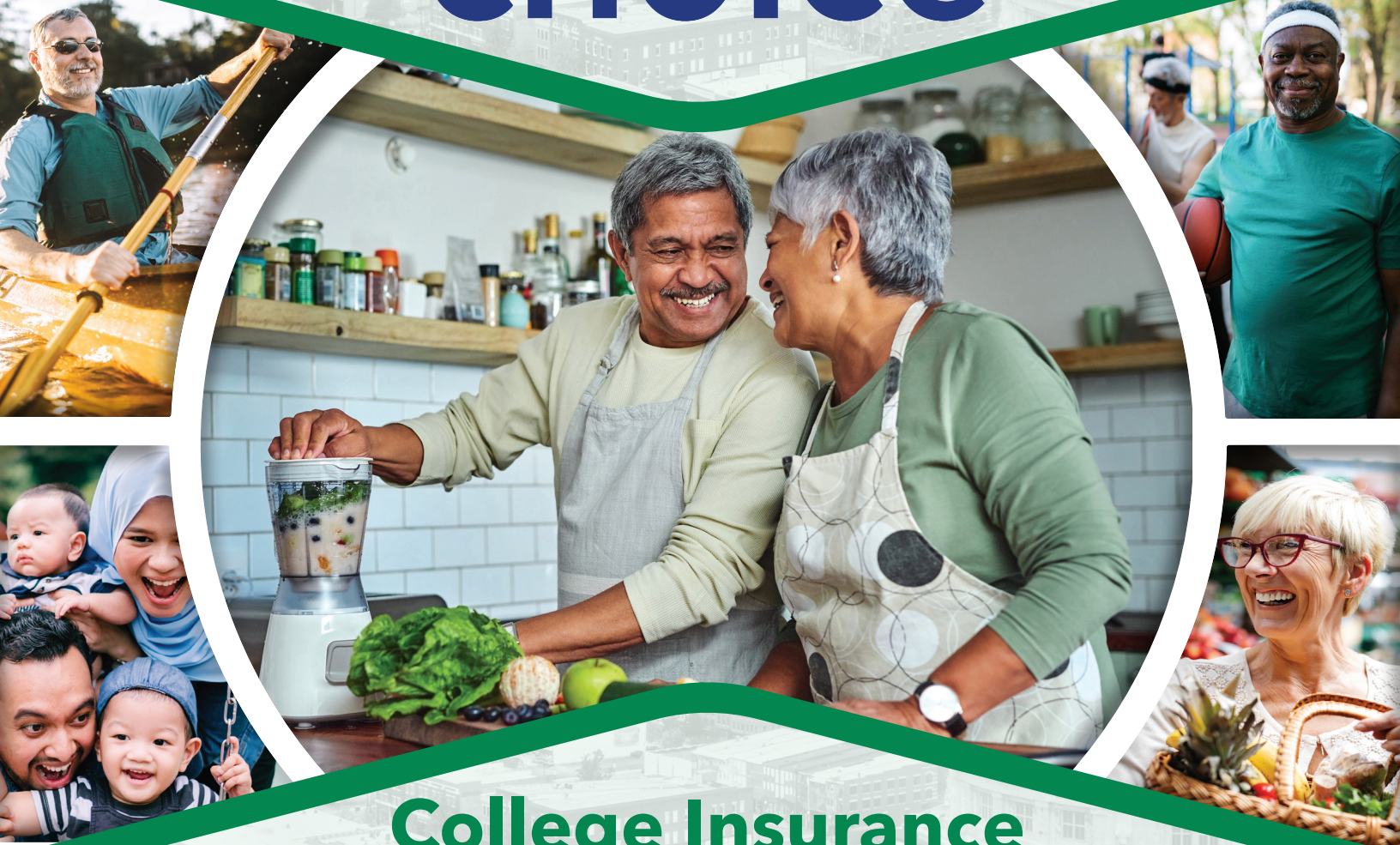




STATE OF ILLINOIS
Department of Central Management Services
Bureau of Benefits

FY 2025

benefit choice



College Insurance Program

Benefit Choice Period

May 1 - May 31, 2024 • Effective July 1, 2024

Table of Contents

Benefit Choice Period

- What's New 1
- Be Well Illinois 1
- What is Available in Your Area 2
- Monthly Contributions 3
- Enrollment Opportunities 3
- Terminating Coverage 3
- Transition of Care. 3

Health Plans

- HMO Benefits. 4
- Open Access Plan (OAP) Benefits 5
- College Choice Health Plan (CCHP) Benefits. 6

Dental 7

Vision. 7

College Insurance Program. 8

Contacts 8

Federally Required Notices 9

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](https://MyBenefits.illinois.gov) (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 - May 31, 2024.
3. 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, 2024.

