annual open enrollment. If you are retired, the Initial MAPD Enrollment is offered to all Medicare-eligible retirees and their Medicare-eligible dependents within 60 days of the 65th birth month of the youngest enrollee. If you are retiring and you and your covered dependents are already Medicare-eligible, the Medicare Eligible Retirement Enrollment is offered, and you will be required to enroll within 60 days of the date you receive your enrollment notification. Initial MAPD and the Medicare Eligible Retirement Enrollment are one-time offerings. You will also be able to enroll during the annual open enrollment period held in the Fall each year. This enrollment period is open for Medicare-eligible retirees, survivors and their dependents to change their elections, or for anyone who previously waived or cancelled coverage to re-enroll.

If you meet eligibility criteria, you will receive information from the MyBenefits Service Center and/or the Group Insurance Division of the Department of Central Management Services (CMS). You will need to review this information and make an enrollment election during the 60-day enrollment period. To avoid a loss of coverage, make this election prior to your Medicare effective date.

You may elect a TRAIL MAPD plan by visiting the website at [MyBenefits.Illinois.gov](https://MyBenefits.Illinois.gov) or by contacting MyBenefits Service Center at (844) 251-1777. **Failure to make this change during your enrollment period will result in a termination of your health/prescription and vision coverage for you and any insured dependent.**