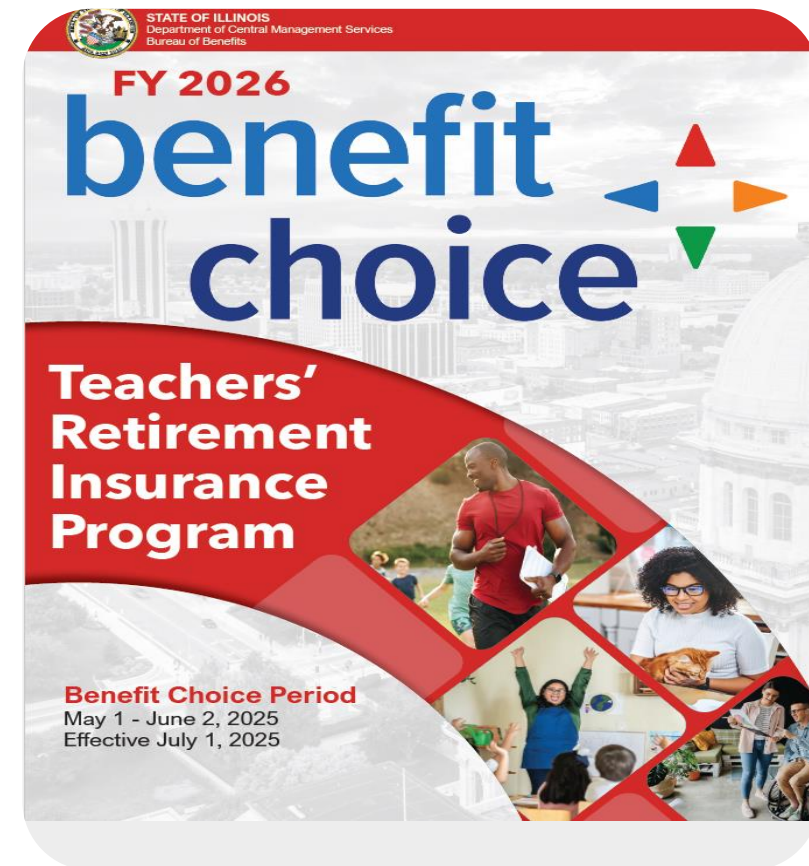
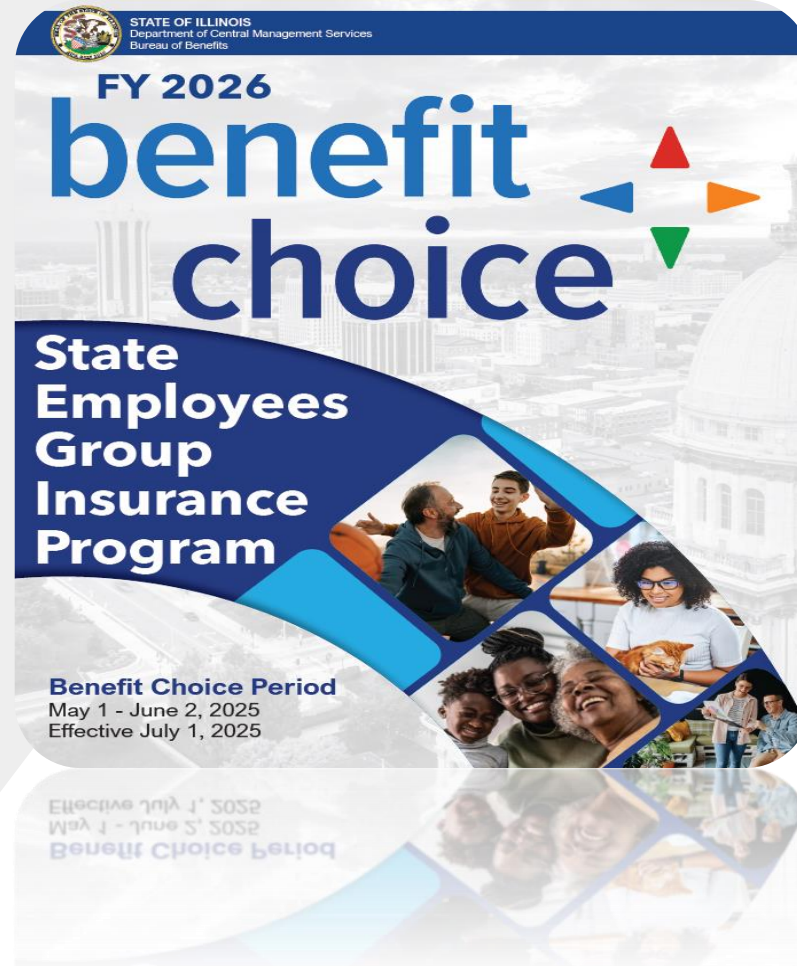