Benefit Choice Period

Elect Your Benefits May 1 - May 31, 2024

What's New

Health Plan Availability

There are several changes this year. It is **your responsibility** to verify what Health Plans are available in your area (see page 2).

A New Enhanced Delta Dental Benefits Program

The Delta Dental of Illinois' Enhanced Benefits Program integrates medical and dental care – where oral health meets overall health. This program enhances coverage for individuals who have specific health conditions that can be positively affected by additional oral health care. These enhancements are based on scientific evidence that shows treating and preventing oral disease in these situations can improve overall health. For more information on this program please go to www.deltadentalil.com or by calling them at 1-800-323-1743.

Additional Vision Benefits

The Vision Plan administered by EyeMed now offers additional coverage for Progressive Lenses, Premium Anti-Reflective Coating and coverage for Photochromic and Polarized lenses. For additional information, please visit the College Insurance Program Vision Plan page at MyBenefits.illinois.gov.



The State of Illinois' ongoing comprehensive approach to wellness.

The State of Illinois cares about you and your health.

Be Well Illinois is designed to not only focus on supporting your physical health but also your mental, financial, and social wellbeing. As a wellness plan member, you can use this site to access health plan information and educational resources including wellness webinars, monthly health awareness causes, financial wellness, healthy eating, and exercise.

While the decision to make healthy lifestyle changes is your choice and not a job requirement, the hope is that by creating an environment where these choices are supported by the work culture makes it easier and supports your success.

Engaging with Be Well Illinois is easy, connect with us in one of the following ways.

