



STATE OF ILLINOIS
Department of Central Management Services
Bureau of Benefits

FY 2026

benefit choice



College Insurance Plan



Benefit Choice Period

May 1 - June 2, 2025

Effective July 1, 2025

Table of Contents

Benefit Choice Period

What's New	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

Vision	7
------------------	---

Dental	8
------------------	---

Medicare Requirements	9
---------------------------------	---

Be Well Illinois	10
----------------------------	----

Contacts	11
--------------------	----

Federally Required Notices	12
--------------------------------------	----

Benefit Choice Fairs	13
--------------------------------	----

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 - June 2, 2025.
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, 2025.

Benefit Choice Period

Elect Your Benefits May 1 - June 2, 2025

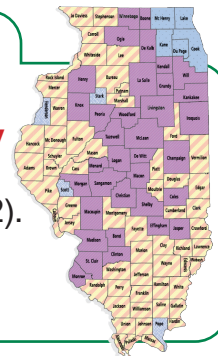
What's New

! Health Alliance: Action Required

Effective July 1, 2025, Health Alliance will no longer be an available option. If you are currently enrolled in Health Alliance and you do not select a new plan, you will be defaulted to the College Choice Health Plan (CCHP) for the FY2026 Benefit Period.

! 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).



Medicare Split Family

Attention - Retirees, Annuitants, & Survivors

There is a **VERY IMPORTANT** change in the required Total Retiree Advantage Illinois (TRAIL) Medicare Advantage Prescription Drug (MAPD) enrollment effective July 1, 2025.

As a retiree, you and any covered dependents are required to apply for Medicare insurance benefits. Those retirees eligible for premium-free Medicare Part A are required to enroll in both Medicare Part A and Part B. Failure to enroll in these benefits will result in a reduction of eligible claim benefits.

New Starting July 1, 2025

Retired members and dependents who are eligible to enroll in Medicare Parts A and B are also required to enroll in a TRAIL Medicare Advantage Prescription Drug (MAPD) Program. Effective July 1, 2025, you or your dependent will be required to enroll in the TRAIL MAPD plan when you are first eligible for Medicare, either by age or disability.

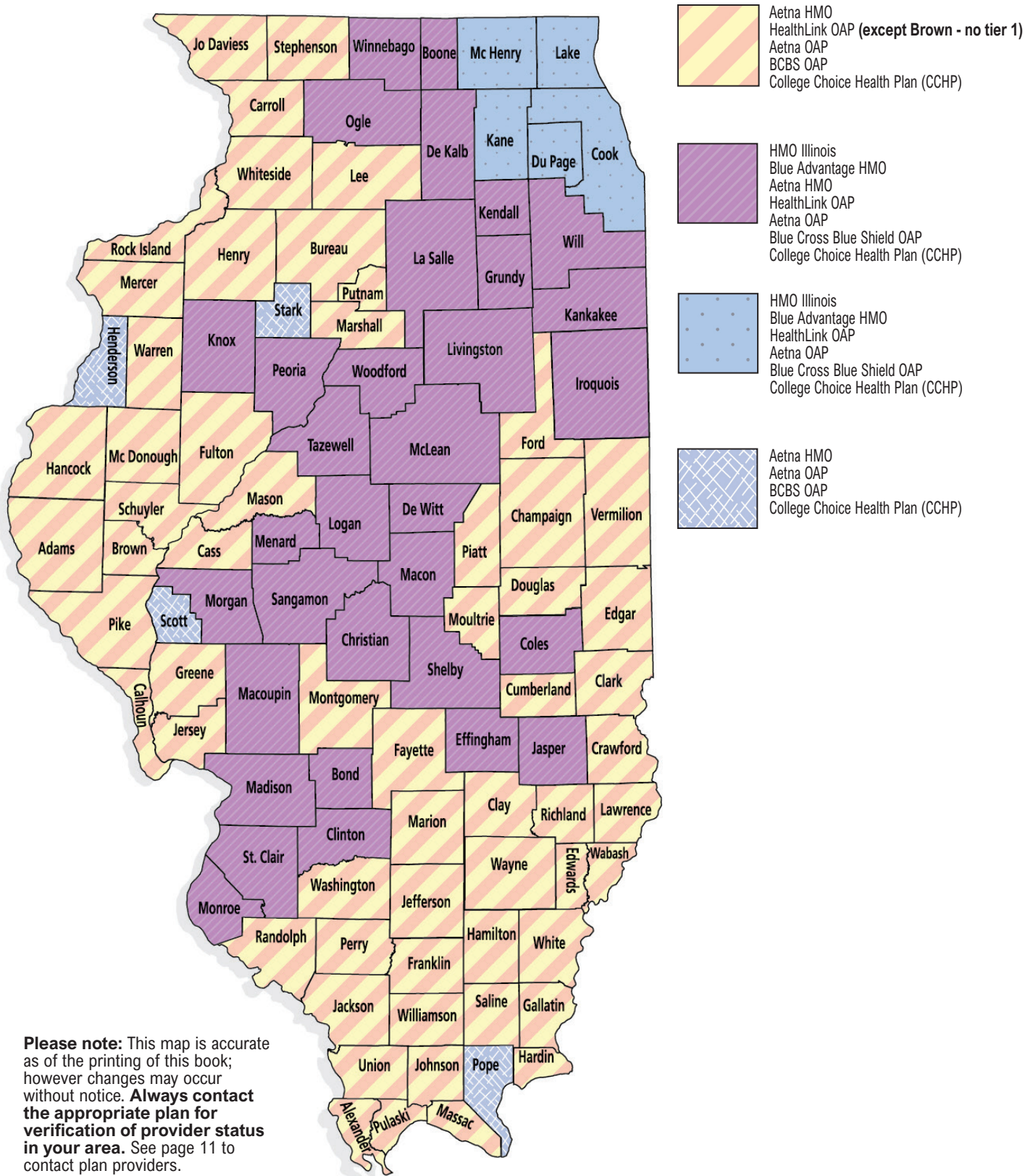
What do you need to do?