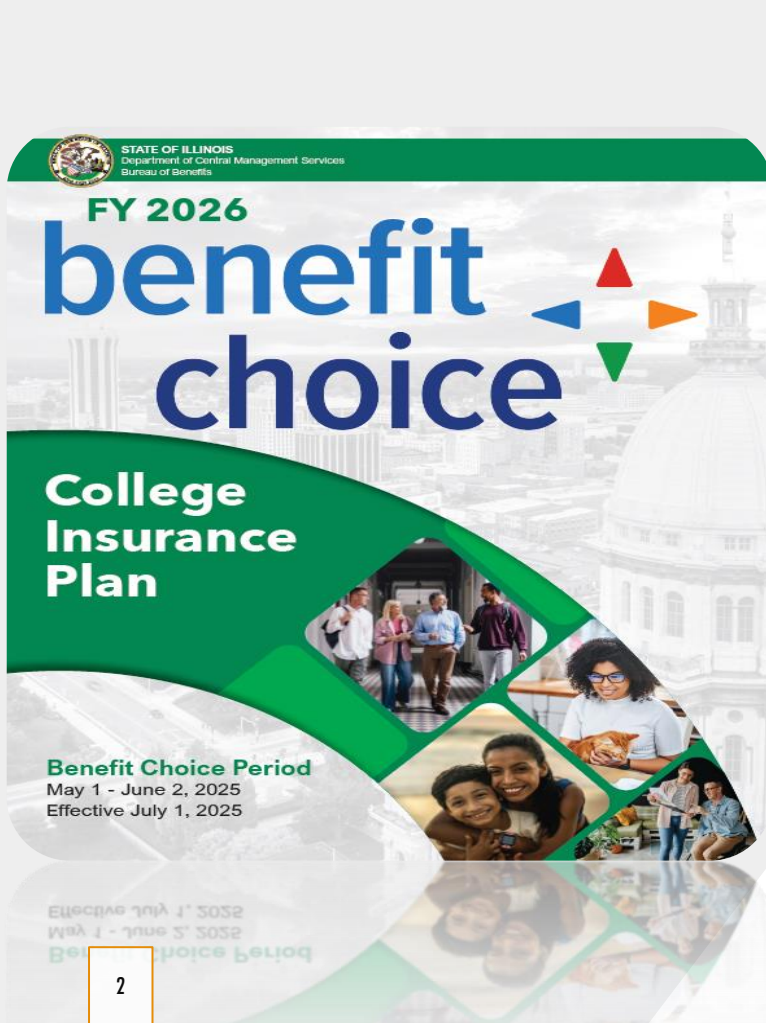