🌐 Visit us at www.illinois.gov/BeWell

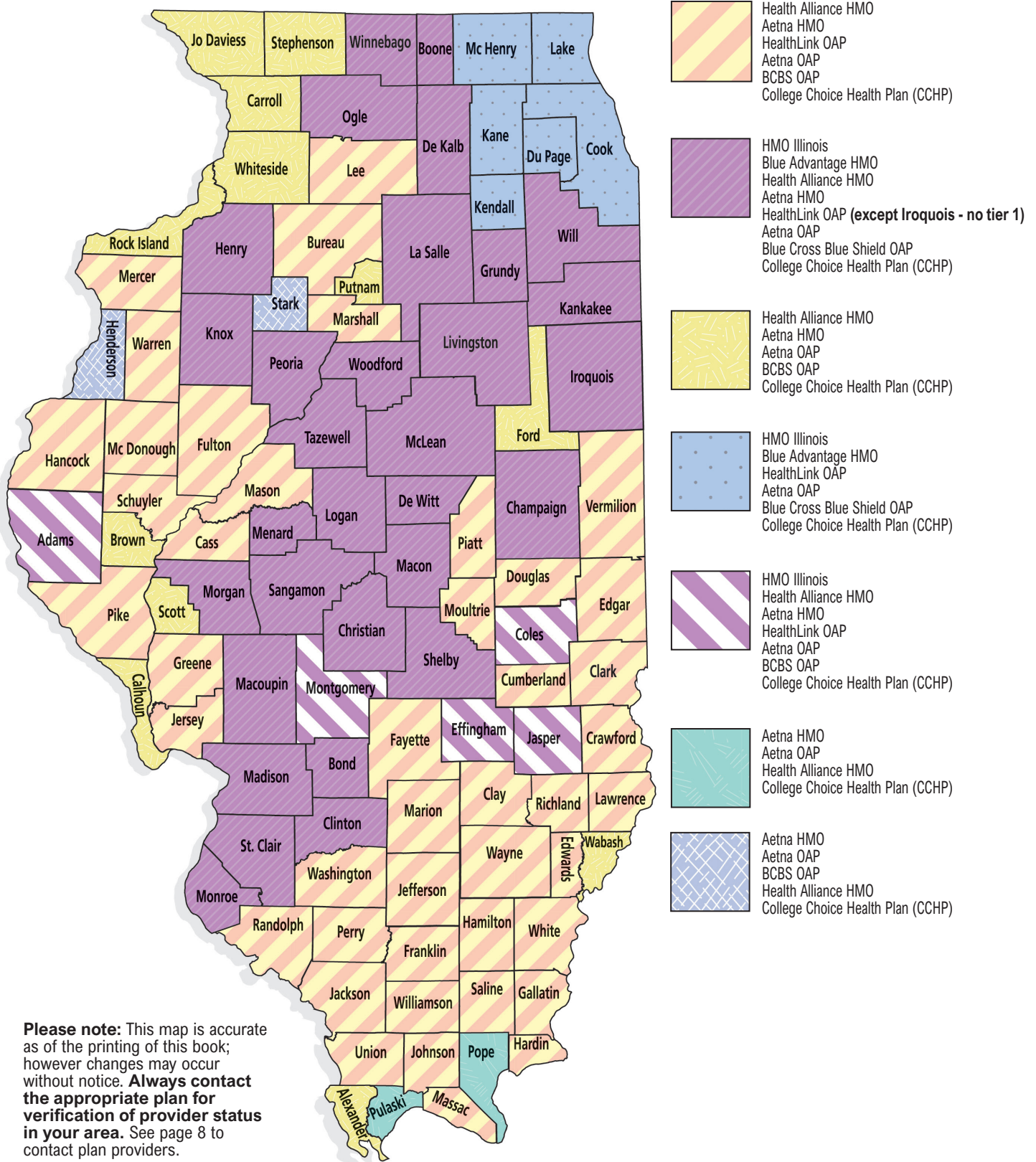
📘 Follow us on Facebook at <https://www.facebook.com/BeWellIllinois>

✉ Or email us at BeWell@illinois.gov



What is Available in Your Area in FY25

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.



Please note: This map is accurate as of the printing of this book; however changes may occur without notice. **Always contact the appropriate plan for verification of provider status in your area.** See page 8 to contact plan providers.

Monthly Contributions

The College Insurance Program (CIP) shares the cost of health coverage with you. While CIP 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 Under Age 26 | Not Medicare Primary Age 26-64 | Not Medicare Primary Age 65 and Older | Medicare Primary* |
|------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|--|-------------------|
| Benefit Recipient | Managed Care Plan (OAP and HMO) | \$153.97 | \$384.93 | \$575.04 | \$129.41 |
| | College Choice Health Plan (CCHP) | \$192.86 | \$482.16 | \$727.62 | \$164.25 |
| Dependent Beneficiary | Managed Care Plan (OAP and HMO) | \$615.89 | \$1,539.73 | \$2,300.17 | \$517.66 |
| | College Choice Health Plan (CCHP) | \$771.45 | \$1,928.63 | \$2,910.49 | \$657.02 |

* This rate applies to benefit recipients enrolled in Medicare Part A only and whose Part B benefits are reduced. 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 (see page 8).

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](https://mybenefits.illinois.gov) within 60 days of the event to be eligible to make benefit changes outside of the Benefit Choice Period. 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.

Please note: Members becoming Medicare-eligible will have a separate enrollment opportunity prior to their 65th birthday. Details can be found on Page 8.

Terminating CIP Coverage

To terminate coverage at any time, contact the MyBenefits Service Center by calling (toll-free) 844-251-1777. 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 CIP may re-enroll during an open enrollment period or other qualifying enrollment opportunity. Please refer to the College Insurance Program (CIP) 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, 2024 and discharged on or after July 1, 2024, 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, 2024, 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, other than listed below. 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. For a copy of the SPD, contact the plan administrator (see page 8).