- During this Benefit Choice Open Enrollment period (May 1 – June 2, 2025), the Medicare eligible member or dependent will be required to enroll in the TRAIL MAPD plan for coverage to be effective July 1, 2025. If the member is eligible, failure to enroll will result in the termination of coverage for the member and any covered dependents. If the dependent is eligible, failure to enroll will result in the termination of the dependent's coverage.

More information on this change will be available at the Benefit Choice Member Fairs (Dates/Times/Locations are listed on the back of this booklet)

What is Available in Your Area in FY26

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 11 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	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 (OAP and HMO)	\$177.51	\$443.79	\$662.97	\$149.20
	College Choice Health Plan (CCHP)	\$222.35	\$555.89	\$838.88	\$189.37
Dependent Beneficiary	Managed Care Plan (OAP and HMO)	\$691.29	\$1728.22	\$2494.49	\$596.82
	College Choice Health Plan (CCHP)	\$889.41	\$2223.54	\$3355.54	\$757.49

* 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 9.

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, 2025 and discharged on or after July 1, 2025, 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, 2025, 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 11).

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 11).

Benefit	Tier I	Tier II	Tier III (Out-of-Network)**
Plan Year Out-of-Pocket Maximum	\$6,600 (includes eligible charges from Tiers I & II combined)		Not Applicable
• Per Individual	\$13,200 (includes eligible charges from Tiers I & II combined)		
• 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	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 11).

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.

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.

Service	In-Network	Out-of-Network**	Benefit Frequency
Eye Exam	\$10 copayment	\$20 allowance	Once every 12 months
Standard Frames	\$10 copayment (up to \$110 retail frame cost; member responsible for balance over \$110)	\$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 12 months
Contact Lenses (All contact lenses are in lieu of vision lenses)	\$20 copayment for medically necessary \$50 copayment for elective contact lenses \$90 allowance for all other lenses not mentioned above	\$70 allowance	Once every 12 months

Additional Vision Benefits

EyeMed offers additional coverage for Progressive Lenses, Premium Anti-Reflective Coating, and coverage for Photochromic and Polarized lenses. For more information on this program visit eyemedvisioncare.com/stil or contact EyeMed at 1-866-723-0512

* 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.



Dental

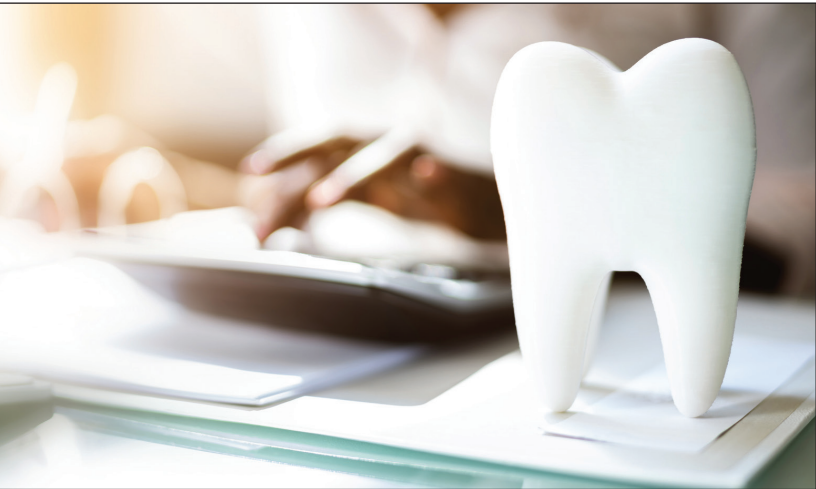
CIP’s College Choice Dental Plan (CCDP) offers a comprehensive range of benefits and is available to all members. The plan is administered by Delta Dental of Illinois. You can find the Dental Schedule of Benefits at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov). The dental plan has a plan 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
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

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 visit www.deltadentalil.com or contact Delta Dental at 1-800-323-1743.