FY26 BENEFIT CHOICE SEMINAR

Open Enrollment Period
May 1, 2025 – June 2, 2025
Effective: July 1, 2025

- ▶ The Benefit Choice Booklets were mailed out the week of 4/21.
- ▶ An electronic version can be viewed at mybenefits.illinois.gov



College Insurance Plan

benefit
choice 



Benefit Choice Period

Elect Your Benefits May 1 - June 2, 2025

What's New

1 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.

1 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)

Members Are
Being Notified Of
The Health
Alliance And Split
Family Policy
Changes

Health Alliance HMO

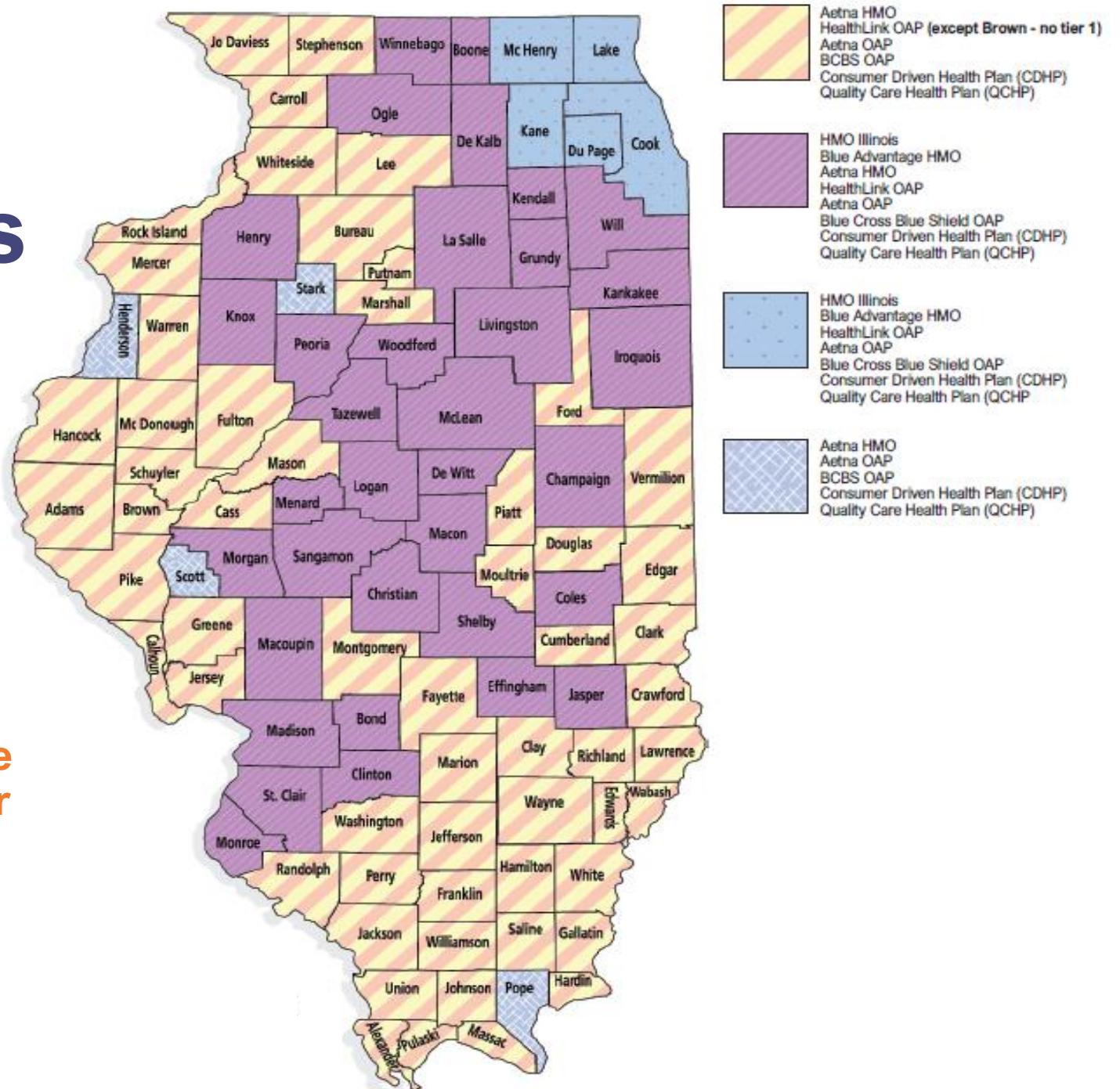
**Coverage is
No Longer
Available
Effective
July 1, 2025**

- Everyone currently enrolled with Health Alliance will have to make election changes during this Open Enrollment Period.
- Everyone must either elect a new health plan or opt out of coverage, effective July 1, 2025.
- Anyone enrolled with Health Alliance who fails to make an enrollment change by June 2, 2025, will be defaulted into the College Choice Health Plan (CCHP).

