

# Local Government Health Plan

## Medicare Requirements

Each member and dependent must contact the Social Security Administration (SSA) and apply for Medicare benefits upon turning age 65. If the SSA determines that the member is eligible for Medicare Part A at a premium-free rate, the member is required by the LGHP to enroll in Medicare Part A. Once enrolled in Medicare, the member and/or dependent is 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 a member 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 member 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.

**State of Illinois Medicare COB Unit**  
**PO Box 19208**  
**Springfield, Illinois 62794-9208**  
[CMS.Ben.MedicareCOB@illinois.gov](mailto:CMS.Ben.MedicareCOB@illinois.gov)  
**Fax: 217-557-3973**

## Contacts

Purpose	Administrator Name and Address	Phone	Website
<b>Enrollment Customer Service</b>	MyBenefits Service Center (MBSC) 134 N. LaSalle Street, Suite 2200, Chicago, IL 60602	844-251-1777 844-251-1778 (TDD/TTY)	<a href="http://mybenefits.illinois.gov">mybenefits.illinois.gov</a>
<b>Health Plan</b>	Aetna HMO (Group Number 285656) Aetna OAP (Group Number 285652) Local Consumer-Driven Health Plan (LCDHP) - Aetna Local (Group Number 285661) Local Care Health Plan (LCHP) - Aetna PPO (Group Number 285661) 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	<a href="http://aetnastateofillinois.com">aetnastateofillinois.com</a>
	BlueAdvantage HMO (Group Number B06801) HMO Illinois (Group Number H06801)	800-868-9520 866-876-2194 (TDD/TTY)	<a href="http://bcbsil.com/stateofillinois">bcbsil.com/stateofillinois</a>
	Blue Cross Blue Shield OAP (Group Number 269094) Address for all Blue Cross Plans: PO Box 805107, Chicago, IL 60680-4112	855-810-6537	
	Health Alliance Medical Plans HMO (Group Number 2001115) 3310 Fields South Drive, Champaign, IL 61822	800-851-3379 800-526-0844 (TDD/TTY)	<a href="http://healthalliance.org/stateofillinois">healthalliance.org/stateofillinois</a>
	HealthLink OAP (Group Number 160001) PO Box 419104, St. Louis, MO 63141-9104	877-379-5802 877-232-8388 (TDD/TTY)	<a href="http://healthlink.com/soi/learn-more">healthlink.com/soi/learn-more</a>
<b>Prescription Drug Plan</b>	CVS Caremark® (for LCHP, LCDHP or OAP Plans) Group Numbers: (LCHP 1401LD3) (LCDHP 1401LD9) (Aetna OAP 1401LCH) (BCBSIL OAP 1401LCJ) (HealthLink OAP 1401LCF) <b>Paper Claims:</b> CVS Caremark® PO Box 52136, Phoenix, AZ 85072-2136 <b>Mail Order Rx:</b> CVS Caremark® PO Box 94467, Palatine, IL 60094-4467	877-232-8128 800-231-4403 (TDD/TTY)	<a href="http://caremark.com">caremark.com</a>
<b>Vision Plan</b>	EyeMed Out-of-Network Claims (Group Number 9784851) PO Box 8504, Mason, OH 45040-7111	866-723-0512 TTY users, call 711	<a href="http://eyemedvisioncare.com/stil">eyemedvisioncare.com/stil</a>
<b>Dental Plan</b>	Delta Dental of Illinois (Group Number 20241) PO Box 5402, Lisle, IL 60532	800-323-1743 800-526-0844 (TDD/TTY)	<a href="http://soi.deltadentalil.com">soi.deltadentalil.com</a>