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 | \$200 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 | \$30 copayment per visit | Not covered |
| Specialist Office Visit | \$30 copayment per visit | Not covered |
| Telemedicine | \$10 copayment | Not covered |
| Outpatient Psychiatric and Substance Abuse | \$30 copayment per visit | Not covered |
| Durable Medical Equipment | 80% of network charges | Not covered |
| Home Health Care | \$30 copayment per visit | Not covered |

Prescription Drugs

Plan Year Pharmacy Deductible – \$175 per enrollee

Preventive Prescription Drugs – \$0

| | Reduced Tier I * | Tier I | Tier II | Tier III | Specialty Tier |
|----------------------------|------------------|--------|---------|----------|----------------|
| Copayments (30-day supply) | \$4 | \$12 | \$24 | \$48 | \$96 |
| Copayments (90-day supply) | \$10 | \$30 | \$60 | \$120 | – |

* Applies to specific medications as defined by the 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 8).

| 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 Tiers I & II combined) \$13,200 (includes eligible charges from Tiers I & 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 | \$200 copayment per visit | 80% of network charges after \$200 copayment* | 60% of allowable charges after \$200 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 | \$30 copayment | 80% of network charges* | 60% of allowable charges* |
| Specialist Office Visits | \$30 copayment | 80% of network charges* | 60% of allowable charges* |
| Telemedicine | \$10 copayment | Not covered | Not covered |
| Outpatient Psychiatric and Substance Abuse | \$30 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 | \$30 copayment | 80% of network charges* | Not covered |

Prescription Drugs

Preventive Prescription Drugs – \$0

| | Tier I | Tier II | Tier III | Specialty Tier |
|---------------------------------------|--------|---------|----------|----------------|
| Copayments (30-day supply) | \$12 | \$24 | \$48 | \$96 |
| Copayments (90-day supply) | \$24 | \$48 | \$96 | – |
| Maintenance Choice (90-day supply)*** | \$12 | \$24 | \$48 | – |

* 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.

College Choice Health Plan (CCHP) Benefits

College Choice Health Plan (CCHP) members may choose any physician or hospital for medical services; however, when receiving services from a CCHP in-network provider, members receive enhanced benefits, resulting in lower out-of-pocket costs. CCHP 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 CCHP. For a copy of the SPD, contact the plan administrator (see page 8).

| Plan Year Deductible | |
|---|---|
| In-Network Individual \$750 per enrollee | Out-of-Network Individual \$750 per enrollee |

| Out-of-Pocket Maximum Limits | | | |
|----------------------------------|------------------------------|--------------------------------------|----------------------------------|
| In-Network Individual \$1,500 | In-Network Family \$3,000 | Out-of-Network Individual \$4,500 | Out-of-Network Family \$9,000 |

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 \$250 per admission | 60% of allowable charges; Deductible applies after \$500 per admission |
| Inpatient Alcohol and Substance Abuse | 80% covered; Deductible applies after \$250 per admission | 60% of allowable charges; Deductible applies after \$500 per admission |
| Inpatient Psychiatric Admission | 80% covered; Deductible applies after \$250 per admission | 60% of allowable charges; Deductible applies after \$500 per admission |
| Outpatient Surgery | 80% covered; Deductible applies | 60% of allowable charges; Deductible applies |
| Skilled Nursing Facility | 80% covered; Deductible applies | 60% of allowable charges; Deductible applies |
| Diagnostic Lab and X-ray | 80% covered; Deductible applies | 60% of allowable charges; Deductible applies |

Transplant Services

| | |
|------------------------------|--|
| Organ and Tissue Transplants | 80% after \$250 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 | | | | |
|--------------------------------------|---------|---------|----------|----------------|
| | Tier I | Tier II | Tier III | Specialty Tier |
| Copayments (30-day supply) | \$12.50 | \$25.00 | \$50.00 | \$100.00 |
| Copayments (90-day supply) | \$25.00 | \$50.00 | \$100.00 | \$200.00 |
| Maintenance Choice (90-day supply)** | \$12.50 | \$25.00 | \$50.00 | – |

* 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.

Dental

CIP's College Choice Dental Plan (CCDP) offers a comprehensive range of benefits and is available to all members. The plan is administered by Delta Dental of Illinois. You can find the Dental Schedule of Benefits at MyBenefits.illinois.gov.