TRANSITION OF SERVICES

- If a member/dependent is inpatient prior to July 1, 2025, and the inpatient stay continues beyond July 1, 2025, then Health Alliance will continue to be responsible for the claims until the member is discharge.
- If a member/dependent is in an ongoing course of treatment or in the third trimester of pregnancy, the member will need to reach out to their new health plan carrier to inform them of this situation. The member will have 90 days to work with the new health plan carrier and receive a pre-authorization if the provider is in network or transition to an in-network provider.
- If a member/dependent has a current prescription, they will have 30 days from the date of the re-fill request to work with the health plan or CVS to obtain a pre-authorization or change medications if necessary.

New elections are required when current health plans are no longer available in work or residential county.



Current guidelines dictate that State, CIP and TRIP **retirees, annuitants, and survivors** do not transition to the TRAIL MAPD program until **they and all covered dependents** are eligible for Medicare Parts A and B.

With this change, **retired** Medicare eligible plan participants will no longer be eligible to remain covered under a Non-Medicare Retiree Plan effective July 1, 2025. They will be required to enroll in the TRAIL MAPD Plan on a forward-rolling basis.

Instead, accounts that have both Medicare and Non-Medicare eligible plan participants will result in split family coverage, where family members will be enrolled in different health plans.

SPLIT FAMILY PROJECT

Changing the guidelines for
Total Retiree Advantage Illinois (TRAIL)
Medicare Advantage Prescription Drug (MAPD)

WHO IS AFFECTED?

Medicare eligible Retirees, Annuitants, Survivors, and covered dependents enrolled in all three groups:

- State Employee Group Insurance Program (SEGIP),
 - Teachers' Retirement Insurance Program (TRIP), and
 - College Insurance Program (CIP).
1. A Medicare eligible Retiree that is covering a Non-Medicare eligible dependent, member will have to enroll in TRAIL MAPD and their dependent remains covered by the Non-Medicare Retiree Plan.
 2. A Non-Medicare eligible Retiree that is covering a Medicare eligible dependent, member coverage will remain in Non-Medicare Retiree Plan and dependent will have to enroll in TRAIL MAPD.

MEDICARE REQUIREMENTS AND TRAIL MAPD

CIP benefit recipients must contact the Social Security Administration (SSA) and apply for Medicare benefits upon turning age 65.

- If the SSA determines that you are eligible for Medicare Part A at a premium-free rate, CIP requires you to enroll in Medicare Parts A and B. Retirees are encouraged to enroll in Medicare Parts A and B in order to receive a reduced CIP premium rate.
- Once enrolled, you are required to send a front-side copy of the Medicare identification card to the State of Illinois Medicare COB Unit.
- If the SSA determines that you are not eligible for premium-free Medicare Part A based on your own work history or, the work history of a spouse at least 62 years of age (when applicable), you 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.
 - The State-sponsored TRAIL MAPD plan includes the benefits of Medicare Part A, Part B and Part D prescription drug coverage.
 - Waiving the TRAIL MAPD coverage does not maintain enrollment the Non-Medicare Retiree Plan.
 - The TRAIL MAPD Plan has different premiums than the Non-Medicare Retiree Plan and requires payment of Medicare premiums to Social Security.

MONTHLY CONTRIBUTIONS FOR HEALTH, DENTAL AND VISION

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).

