

# 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](mailto:CMS.Ben.MedicareCOB@illinois.gov)  
**Fax: 217-557-3973**

## Contacts

Purpose	Administrator Name and Address	Phone	Website
<b>Enrollment Customer Service</b>	MyBenefits Service Center (MBSC) 134 N. LaSalle Street, Suite 2200, Chicago, IL 60602	844-251-1777 844-251-1778 (TDD/TTY)	<a href="http://mybenefits.illinois.gov">mybenefits.illinois.gov</a>
<b>Health Plan</b>	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	<a href="http://aetnastateofillinois.com">aetnastateofillinois.com</a>
	BlueAdvantage HMO (Group Number B06803) HMO Illinois (Group Number H06803)	800-868-9520 866-876-2194 (TDD/TTY)	<a href="http://bcbsil.com/stateofillinois">bcbsil.com/stateofillinois</a>
	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)	<a href="http://healthalliance.org/stateofillinois">healthalliance.org/ stateofillinois</a>
	HealthLink OAP (Group Number 160003) PO Box 419104, St. Louis, MO 63141-9104	877-379-5802 877-232-8388 (TDD/TTY)	<a href="http://healthlink.com/soi/learn-more">healthlink.com/soi/ learn-more</a>
<b>Prescription Drug Plan</b>	CVS Caremark® (for CCHP or OAP Plans) Group Numbers: (CCHP 1399CD3) (Aetna OAP 1399CCH) (BCBSIL OAP 1399CCJ) (HealthLink OAP 1399CCF) <b>Paper Claims:</b> CVS Caremark® PO Box 52136, Phoenix, AZ 85072-2136 <b>Mail Order Rx:</b> CVS Caremark® PO Box 94467, Palatine, IL 60094-4467	877-232-8128 800-231-4403 (TDD/TTY)	<a href="http://caremark.com">caremark.com</a>
<b>Vision Plan</b>	EyeMed Out-of-Network Claims PO Box 8504, Mason, OH 45040-7111	866-723-0512 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) PO Box 5402, Lisle, IL 60532	800-323-1743 800-526-0844 (TDD/TTY)	<a href="http://soi.deltadentalil.com">soi.deltadentalil.com</a>
<b>State Universities Retirement System</b>	1901 Fox Drive Champaign, IL 61820	800-275-7877 800-526-0844 (TDD/TTY) 217-378-8800 (dial direct) 217-378-9800 (fax)	<a href="http://surs.org">surs.org</a>