The dental plan has a plan year deductible. Once the deductible has been met, each member is subject to a combined maximum dental benefit, including orthodontia, for both in-network and out-of-network providers. The maximum lifetime benefit for child orthodontia is \$2,000 and is subject to course of treatment limitations.

| Deductible and Plan Year Maximum | |
|---|---------|
| Plan year deductible for preventive services | N/A |
| Plan year deductible for all other covered services | \$100 |
| Plan Year Maximum Benefit (Orthodontics + All Other Covered Expenses = Maximum Benefit) | |
| In-network plan year maximum benefit | \$2,000 |

It is strongly recommended that plan members obtain a pretreatment estimate through Delta Dental for any service more than \$200. Failure to obtain a pretreatment estimate may result in unanticipated out-of-pocket costs.

Vision

Vision coverage is provided at no cost to all benefit recipients enrolled in a CIP health plan. The plan is administered by EyeMed.

All enrolled benefit recipients and dependents receive the same vision coverage regardless of the health plan selected. All vision benefits are available once every 24 months from the last date used. Copayments are required.

| Service | In-Network | Out-of-Network** | Benefit Frequency |
|--|---|---|----------------------|
| Eye Exam | \$10 copayment | \$20 allowance | Once every 24 months |
| Standard Frames | \$10 copayment (up to \$90 retail frame cost; member responsible for balance over \$90) | \$20 allowance | Once every 24 months |
| Vision Lenses* (single, bifocal and trifocal) | \$10 copayment | \$20 allowance for single vision lenses \$30 allowance for bifocal and trifocal lenses | Once every 24 months |
| Contact Lenses (All contact lenses are in lieu of vision lenses) | \$20 copayment for medically necessary \$50 copayment for elective contact lenses \$70 allowance for all other lenses not mentioned above | \$70 allowance | Once every 24 months |

* Vision Lenses: Member pays all optional lens enhancement charges. In-network providers may offer additional discounts on lens enhancements and multiple pair purchase.

** Out-of-network claims must be filed within one year from the date of service.

College 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, CIP requires that the benefit recipient enroll in Medicare Parts A and B. 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.

Retirees are encouraged to enroll in Medicare Parts A and B in order to receive a reduced CIP premium rate.

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. For more information regarding the Medicare Advantage Prescription Drug “TRAIL” Program, go to <https://cms.illinois.gov/benefits/trail.html>, or contact:

State of Illinois Medicare COB Unit
PO Box 19208
Springfield, Illinois 62794-9208
CMS.Ben.MedicareCOB@illinois.gov
Fax: 217-557-3973

Contacts

| Purpose | Administrator Name and Address | Phone | Website |
|---|---|--|---|
| Enrollment Customer Service | MyBenefits Service Center (MBSC) 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 285657) Aetna OAP (Group Number 285653) College Choice Health Plan (CCHP) - Aetna PPO (Group Number 285662) 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 B06803) HMO Illinois (Group Number H06803) | 800-868-9520 866-876-2194 (TDD/TTY) | bcbsil.com/stateofillinois |
| | Blue Cross Blue Shield OAP (Group Number 268988) Address for all Blue Cross Plans: PO Box 805107, Chicago, IL 60680-4112 | 855-810-6537 | |
| | Health Alliance Medical Plans HMO (Group Number 1000042) 3310 Fields South Drive, Champaign, IL 61822 | 800-851-3379 800-526-0844 (TDD/TTY) | healthalliance.org/ stateofillinois |
| | HealthLink OAP (Group Number 160003) PO Box 419104, St. Louis, MO 63141-9104 | 877-379-5802 877-232-8388 (TDD/TTY) | healthlink.com/soi/ learn-more |
| Prescription Drug Plan | CVS Caremark® (for CCHP or OAP Plans) Group Numbers: (CCHP 1399CD3) (Aetna OAP 1399CCH) (BCBSIL OAP 1399CCJ) (HealthLink OAP 1399CCF) 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 |
| Vision Plan | EyeMed Out-of-Network Claims PO Box 8504, Mason, OH 45040-7111 | 866-723-0512 TTY users, call 711 | eyemedvisioncare.com/stil |
| Dental Plan | Delta Dental of Illinois (Group Number 20242) PO Box 5402, Lisle, IL 60532 | 800-323-1743 800-526-0844 (TDD/TTY) | soi.deltadentalil.com |
| State Universities Retirement System | 1901 Fox Drive Champaign, IL 61820 | 800-275-7877 800-526-0844 (TDD/TTY) 217-378-8800 (dial direct) 217-378-9800 (fax) | surs.org |