Co-payments

- **HMO**
 - Plan year Out of Pocket Max:
 - \$3,000 Individual
 - \$6,000 Family
 - In-Network
 - Preventive Care 100%
 - Physician Office Visit \$30
 - Specialist & Home Health Care Visit \$30
 - ER Services \$200
 - Inpatient Services \$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 80%
 - ER Services \$200/visit
 - Inpatient Services 80% after \$300 copay
 - Outpatient Surgery 80% after \$200 copay
 - Tier III \$400 Plan Year Deductible/Enrollee
 - Preventive Care not covered
 - Physician & Specialist 60%
 - ER Services \$200
 - Inpatient Services 60% after \$400 copay
 - Outpatient Surgery 60% after \$200 copay

Coinsurance & Deductibles

- **PPO-CCHP**
 - In-Network – \$750 Plan Year Deductible/Enrollee
 - Plan Year Out of Pocket Max
 - \$1,500 Individual
 - \$3,000 Family
 - Preventive Care 100%
 - Physician & Specialist visits 85%
 - ER Services \$400
 - Inpatient Services 80% after \$250
 - Outpatient Surgery 80%
 - Out-of-Network – \$750 Plan Year Deductible/Enrollee
 - Plan Year Out of Pocket Max
 - \$4,500 Individual
 - \$9,000 Family
 - Preventive Care 60%
 - Physician & Specialist 60%
 - ER Services \$400
 - Inpatient Services 60% after \$500
 - Outpatient Surgery 60%

PRESCRIPTION DRUGS COVERAGE

■ 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.

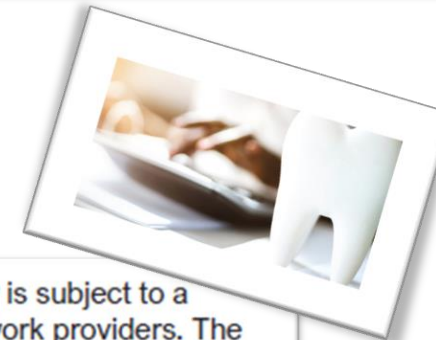
VISION AND DENTAL COVERAGE

DIABETIC CARE SERVICE	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<i>For Type 1 or Type 2 Diabetes with Diabetic Retinopathy</i>		
Medical Follow-Up Eye Examination	\$0 copay	Up to \$77
Extended Ophthalmoscopy (initial and subsequent)	\$0 copay	Up to \$15
Fundus Photography Examination	\$0 copay	Up to \$50
Gonioscopy	\$0 copay	Up to \$15
Scanning Laser	\$0 copay	Up to \$33
<i>Benefit frequency: All Diabetic Care Services are covered once every 6 months*</i>		

Diabetic Care Services.
For more information visit
<https://member.eyemedvisioncare.com/stil/en>



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



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

Delta Dental of Illinois has enhanced coverage for individuals who have specific health conditions that can be positively affected by additional oral health care.

For more information on this program visit www.deltadentalil.com

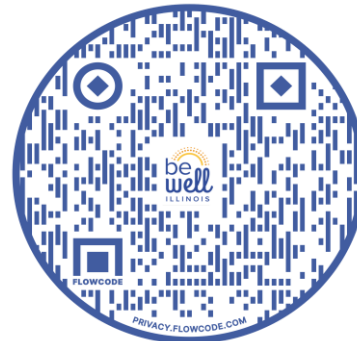
THE STATE OF ILLINOIS' ONGOING COMPREHENSIVE APPROACH TO WELLNESS.

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



Illinois Department of Central Management Services

CMS

Login

[Make a Payment \(E-Pay\).](#)

[How to Register \(Video\).](#)

TO BROWSE THE PORTAL AS A GUEST, PLEASE TELL US IN WHICH STATE OF ILLINOIS GROUP INSURANCE PROGRAM YOU BELONG:

STATE EMPLOYEES GROUP
INSURANCE PROGRAM (SEGIP)

COLLEGE INSURANCE PROGRAM
(CIP)

LOCAL GOVERNMENT HEALTH
PLAN (LGHP)

TEACHERS' RETIREMENT
INSURANCE PROGRAM (TRIP)

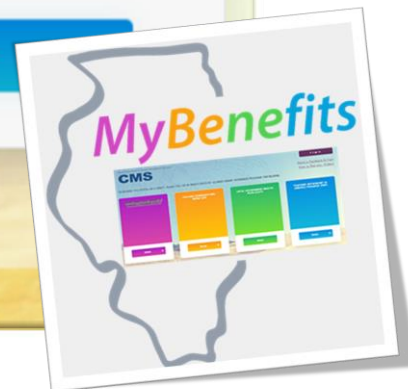
MyBenefits Web Portal

Select

Select

Select

Select





Enrollment Notice
State Employees Group Insurance Program

April 15, 2025

John Smith
1515 Smith Lane
Springfield, IL 62704

You are receiving this notice as you have an enrollment opportunity with the State of Illinois Employees Group Insurance Program (SEGIP), due to your new hire/new eligibility event. We understand that there are many questions about the plans and we want to simplify your understanding of benefit actions you need to take now.

