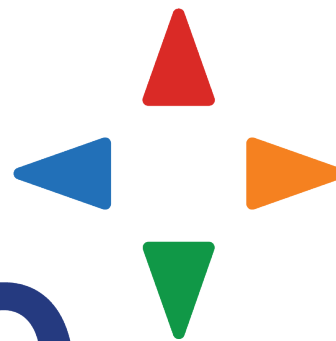




STATE OF ILLINOIS  
Department of Central Management Services  
Bureau of Benefits

# FY 2023 benefit choice



## College Insurance Program

*Benefit Choice Period • May 1 - May 31, 2022*  
*Effective July 1, 2022*



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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](https://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](https://MyBenefits.illinois.gov)

Or

Contact **MyBenefits Service Center** (toll-free)  
844-251-1777, or 844-251-1778 (TDD/TTY) with inquiries.

Representatives are available

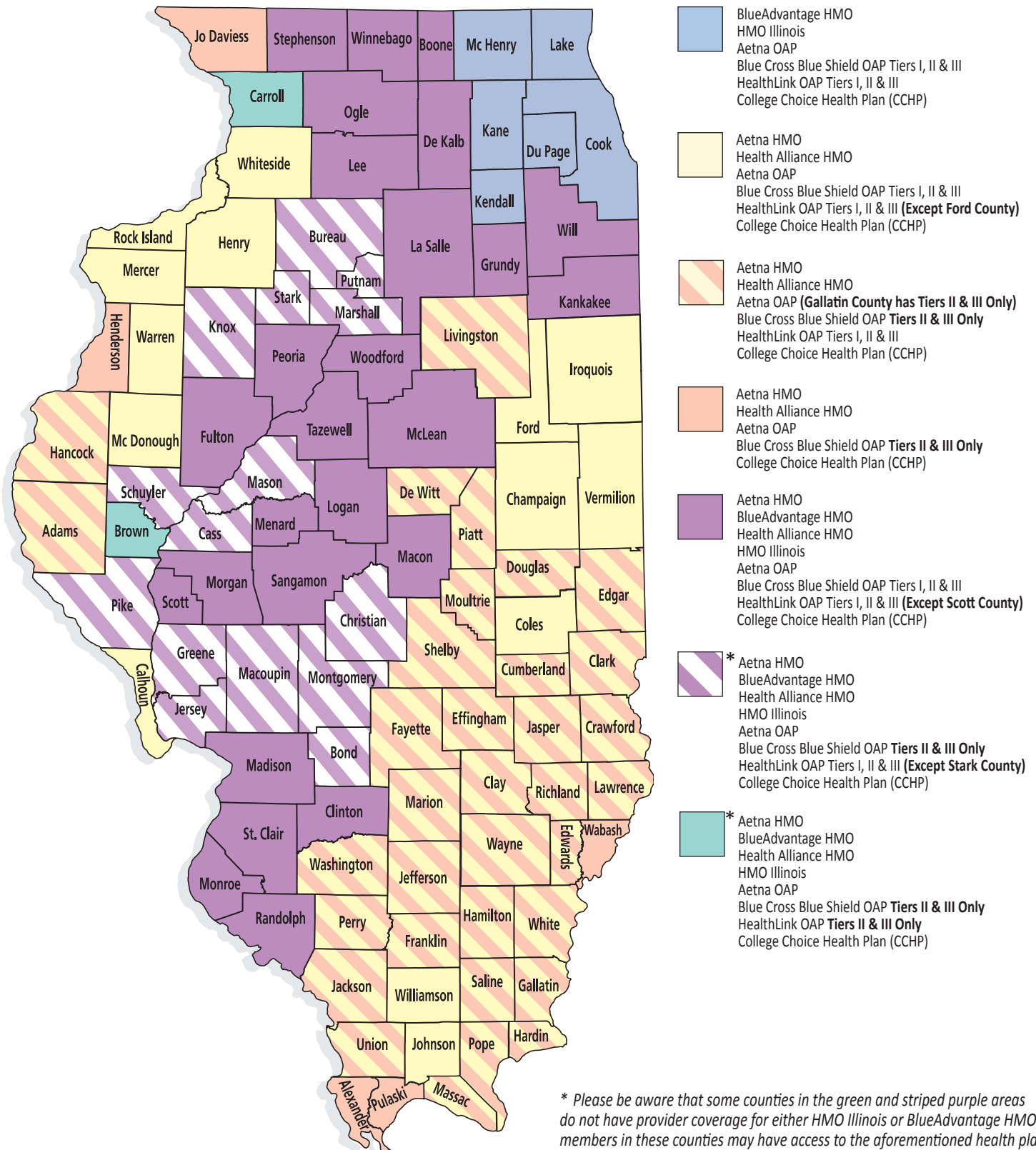
Monday – Friday, 8:00 AM - 6:00 PM CT.