Federally Required Notices

Summary of Benefits and Coverage (SBC) and Glossary

Prescription Drug information for State of Illinois Medicare-eligible Plan Participants

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

If you keep your existing group coverage through CIP, 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 CIP health plan SBCs are available on [MyBenefits.illinois.gov](https://mybenefits.illinois.gov).

Notice of Privacy Practices

The Notice of Privacy Practices will be updated at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov), effective July 1, 2024. 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](https://mybenefits.illinois.gov).



Illinois Department of
 Central Management Services
 Bureau of Benefits
 PO Box 19208
 Springfield, IL 62794-9208

PRSR STD
 U.S. POSTAGE
 PAID
 SPRINGFIELD, IL
 PERMIT NO. 489

Benefit Choice Fairs

CMS Sponsored Benefit Choice Open Enrollment Member Fairs are scheduled from **9:00 am to 4:00 pm** with three identical presentations given at **10:00 am, 12:00 pm and 3:00 pm**, with time for questions to be addressed. Events are open to all active and retired members not enrolled in a Medicare Advantage Prescription Drug (MAPD) Plan. CMS representatives, as well as benefit vendors, available in your area, will be present during the fairs to answer questions.

| Date | Agency/Location | Address |
|--------------------|------------------------------|---|
| Weds. May 1, 2024 | IL State Library | 300 S. 2nd Street, 403/404 Rooms and Atrium, Springfield, IL 62701 |
| Fri. May 3, 2024 | UIUC-iHotel and Conf Center | 1900 S. 1st St, Quad Room and Technology Room, Champaign, IL 61820 |
| Mon. May 6, 2024 | Governor State University | One University Parkway, Engbertson Hall and Hall of Honors, University Park, IL 60484 |
| Tues. May 7, 2024 | CMS-Chicago-Downtown | 555 W. Monroe, Lincoln and Peoria Conf. Rooms, Chicago, IL 60661 |
| Weds. May 8, 2024 | NIU DeKalb | 340 Carroll Avenue, Holmes Student Center, DeKalb, IL 60115 |
| Thurs. May 9, 2024 | IDOT District 1 Headquarters | 201 W. Center Court, Schaumburg, IL 60196 |
| Fri. May 10, 2024 | UIC Student Center East | 750 S Halsted St, Cardinal Room and Ft Dearborn Room, Chicago, IL 60607 |
| Mon. May 13, 2024 | IDOT Springfield | 2300 South Dirksen Parkway, Auditorium, Springfield, IL 62764 |
| Tue. May 14, 2024 | ISU | 100 N. University St, Prairie Room, Normal, IL 61790 |
| Weds. May 15, 2024 | NEIU | 5500 N St Louis Ave, FA Building Room 202 and Cafeteria 01A Chicago, IL 60625 |
| Thur. May 16, 2024 | WIU Moline | 3300 River Drive, W Riverfront Hall Rm 102/103/104, Moline, IL 61265 |
| Fri. May 17, 2024 | WIU Macomb | 1 University Circle, University Union is on Murray Street, located in building 4N, Macomb, IL 61455 |
| Mon. May 20, 2024 | IDOT District 8 | 1102 Eastport Plaza Drive, Collinsville, IL 62234 |
| Tues. May 21, 2024 | SIU Carbondale | 1255 Lincoln Drive, Student Center, Ballroom B and Corker Lounge, Carbondale, IL 62901 |
| Weds. May 22, 2024 | EIU Charleston | 1720 7th. St, MLK Student Union Bldg, Charleston, IL 61920 |
| Thur. May 23, 2024 | IDOT Springfield | 2300 South Dirksen Parkway, Auditorium, Springfield, IL 62764 |

To view a recorded version of the Member Fair presentation, click here:
<https://cms.illinois.gov/benefits/benefit-choice-fairs.html>