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





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

Be Well Featured Resources



[Awareness Matters](#)



[Wellness Webinars](#)



[Financial Wellness](#)



[Health Plan Programs](#)



[Food For Thought](#)



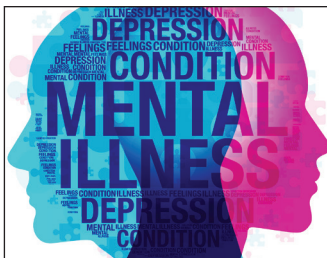
[Get Moving](#)



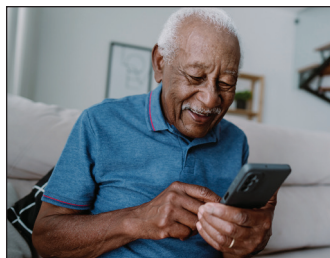
[Kid's Corner](#)



[Healthcare Resources](#)



[Mental Health Resources](#)



[Retiree Wellness](#)



[Women's Health Resources](#)



[BeWell Recipes](#)

Contacts

Purpose	Administrator Name and Address	Phone	Website
Enrollment Customer Service	MyBenefits Service Center (MBSC) P.O. Box 9927 Providence, RI 02940-4027	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	
	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, 2025. 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).

Benefit Choice Fairs

CMS sponsored Benefit Choice Open Enrollment Member Fairs are scheduled from **9:00 am to 4:00 pm**, with two identical presentations given at **11:00 am and 2:00 pm**. Events are open to all active and retired members not enrolled in the Medicare Advantage Prescription Drug (MAPD) plan. CMS representatives, as well as various benefit vendors, will be present during the in-person fairs to answer questions.

Date		Agency/ Location	Address
Thursday	May 1, 2025	Virtual Recording	https://cms.illinois.gov/benefits/benefit-choice-fairs.html
Friday	May 2, 2025	Stratton - Springfield	401 S. Spring St, Stratton Building, 4th Floor, Room 413, Springfield, 62701
Monday	May 5, 2025	GSU - University Park	1 University Parkway, Engbretson Hall & Hall of Honors, University Park, 60484
Tuesday	May 6, 2025	Downtown - Chicago	555 W. Monroe, Lincoln & Chicago Conference Rooms, 4th Floor, Chicago, 60661
Wednesday	May 7, 2025	CSU - Chicago	9501 South King Drive, Gwendolyn Brooks Library, 4th Floor, Rooms 410 & 415, Chicago, 60628
Thursday	May 8, 2025	NEIU - Chicago	5500 N. St. Louis Ave, Rooms SU003 & SU214, Chicago, 60625
Friday	May 9, 2025	NIU - Dekalb	340 Carroll Ave, Holmes Student Center, Regency Room & Carl Sandburg Auditorium, Dekalb, 60115
Monday	May 12, 2025	ISU - Normal	100 N. University St, Bone Student Center, Prairie Room, Normal, 61790
Tuesday	May 13, 2025	DHS - Elgin	750 S. State St, Rehabilitation Building, Rehab Auditorium, Elgin 60123
Wednesday	May 14, 2025	Downtown - Chicago	160 N. LaSalle St, 5th Floor Auditorium & Room N505, Chicago, 60601
Thursday	May 15, 2025	UIC - Chicago	1200 West Harrison St, Student Services Building Rooms A, B & C, Chicago, 60607
Friday	May 16, 2025	WIU - Moline	3300 River Drive, W Riverfront Hall, Goldfarb Grand Atrium, Moline, 61265
Monday	May 19, 2025	IDOT- Collinsville	1102 Eastport Plaza Drive, IDOT District 8, Class Room, Lunch Room and Foyer, Collinsville, 62234
Tuesday	May 20, 2025	SIU - Carbondale	1255 Lincoln Drive, Student Center, Ballroom B & Corker Lounge, Carbondale, 62901
Wednesday	May 21, 2025	EIU - Charleston	600 Lincoln Ave, Martin Luther King Jr. University Union, Grand Ballroom & Room 1895, Charleston, 61920
Wednesday	May 21, 2025	Virtual Recording	https://cms.illinois.gov/benefits/benefit-choice-fairs.html
Thursday	May 22, 2025	UIUC - Champaign	iHotel 1900 S. First St, Quad & Technology Rooms, Champaign, 61820
Friday	May 23, 2025	UIS - Springfield	2251 Richard Wright Dr, Student Union, Rooms 224, 224 & 226, Springfield, 62703
Monday	May 26, 2025	Memorial Day	CLOSED. No Member Fairs Scheduled.
Tuesday	May 27, 2025	IDOT - Springfield	2300 S. Dirksen Parkway, Auditorium, Springfield, 62764
Wednesday	May 28, 2025	DVA - Quincy	1707 N. 12th Street, Lippincott Building, Quincy, 62301
Thursday	May 29, 2025	IDOT - Peoria	401 Main St, Becker Building, 6th Floor, Peoria, 61602
Friday	May 30, 2025	WIU - Macomb	911 W. Murray St, Multicultural Center, Macomb, 61455

The two virtual recordings will begin at 11:00 am.
To join the virtual recordings for the Member Fairs, please scan the QR code:
or use <https://cms.illinois.gov/benefits/benefit-choice-fairs.html>

**SCAN
ME!**





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

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