## WHAT YOU NEED TO DO

1. Go to [MyBenefits.illinois.gov](https://MyBenefits.illinois.gov) to review your benefit options.
2. Choose the benefits you'd like to elect at [MyBenefits.illinois.gov](https://MyBenefits.illinois.gov) between May 1-May 31, 2022.
3. Consider going paperless. Provide, or update your email address at [MyBenefits.illinois.gov](https://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, 2022.

# What is Available in Your Area in FY23

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.





## 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 | Not Medicare Primary | Not Medicare Primary | Medicare Primary* |
|------------------------------|-----------------------------------|----------------------|----------------------|----------------------|-------------------|
|                              |                                   | Under Age 26         | Age 26-64            | Age 65 and Older     | All Ages          |
| <b>Benefit Recipient</b>     | Managed Care Plan (OAP and HMO)   | \$158.10             | \$395.23             | \$549.60             | \$152.15          |
|                              | College Choice Health Plan (CCHP) | \$178.36             | \$445.89             | \$636.31             | \$137.86          |
| <b>Dependent Beneficiary</b> | Managed Care Plan (OAP and HMO)   | \$575.43             | \$1,369.22           | \$2,000.46           | \$530.98          |
|                              | College Choice Health Plan (CCHP) | \$649.17             | \$1,472.18           | \$2,316.06           | \$501.81          |

\* 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 7).

## 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 in the TRAIL section on Page 7.

## 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 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, 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 7).

| 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 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 7).

| Benefit   | Tier I  | Tier II             | Tier III (Out-of-Network)** |
|---|---|---------------------|-----------------------------|
| Plan Year Out-of-Pocket Maximum                           | \$6,600 (includes eligible charges from Tier I and Tier II combined)<br>\$13,200 (includes eligible charges from Tier I and Tier II combined) |                     | Not Applicable              |
| • Per Individual<br>• Per Family                          |   |                     |                             |
| 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 | <b>Tier I:</b> 100% covered. <b>Tier II:</b> 80% of network charges. <b>Tier III:</b> 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, members receive enhanced benefits, resulting in lower out-of-pocket costs, when receiving services from a CCHP in-network provider. CCHP has a nationwide network of providers through Aetna PPO. Benefits are outlined in the plan's Summary Plan Document (SPD). 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 7).

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

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

| Hospital Services <i>(Percentages listed represent how much is covered by the plan)</i> |   |  |
|---|---|--|
|   | 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](https://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   |
| <b>Plan Year Maximum Benefit (Orthodontics + All Other Covered Expenses = Maximum Benefit)</b> |         |
| 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    |
|---|--|---|----------------------|
| <b>Eye Exam</b>   | \$10 copayment   | \$20 allowance  | Once every 24 months |
| <b>Standard Frames</b>  | \$10 copayment<br>(up to \$90 retail frame cost;<br>member responsible for<br>balance over \$90)   | \$20 allowance  | Once every 24 months |
| <b>Vision Lenses*</b><br>(single, bifocal and<br>trifocal)                    | \$10 copayment   | \$20 allowance for<br>single vision lenses<br>\$30 allowance for bifocal and<br>trifocal lenses | Once every 24 months |
| <b>Contact Lenses</b><br>(All contact lenses are<br>in lieu of vision lenses) | \$20 copayment for<br>medically necessary<br>\$50 copayment for<br>elective contact lenses<br>\$70 allowance for all other<br>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.



