



## Local Government Health Plan FY 2013 Benefit Choice Period

Dear Member:

In an effort to ensure that health carriers are in place for the start of the next fiscal year (July 1, 2012), a decision has been made to enter into emergency contracts with Health Alliance HMO, Health Alliance Illinois and Coventry Health Care HMO. These contracts will be for 90 days with an option to extend for an additional period as needed. The following carriers are available during the FY 2013 Benefit Choice Period:

Local Care Health Plan (Cigna)	HMO Illinois
Health Alliance HMO	BlueAdvantage HMO
Health Alliance Illinois	Coventry Health Care HMO (formerly PersonalCare HMO)
HealthLink OAP	Coventry Health Care OAP (formerly PersonalCare OAP)

**The FY 2013 Benefit Choice Period will end June 15, 2012.** Benefit Choice options and all forms necessary to complete enrollment changes can be found on the Benefits website at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov). Members should complete the Benefit Choice Election form only if changes are being made. Changes **MUST** be submitted to your Health Plan Representative (HPR) on or before June 15, 2012. The LGHP will process the changes based upon the information indicated on the form. Once your request has been processed, a verification form indicating your changes will be sent to your address on file. If you do not receive this verification by June 30, 2012, please contact your HPR.

The back of this letter includes information regarding plan changes for FY 2013. Also enclosed is a map of the managed care plans available by county and a notification regarding your coverage which the Bureau of Benefits is required, by law, to provide to you. Please review this information carefully and retain this notification in your records. Additional copies of this notification and the Notice of Privacy Practices can be obtained through the Benefits website or by calling the Privacy Officer at the Department of Central Management Services.

**NOTE: The State is in the process of accepting proposals from managed care health plans to provide coverage for FY 2013 and beyond. The decisions regarding these proposals may result in changes to health carriers during FY 2013. If any changes to the health carrier options available occur, a Special Enrollment Period will be held to allow members the opportunity to modify their coverage elections, if desired.**

If you have questions or need assistance regarding your options for FY 2013, please contact your HPR or the Bureau of Benefits at (800) 442-1300, (217) 782-2548 or TDD/TTY at (800) 526-0844.

Enclosures

# Local Government Health Plan

## Important Changes for FY 2013 (July 1, 2012)

Below is a summary of important information for FY 2013. This is a summary and is not intended to reflect all benefit information for the FY 2013 plan year. **All information regarding the benefits for FY 2013 can be found on the Benefits website at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov).**

- **New Benefits Handbook** – A new Local Government Health Plan (LGHP) Benefits Handbook was released in November 2011. This handbook contains vital information for LGHP employees, annuitants and survivors. The handbook and applicable amendments are available on the Benefits website ([www.benefitschoice.il.gov](http://www.benefitschoice.il.gov)).
- **Plan Year Changes** – The following are benefit changes that will go into effect July 1, 2012:

### **HMO and OAP Changes**

- Physician office visit copayment increases to \$30
- Specialist office visit copayment increases to \$30
- Behavioral health office visit copayment increases to \$30
- Prescription copayment for generic drugs increases to \$12
- New prescription 'specialty' category added with copayment of \$96 (see page 16 of the Benefit Choice book for a description)

### **Local Care Health Plan (LCHP) Changes**

- Plan year deductible for a plan participant increases to \$750
- Plan coinsurance for out-of-network charges decreases to 60%
- Inpatient hospital deductible (in-network) increases to \$250
- Inpatient hospital deductible (out-of-network) increases to \$500
- In-network, out-of-pocket maximum (family) decreases to \$3,000
- Prescription copayments increase to \$12.50/\$25/\$50
- New prescription 'specialty' category added with copayment of \$100 (see page 16 of the Benefit Choice book for a description)