

FY 2012 Health Care Benefit Choice Q & A for LGHP Members

1. Who are the carriers for FY12? Where can members find information on the carriers?

The following carriers are available for FY 2012. Members may call the carriers or access the websites below for provider lists and plan benefits.

HMO Illinois	www.bcbsil.com/stateofillinois
Blue Advantage HMO	www.bcbsil.com/stateofillinois
PersonalCare OAP	www.personalcare.org
HealthLink OAP	www.healthlink.com
Local Care Health Plan	http://provider.healthcare.cigna.com/soi.html

2. Will members need to change health plans?

If a member is currently covered under one of the health vendors that will no longer be offered by the state of Illinois, they will need to select a new vendor. This does not necessarily mean that they will need to select a new primary care physician, but the member must select a new health plan.

3. What do members need to do to change health plans?

Members must complete the Benefit Choice enrollment form which can be found on pages 19-20 of the FY 2012 Benefit Choice Options book. Coverage maps can also be found in the Benefit Choice Options book.

The online book can be found at www.benefitschoice.il.gov.

4. When will the FY 2012 Benefit Choice Period end? How long do members have to make a decision?

The FY 2012 Benefit Choice Period will end at close of business on June 17, 2011.

5. If the new plan year doesn't begin until July 1, 2011, why does the Benefit Choice Period have to end on June 17th?

The June 17th deadline is necessary to ensure that updates to the LGHP membership system can be made and that members are enrolled under their selected health carrier by July 1st. Additionally, the end date allows for updated information to be sent to carriers so that insurance cards can be produced and sent to members as quickly as possible.

6. What happens if members don't select a new health carrier?

Members currently enrolled with Humana Benefit Plans of Illinois, Health Alliance Illinois, Health Alliance HMO and PersonalCare HMO **MUST** select a new carrier by close of business June 17, 2011. Members who fail to elect a new carrier will be defaulted into the Local Care Health Plan effective July 1, 2011. The Local Care Health Plan may require an increased premium contribution by the member and/or unit.

7. What if a member's primary care physician is currently not available in either of the offered HMOs or in Tier 1 of either of the Open Access Plans (OAP). What should they do?

If the member's physician is not offered in the HMO or the Tier 1 OAP plans, they may choose to either elect another primary care physician that is available or they may continue to see their current physician under either Tier 2 or Tier 3 of the OAP (the vast majority of primary care providers are available in either Tier 1 or Tier 2). Either way, the member must elect one of the available health plans during the Benefit Choice Period.

8. Will members have a chance to change their plan before the next regular Benefit Choice Period next May?

In order to address any member concerns, CMS has committed to a Special Enrollment Period prior to the end of the calendar year. During this period, members will be able to change their health carrier plans based on any changes to the provider networks or any other member considerations. A date has not yet been set for the Special Enrollment Period; however, we do not anticipate setting that date until AFTER July 1st. Members will be advised as soon as the Special Enrollment Period dates are set. Members will **ONLY** be permitted to make **health carrier** changes during the Special Enrollment Period. Even though a Special Enrollment Period will be held to address any future changes, members whose health plan will no longer be available on July 1st **MUST** make a decision prior to June 17th in order to prevent being defaulted to the Local Care Health Plan on July 1st.

When the Special Enrollment Period occurs, members who change health plans during that enrollment period will be required to satisfy all required deductibles associated with that plan (health and prescription).