## Medicare Requirements

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

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

| Purpose                                     | Administrator Name and Address  | Phone   | Website  |
|---|---|---|--|
| <b>Enrollment Customer Service</b>          | MyBenefits Service Center (MBSC)<br>134 N. LaSalle Street, Suite 2200,<br>Chicago, IL 60602   | 844-251-1777<br>844-251-1778 (TDD/TTY)  | <a href="http://mybenefits.illinois.gov">mybenefits.illinois.gov</a>   |
| <b>Health Plan</b>                          | Aetna HMO (Group Number 285657)<br>Aetna OAP (Group Number 285653)<br>College Choice Health Plan (CCHP) - Aetna PPO (Group Number 285662)<br><br>Address for all Aetna Plans:<br>PO Box 981106, El Paso, TX 79998-1106<br><br>BlueAdvantage HMO (Group Number B06803)<br>HMO Illinois (Group Number H06803)<br><br>Blue Cross Blue Shield OAP (Group Number 268988)<br><br>Address for all Blue Cross Plans:<br>PO Box 805107, Chicago, IL 60680-4112 | 855-339-9731<br>800-628-3323 (TDD/TTY)<br>Fax: 859-455-8650<br>attn: Claims<br><br><br><br>800-868-9520<br>866-876-2194 (TDD/TTY)<br><br><br><br>855-810-6537 | <a href="http://aetnastateofillinois.com">aetnastateofillinois.com</a><br><br><br><br><br><br><br><br><br><a href="http://bcbsil.com/stateofillinois">bcbsil.com/stateofillinois</a>         |
|   | Health Alliance Medical Plans HMO (Group Number 200337)<br>3310 Fields South Drive, Champaign, IL 61822<br><br>HealthLink OAP (Group Number 160003)<br>PO Box 419104, St. Louis, MO 63141-9104  | 800-851-3379<br>800-526-0844 (TDD/TTY)<br><br>877-379-5802<br>877-232-8388 (TDD/TTY)  | <a href="http://healthalliance.org/stateofillinois">healthalliance.org/<br/>stateofillinois</a><br><br><a href="http://healthlink.com/soi/learn-more">healthlink.com/soi/<br/>learn-more</a> |
| <b>Prescription Drug Plan</b>               | CVS Caremark® (for CCHP or OAP Plans) Group Numbers: (CCHP 1399CD3)<br>(Aetna OAP 1399CCH)<br>(BCBSIL OAP 1399CCJ)<br>(HealthLink OAP 1399CCF)<br><b>Paper Claims:</b> CVS Caremark®<br>PO Box 52136, Phoenix, AZ 85072-2136<br><b>Mail Order Rx:</b> CVS Caremark®<br>PO Box 94467, Palatine, IL 60094-4467  | 877-232-8128<br>800-231-4403 (TDD/TTY)  | <a href="http://caremark.com">caremark.com</a>   |
| <b>Vision Plan</b>                          | EyeMed Out-of-Network Claims<br>PO Box 8504, Mason, OH 45040-7111   | 866-723-0512<br>TTY users, call 711   | <a href="http://eyemedvisioncare.com/stil">eyemedvisioncare.com/stil</a>   |
| <b>Dental Plan</b>                          | Delta Dental of Illinois (Group Number 20242)<br>PO Box 5402, Lisle, IL 60532   | 800-323-1743<br>800-526-0844 (TDD/TTY)  | <a href="http://soi.deltadentalil.com">soi.deltadentalil.com</a>   |
| <b>State Universities Retirement System</b> | 1901 Fox Drive<br>Champaign, IL 61820   | 800-275-7877<br>800-526-0844 (TDD/TTY)<br>217-378-8800 (dial direct)<br>217-378-9800 (fax)  | <a href="http://surs.org">surs.org</a>   |

# Federally Required Notices

## Notice of Creditable Coverage

### *Prescription Drug information for CIP 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, 2022. 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).

# Notes

[illegible]



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

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## Benefit Choice Fair

The CMS-sponsored Benefit Choice Open Enrollment fair is currently scheduled for online webinar presentation in May. Date, time and link to the scheduled event is listed below and open to all retired members not enrolled in an MAPD Plan. CMS representatives, as well as benefit vendors, available in your area, will be present during the webinar to answer questions. The Benefit Choice online fair session for CIP members is scheduled for the following date and time:

### [CIP Members Virtual Benefit Choice Fair](#)

**(Session Limited)**

**Tuesday, May 10, 2022, 10:00 AM - 12:00 PM**

