



December 17, 2012

College 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 College Insurance Program. We regret to inform you that Health Alliance Illinois will no longer be available to College Insurance Program 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 College Choice 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 and rate sheet regarding the health plans available and to review the cost of coverage. 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 the State Universities Retirement System (SURS) no later than January 31, 2013. 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 College Choice Health Plan.**

If you have any questions or concerns, please contact SURS (contact information is 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 the State Universities Retirement System (SURS) no later than January 31, 2013. 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 College Choice Health Plan (CCHP), 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 College Choice Health Plan (CCHP) *

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)

<u>Member Name</u>	<u>Primary Care Physician Name</u>	<u>Provider Identifier</u>	<u>Medical Group #</u>
<u>Dependent(s) Name</u>	<u>Primary Care Physician Name</u>	<u>Provider Identifier</u>	<u>Medical Group #</u>

I authorize premiums to be deducted for the plan I have selected. I understand that it is my responsibility to review my benefit check and verify insurance deductions are accurate and if my deductions are not correct, I must immediately contact SURS. I agree to abide by all Group Insurance Program rules.

Member Signature _____ Date _____

SURS Signature _____ Date _____

Please return this form to: State Universities Retirement System
P.O. Box 2710
Champaign, IL 61825-2710
Phone: (800) 275-7877 Fax: (217) 378-9800

College Insurance Program (CIP) Monthly Premiums

Benefit recipient and dependent beneficiary premiums for each type of health plan available to College Insurance Program (CIP) members are listed below. Please note that members who change the type of health plan in which they are enrolled (e.g., managed care to College Choice Health Plan) will have a different monthly premium than they have currently.

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	\$101.03	\$252.57	\$354.22	\$107.12
	CCHP	\$103.89	\$259.72	\$431.11	\$105.20
Dependent Beneficiary	Managed Care Plan	\$404.11	\$1,010.29	\$1,416.89	\$428.46
	CCHP	\$415.56	\$1,038.90	\$1,724.44	\$420.81

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