Benefit actions to consider now

Enrollment in benefits must be completed no later than 30 days following the date of your new hire/new eligibility. The online enrollment tool is available to you now at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov). Below, for your convenience, is your current LoginID.

LoginID: 123456789

If this is your first time entering the site, you will be asked to answer some identifying questions, which will allow you to register and set your password and challenge questions.

If you have registered in the past and your password has expired, you may be prompted to change your password after logging on.

If your event allows you to add dependents, you will need to provide the appropriate documentation, which can be uploaded.

If you do not make election choices by May 16, 2025, you will be defaulted according to the rules outlined in your Benefits Handbook.

If you have questions or require assistance, please contact the MyBenefits Service Center (toll-free) 844-251-1777 or 844-251-1778 TDD/TTY, which is available Monday - Friday, 8:00 AM - 6:00 PM CT, or visit [MyBenefits.illinois.gov](https://mybenefits.illinois.gov). These benefits resources are available for you to access year-round, as needed.

Thank you for your cooperation.

MyBenefits Service Center
134 N LaSalle Street, Suite 2200
Chicago, IL 60602
844-251-1777
844-251-1778 TDD/TTY

BWID: 459041



[Need Help?](#)

Welcome.

This site provides information and tools related to your Group Insurance Benefits.

If you are logging onto the site for the first time, click on "Register."

If you are unable to login, contact the MyBenefits Service Center (toll-free) 844-251-1777, or 844-251-1778 TDD/TTY, Monday - Friday, 8:00 AM - 6:00 PM CT.

LOGIN ID [Forgot my login ID](#)

PASSWORD [Forgot my password](#)

Login [Logging in for the first time? Register](#) [Browse as guest](#)

LOGIN ID

- Enrollment Notice and Benefit Confirmation Statement
- Forgot Login ID



Forgot Login Id - Step 1

Please answer the following questions to retrieve login id.

LAST 4 DIGITS OF SSN (9999)

☐ I'm not a robot  [Privacy](#) [Terms](#)

DATE OF BIRTH (MM/DD/YYYY)

