

# benefit choice



## State of Illinois Benefit Choice Open Enrollment Seminar



Open Enrollment Period  
May 1, 2023 – May 31, 2023  
Effective July 1, 2023



PRESENTED BY:



Open Enrollment Period is May 1, 2023 – May 31, 2023, Effective July 1, 2023

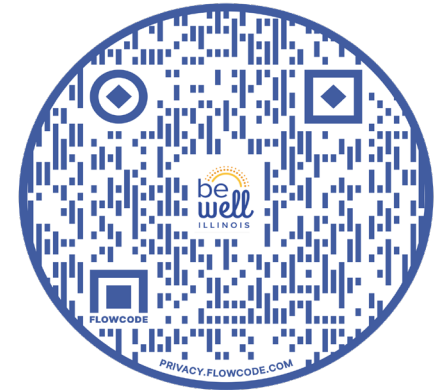


The **Illinois Department of Central Management Services (CMS)** <sup>3</sup> launched a comprehensive wellness program, **Be Well Illinois**.

Be Well Illinois helps expand access to wellness opportunities and features educational resources, webinars, motivational messages and engaging events.

Be Well Illinois focuses on:

- Physical
- Mental
- Financial
- Social wellbeing



Visit the **Be Well Illinois** website to access the latest wellness information. Also, follow us on **Facebook** to join special challenges and to engage with a community of your peers looking to strive to live healthier.



- The Benefit Choice Annual Open Enrollment Period is May 1 - 31, 2023.
- Plan year effective July 1, 2023.
- The Benefit Choice Booklets were mailed with an expected delivery date on/around May 1st.
- If you have not received it, you can access the electronic version through the Benefit Choice tile at [mybenefits.illinois.gov](https://mybenefits.illinois.gov)



STATE OF ILLINOIS  
Department of Central Management Services  
Bureau of Benefits

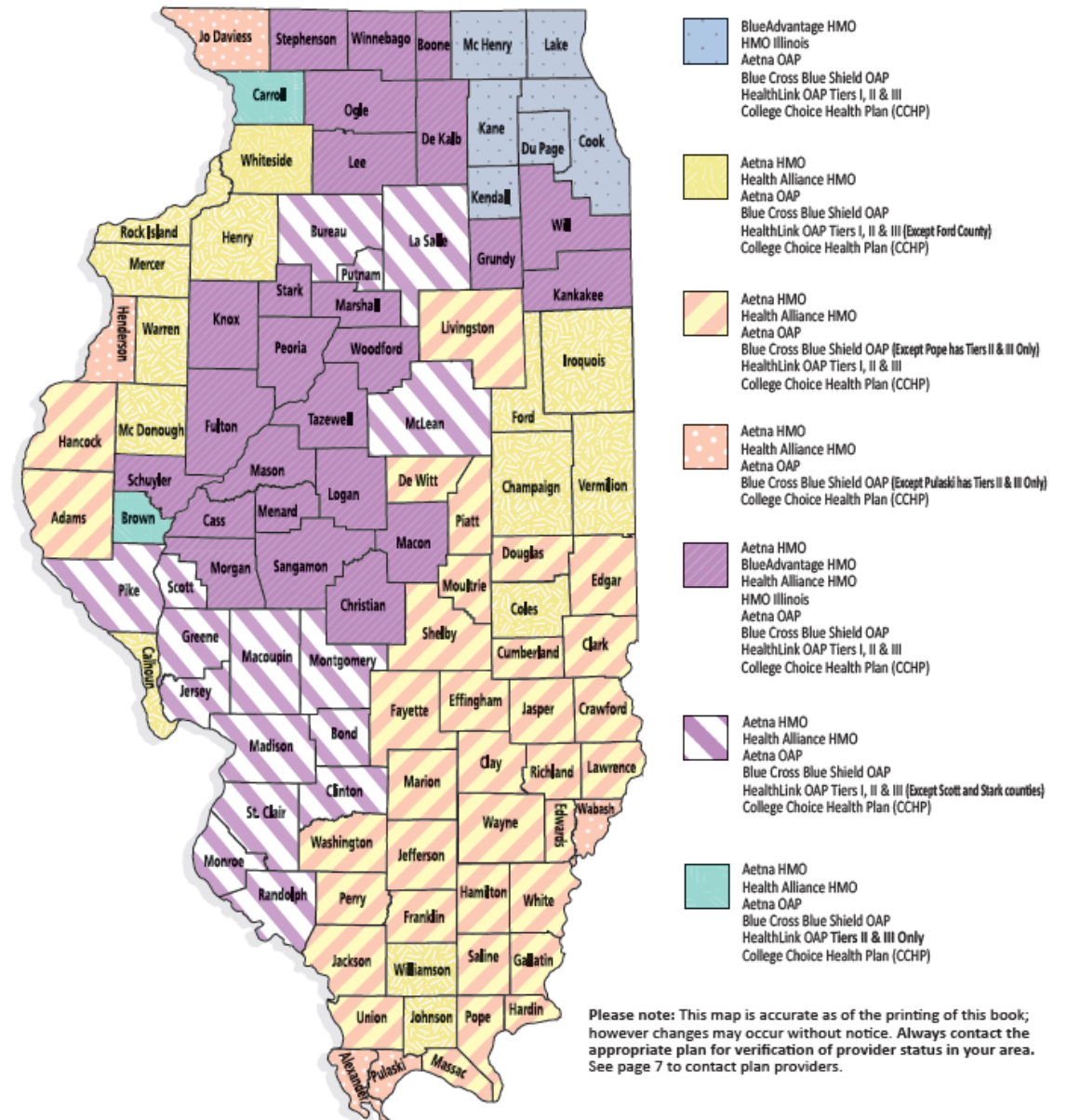
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**College Insurance Program**