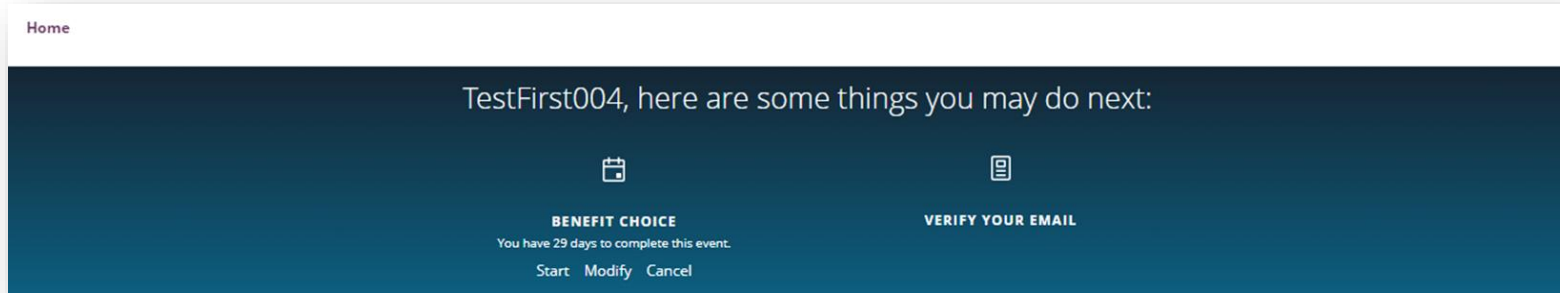
LAST NAME

FIRST TWO LETTERS OF FIRST NAME

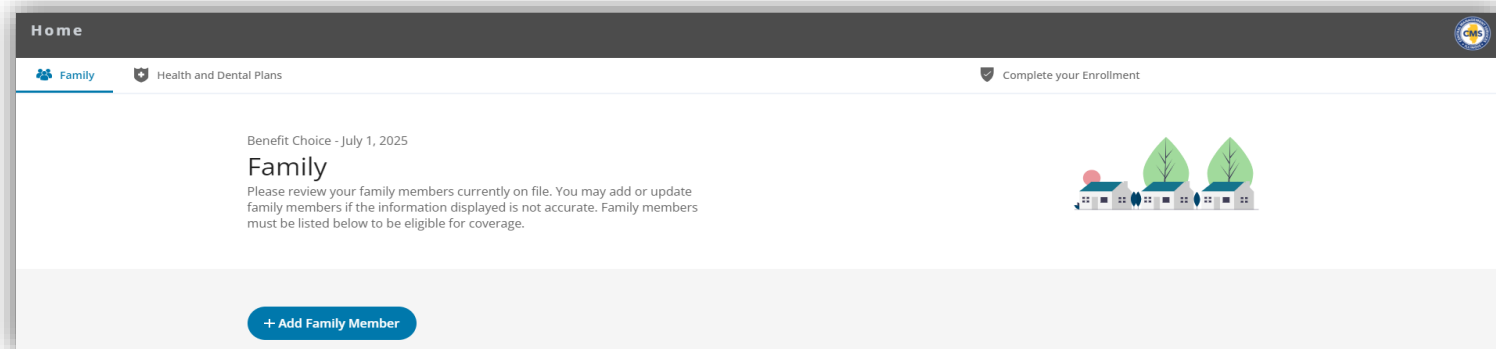
MAILING ZIP CODE (99999)

[Cancel](#) [Continue](#)

PERSONALIZED HOME PAGE & BENEFIT CHOICE ENROLLMENT



- Displays events that need to be processed
- Update email address
- Self-Service tools
- Plan information
The tabs are located at the top of the enrollment flow.
- The first step in the enrollment process is to review and update information, if needed.



- Members must agree to the Terms and Conditions at the end of the enrollment flow, by checking the box at the bottom of the screen and
- Click the green 'Complete Enrollment' button to finalize their elections.

Terms and Conditions

I hereby declare that I have completed my enrollment or modified my coverage, my contribution rate, or other information because of: Benefit Choice. I understand that the modifications made during this session are effective 7/1/2024, subject to the approval of any required documentation and statement of health. I understand that I cannot change or stop my elections during the plan year unless I experience a qualifying change in status as permitted by the Program.

I certify that the information and documentation I have provided is true and complete. I understand that falsifying or misrepresenting any information or documentation, or failing to provide requested information or documentation, in order to obtain or continue coverage under the Program will be considered a fraudulent act which may result in the forfeiture of insurance coverage and that I may also be subject to a financial penalty, including but not limited to repayment of all premiums and claims paid by the State on behalf of myself or any of my dependents and all expenses incurred by the Program arising out of the coverage

[Read full terms and conditions](#)



I agree to the Terms and Conditions

[Go back and make changes](#)

Complete Enrollment

COMPLETE ENROLLMENT PAGE

Enrollment Confirmed

Event type: Benefit Choice | July 1, 2025

[View my Enrollment Summary](#)

To do

Documents below are required to be filled and returned to MyBenefits. If you decide to download or upload them later, they will be available on the home page through the self-service tools.

 [Marriage Certificate Required Form](#)

Submit by: June 13, 2025



- A green check mark will display once elections have been successfully submitted.
- If documentation is required, you will see a message indicating what is required and that it must be submitted by June 12th.
 - Upload documentations online
 - Submit by mail: MyBenefits Service Center, PO Box 9927, Providence, RI 02940-4027