Open Enrollment Period is May 1, 2023 – May 31, 2023, Effective July 1, 2023

# Plan Administrators available by County have changed.





# Health Plan Administrators

- Aetna HMO
- BlueAdvantage HMO
- BCBS HMO Illinois
- Health Alliance HMO

**HMO**



- Aetna OAP
- Blue Cross Blue Shield OAP
- HealthLink OAP

**OAP**



- College Choice Health Plan (CCHP) - Aetna PPO

**PPO**



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)	\$183.92	\$459.77	\$639.35	\$177.00
	College Choice Health Plan (CCHP)	\$207.49	\$518.71	\$740.22	\$160.37
<b>Dependent Beneficiary</b>	Managed Care Plan (OAP and HMO)	\$669.40	\$1,592.83	\$2,327.15	\$617.69
	College Choice Health Plan (CCHP)	\$755.18	\$1,712.60	\$2,694.29	\$583.76

\* 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).

# Slight Increase in Monthly Contributions



# Co-payments

- **HMO**
  - Plan year Out of Pocket Max:
    - \$3,000 Individual
    - \$6,000 Family
  - In-Network
    - Preventive Care 100%
    - Physician, Specialist & Home Health Care visits \$30
    - ER Services \$200
    - Inpatient Hospitalizations \$250
    - Outpatient Surgery \$200
  - Out-of-Network
    - Nothing is covered except ER Services \$200

# Coinsurance & Deductibles

- **OAP**
  - Tier I
    - See HMO In-Network
  - Tier II \$300 Plan Year Deductible/Enrollee
    - Preventive Care 100%
    - Physician, Specialist & Home Health Care visits 80%
    - ER Services \$200
    - Inpatient Hospitalizations 80% after \$300 copay
    - Outpatient Surgery 80% after \$200 copay
  - Tier III \$400 Plan Year Deductible/Enrollee
    - Preventive Care & Home Health Care not covered
    - Physician & Specialist visits 60%
    - ER Services \$200
    - Inpatient Hospitalizations 60% after \$400 copay
    - Outpatient Surgery 60% after \$200 copay

# Coinsurance & Deductibles

- **PPO-CCHP**
  - Plan Year Deductibles
    - \$750 per enrollee
  - In-Network – Deductible Applies
    - Preventive Care 100%
    - Physician, Specialist & Home Health Care visits 80%
    - ER Services \$400
    - Inpatient Hospitalizations 80% after \$250
    - Outpatient Surgery 80%
  - Out-of-Network – Deductible Applies
    - Preventive Care & Home Health Care 60%
    - Physician & Specialist visits 60%
    - ER Services \$400
    - Inpatient Hospitalizations 60% after \$500
    - Outpatient Surgery 60%

# Prescription Drugs

See your Benefit Choice Booklet for details

## ■ HMO

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.

## ■ OAP

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.

## ■ PPO-CCHP

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.



There have been no  
changes to the Dental  
& Vision benefits.

